

VOLUME I

ANNUAL REPORT

2017



ICRC

This report is primarily an account of the ICRC's work in the field and its activities to promote international humanitarian law. Mention is made of some of the negotiations entered into with a view to bringing protection and assistance to the victims of international and non-international armed conflicts and other situations of violence. Other negotiations are not mentioned, since the ICRC feels that any publicity would not be in the interests of the victims. Thus, this report cannot be regarded as covering all the institution's efforts worldwide to come to the aid of the victims of conflict.

Moreover, the length of the text devoted to a given country or situation is not necessarily proportional to the magnitude of the problems observed and tackled by the institution. Indeed, there are cases which are a source of grave humanitarian concern but on which the ICRC is not in a position to report because it has been denied permission to take action. By the same token, the description of operations in which the ICRC has great freedom of action takes up considerable space, regardless of the scale of the problems involved.

The maps in this report are for illustrative purposes only and do not express an opinion on the part of the ICRC.

All figures in this report are in Swiss francs (CHF). In 2017, the average exchange rate was CHF 0.9865 to USD 1, and 1.1079 for EUR 1.



International Committee of the Red Cross
19, avenue de la Paix
1202 Geneva, Switzerland
T +41 22 734 6001 F +41 22 733 2057
Email: shop@icrc.org www.icrc.org
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ICRC

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ABBREVIATIONS AND DEFINITIONS

A	Additional Protocol I	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977
	Additional Protocol II	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977
	Additional Protocol III	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Adoption of an Additional Distinctive Emblem (Protocol III), 8 December 2005
	1977 Additional Protocols	Additional Protocols I and II
	African Union Convention on IDPs	Convention for the Prevention of Internal Displacement and the Protection of and Assistance to Internally Displaced Persons in Africa, 23 October 2009
	AIDS	Acquired immune deficiency syndrome
	Anti-Personnel Mine Ban Convention	Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction, 18 September 1997
	armed conflict(s)	International and/or non-international armed conflict(s): International armed conflicts exist whenever there is a resort to armed force between two or more States. Non-international armed conflicts are protracted armed confrontations occurring between governmental armed forces and the forces of one or more organized armed groups, or between such groups. The armed confrontation must reach a minimum level of intensity. International armed conflicts are governed, <i>inter alia</i> , by the Geneva Conventions of 12 August 1949 and Additional Protocol I, as applicable, while non-international armed conflicts are governed, <i>inter alia</i> , by Article 3 common to the 1949 Geneva Conventions and Additional Protocol II, as applicable. Customary international humanitarian law also applies to both international and non-international armed conflicts.
B	Biological Weapons Convention	Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction, 10 April 1972
C	CHF	Swiss francs
	Chemical Weapons Convention	Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on Their Destruction, 13 January 1993
	Convention on Certain Conventional Weapons	Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May be Deemed to be Excessively Injurious or to Have Indiscriminate Effects, 10 October 1980
	Convention on Enforced Disappearance	International Convention for the Protection of All Persons from Enforced Disappearance, 20 December 2006
F	Fundamental Principles	Fundamental Principles of the International Red Cross and Red Crescent Movement: humanity, impartiality, neutrality, independence, voluntary service, unity, universality
G	1949 Geneva Conventions	Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 12 August 1949 Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, 12 August 1949 Convention (III) relative to the Treatment of Prisoners of War, 12 August 1949 Convention (IV) relative to the Protection of Civilian Persons in Time of War, 12 August 1949
H	Hague Convention on Cultural Property	Convention for the Protection of Cultural Property in the Event of Armed Conflict, 14 May 1954
	Health Care in Danger project	Health Care in Danger is a project of the International Red Cross and Red Crescent Movement aimed at addressing the issue of violence against patients and health workers, facilities and vehicles, and at ensuring safer access to and delivery of health care in armed conflict and other emergencies. It involves working with experts and various partners to highlight the humanitarian impact of violence against health care, develop practical measures and promote the implementation of these measures by States, components of the Movement, humanitarian organizations, health-care professionals and other relevant actors.
	HIV	Human immunodeficiency virus
I	ICRC	International Committee of the Red Cross, founded in 1863
	IDPs	Internally displaced people
	International Conference	International Conference of the Red Cross and Red Crescent, which normally takes place once every four years
	International Federation	The International Federation of Red Cross and Red Crescent Societies, founded in 1919, works on the basis of the Fundamental Principles, carrying out relief operations in aid of the victims of natural disasters, health emergencies, and poverty brought about by socio-economic crises, and refugees; it combines this with development work to strengthen the capacities of its member National Societies.

	IHL	International humanitarian law
	IOM	International Organization for Migration
K	KCHF	Thousand Swiss francs
M	Montreux Document	The Montreux document on pertinent international legal obligations and good practices for States related to operations of private military and security companies during armed conflict
	Movement	The International Red Cross and Red Crescent Movement comprises the ICRC, the International Federation and the National Red Cross and Red Crescent Societies. These are all independent bodies. Each has its own status and exercises no authority over the others.
N	National Society	National Red Cross and Red Crescent Societies embody the Movement's work and Fundamental Principles in over 180 countries. They act as auxiliaries to the public authorities of their own countries in the humanitarian field and provide a range of services, including disaster relief and health and social programmes. In times of conflict, National Societies help civilians and, where appropriate, support the military medical services.
	NATO	North Atlantic Treaty Organization
	NGO	Non-governmental organization
	<i>non-refoulement</i>	<i>Non-refoulement</i> is the principle of international law that prohibits a State, a party to an armed conflict or an international organization from transferring a person within its control to another State if there are substantial grounds to believe that this person faces a risk of certain fundamental rights violations, notably torture and other forms of ill-treatment, persecution or arbitrary deprivation of life. This principle is found, with variations in scope, in IHL, international human rights law and international refugee law, as well as in a number of extradition treaties. The exact scope of who is covered by the principle of <i>non-refoulement</i> and what risks must be taken into account depends on the applicable legal framework that will determine which specific norms apply in a given context.
O	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
	OHCHR	Office of the United Nations High Commissioner for Human Rights
	Optional Protocol to the Convention on the Rights of the Child	Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, 25 May 2000
	other situations of violence	This refers to situations of collective violence that fall below the threshold of an armed conflict but generate humanitarian consequences, in particular internal disturbances (internal strife) and tensions. The collective nature of the violence excludes self-directed or interpersonal violence. If such situations of collective violence have significant humanitarian consequences to which the ICRC can provide a relevant response, the ICRC may take any humanitarian initiative falling within its mandate as a specifically neutral, impartial and independent organization, in conformity with the Statutes of the Movement, article 5(2)(d) and 5(3).
P	POWs	Prisoners of war
R	RCMs	Red Cross messages
	remotely piloted aircraft	Any aerial vehicle, including those from which weapons can be launched or deployed, operated by one or more human operators who are not physically located on board
	Restoring Family Links Strategy for the Movement	In November 2007, the Movement's Council of Delegates adopted the Restoring Family Links Strategy for the Movement. The strategy, which covers a ten-year period, aims to strengthen the Movement's family-links network by enhancing the capacity of its components to respond to the needs of those without news of family members owing to armed conflict, other situations of violence, natural disasters or other circumstances, such as migration.
	Rome Statute	Rome Statute of the International Criminal Court, 17 July 1998
S	Safer Access Framework	A set of measures and tools, grounded in the Fundamental Principles, that National Societies can use to prepare for and respond to context-specific challenges and priorities; such measures put a premium on mitigating the risks they face in sensitive and insecure contexts and on increasing their acceptance and access to people and communities with humanitarian needs
	San Remo	The International Institute of Humanitarian Law, in San Remo, Italy, is a non-governmental organization set up in 1970 to spread knowledge and promote the development of IHL. It specializes in organizing courses on IHL for military personnel from around the world.
	Seville Agreement and its Supplementary Measures	The 1997 Seville Agreement and its 2005 Supplementary Measures provide a framework for effective cooperation and partnership between the members of the International Red Cross and Red Crescent Movement.

	Strengthening IHL process	This process implements Resolutions 1 and 2 of the 32nd International Conference. Under this process, the ICRC is tasked with: (i) helping facilitate the work of States in producing concrete, implementable, but non-binding outcomes that strengthen IHL protection for people detained in relation to armed conflicts, particularly non-international armed conflicts, and contributing its humanitarian and legal expertise in this regard; and (ii) with the Swiss government, co-facilitating the State-driven, intergovernmental process to identify ways to enhance respect for IHL, including through the establishment of a potential forum of States.
	Study on customary IHL	The study on customary IHL was published in 2005 by the ICRC – as mandated by the 26th International Conference in 1995 – after extensive research on State and international practices relevant to IHL. It identifies 161 rules of customary IHL, most of them applicable in both international and non-international armed conflicts, and outlines the practices underlying those rules. Since 2007, the study has been regularly updated through the continuous collection of practices and is freely accessible on the ICRC's online customary IHL database.
T	TB	Tuberculosis
U	UN	United Nations
	UNDP	United Nations Development Programme
	UNESCO	United Nations Educational, Scientific and Cultural Organization
	UNHCR	Office of the United Nations High Commissioner for Refugees
	UNICEF	United Nations Children's Fund
W	WFP	World Food Programme
	WHO	World Health Organization



MESSAGE FROM THE PRESIDENT



ICRC president, Peter Maurer, in South Sudan.

The humanitarian challenges that confronted the international community in 2017 proved again to be immense – complex, prolonged and seemingly intractable. In the absence of political solutions, we can only anticipate that the level of violence and suffering will continue to increase in the coming year, widening the gap between the needs of communities and the capacity of humanitarian organizations to deliver relief and protection.

In 2017, the ICRC was able to respond to the needs of people around the world thanks to the strong support, for another consecutive year, of its donors, who fully covered the requests set out in the 2017 Appeals. I am glad to see that this year again, we delivered as promised, with an implementation rate of 92.6% across our operations in more than 80 countries affected by conflict and other forms of violence.

Overall, however, the percentage of totally non-earmarked funds provided by donors to the ICRC decreased from 22.6% in 2016 to 20.6% in 2017. While we are grateful for the support shown, I must again stress the importance of flexible contributions for a neutral, impartial and independent humanitarian organization like the ICRC, which must both maintain the capacity to act based on its own needs assessments, and provide assistance and protection to the most vulnerable people in hard-to-reach areas through quick and nimble operations.

On another note, 2017 saw positive advances in the field of innovative financing, with both private donors and States rising to the challenge and working with us to test new ways to fund

humanitarian action. We were also pleased to have widened our donor base, with Austria, New Zealand and the World Bank set to become new members of the Donor Support Group in 2018, based on their 2017 contributions. With the support of our donors, we will continue to explore ways to diversify our income and create new partnerships that help us, ultimately, to further improve the efficiency and effectiveness of our aid.

War and violence in parts the Middle East and Africa remained at the centre of our attention and represented more than two-thirds of our overall activities in terms of budget and staff; the situation in and around the Syrian Arab Republic (hereafter Syria), the Lake Chad region and South Sudan remained emblematic in terms of the number of people and social systems impacted. My field visits to the ICRC's operations – including Colombia, Iraq, Israel and the occupied territories, Myanmar, South Sudan, Syria, Uganda, Ukraine and Yemen – have enriched my understanding of the dynamics and concerns of people who suffer and allowed me to raise their concerns within the international community.

I am proud of so many aspects of the ICRC's work this year – for example, the quick scaling up of our response in Yemen, our presence in the remotest areas of Rakhine state, Myanmar, the way in which we carved out humanitarian space in Mexico and our many services as a neutral intermediary from Nigeria to Papua New Guinea. Core to these achievements is our ability to create the relationships of trust that allow us to negotiate access to people in need, deliver services in hard-to-reach areas, and engage in constructive dialogue with so many parties.

The ICRC is also one of the very few international actors so deeply present in the field and at the same time able to make its voice heard in the highest political spheres. We were present in Hiroshima, Japan, in 1945 and at the signing ceremony of the Treaty on the Prohibition of Nuclear Weapons in 2017. During the high-level week of the 72nd UN General Assembly, we were among the very few organizations calling for better protection of detainees in the many voices talking about Syria and Iraq, and pressing for greater action on missing persons.

The long-term, protracted nature of conflict not only exacerbates humanitarian needs, it adds greater layers of complexity. The impact of these long wars, increasingly fought in densely populated cities, is devastating. Decades of fighting and insecurity, and ongoing violations of the laws of war, are destroying basic social infrastructure and health, water and sanitation systems, and have stalled education and economic development. Peace remains elusive in many contexts, and without political solutions we can only anticipate that needs will grow.

In a clear illustration of the long-term impact of protracted war, food shortages reached crisis levels in several contexts in 2017. Millions faced famine in countries such as Nigeria, Somalia, South Sudan and Yemen – places that have suffered from years of fighting and violence which have destroyed and disrupted the food production systems and other support that people depend on for survival.

Until political solutions can be achieved in the many conflicts that are damaging so many lives around the world, we need States and other actors to allow us to carve out a humanitarian space to operate. The ICRC works hard to maintain stability, to prevent societies from completely collapsing into disintegrated infrastructural systems and fragmented groups of vulnerable people who have lost their sense of community, their dignity and their livelihoods – the fall-out of war economies. The costs of conflict are immense, and will be even greater if neutral, impartial humanitarian actors like the ICRC are prevented from working in close proximity to conflict-affected communities.

Overall, we have the certainty that in these conflict situations, respect for international humanitarian law (IHL) would reduce the suffering of the people and communities trapped in the midst of violence. This is why the overarching objective of all our operations is to bring protection to the people affected by armed conflict. We work to uphold respect for IHL on all levels, from every action we take with local actors at operational level, to prevention activities and humanitarian diplomacy at State level.

In 2017 we marked an important anniversary – 40 years since the adoption of the Additional Protocols in 1977. The Protocols, together with the 1949 Geneva Conventions, are the foundations of IHL, the cornerstones for protecting and respecting human dignity in armed conflict. The ICRC is convinced that the existing rules continue to be relevant and that the fundamental challenge is – and remains – to reinforce compliance and improve implementation on the ground.

The legal frameworks that we have helped to create, and are mandated to safeguard, along with our principles, are guarantors of continuity, stability and predictability. They are not only right; they continue to be useful in guiding us through the challenges. The basic rules of IHL have stood the test of time, even if they take on new dimensions and have to be continuously interpreted and adapted to every new age. Our neutrality, impartiality and independence are the ultimate practical guidelines that allow us to speak to all parties and make a difference for people affected by armed conflict and violence. While our principles will remain unchanged, the ICRC will continue to adapt and modify the way it assists and protects in the changing environment in which people live.

While foresight is difficult, we can expect the digital transformation to have a deep impact on our work and lives. It may or may not widen social divides, but it will certainly change the nature of warfare, violence and weapons; it will affect the basic needs of people; and it will change the way humanitarian protection and assistance are delivered. We can also predict that many of today's conflicts will most likely remain with us over the next four years and beyond, with new front lines most likely to emerge.

As the impact of the digital revolution makes itself felt, the ICRC will focus on the opportunities and challenges it presents: physical and virtual front lines, harnessing digitalization while maintaining privacy, strengthening our capacity to protect – as well as to safeguard and expand – neutral and impartial humanitarian spaces. For example, we will be looking at leveraging the potential of digital means of contact and interaction that can bring additional and complementary modes of access and proximity to people affected by conflict and other violence. We will continue to grow our partnership focus – sharing capacities, skills and knowledge across sectors – to deliver better outcomes.

I am confident that the ICRC is well positioned to meet the humanitarian and political challenges ahead. I am deeply impressed with the efforts of our colleagues throughout the organization, who work in very difficult circumstances, with great dedication and perseverance.

Thank you to all who have championed, partnered with and supported the work of the ICRC this year. The challenges ahead are immense: let us use our creativity and common humanity to guide us through the chaos, and to collectively strengthen our fragile world.



Peter Maurer
ICRC President

ICRC MANAGEMENT FRAMEWORK AND DESCRIPTION OF PROGRAMMES

ICRC CORPORATE MANAGEMENT FRAMEWORK INSTITUTIONAL STRATEGY

The ICRC's overall humanitarian mission, as an "impartial, neutral and independent organization" rooted in IHL, is "to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance". The ICRC is part of the International Red Cross and Red Crescent Movement.

The organization's four-year strategy is publicly available on its website and in its yearly Appeals: Headquarters. The strategy assesses opportunities and challenges the organization faces, analyses the most important stakeholders, and defines the organization's desired positioning, the scope of its action, and its ambitions. It sets strategic orientations and fields of activity for fulfilling the ICRC's humanitarian mission. It clearly states the values and principles guiding the ICRC's action and approach.

KEY SUCCESS FACTORS/AREAS OF RISK

The ICRC's six key success factors/areas of risk, which are laid out in the institutional risk management framework, are critical to the organization and its work. They are:

- ▶ three factors related mainly to "the ICRC's own capacity to act" (internal key success factors/areas of risk): relevance (of response); organization and processes; and human resource capacity and mobility; and
- ▶ three factors related mainly to the "external environment" (external key success factors/areas of risk): the ICRC's access (to victims); its reputation/acceptance among parties to the conflict and other key stakeholders; and its positioning in terms of the space it occupies within the humanitarian landscape, its perceived added value, and its capacity to influence international policy.

The ICRC encounters risks and opportunities related to each factor; by influencing these, the ICRC can reduce its vulnerability to the risks and capitalize on the opportunities, thus improving its response to the needs of people affected by armed conflict and other situations of violence.

The ICRC's key success factors/areas of risk constitute a common reading grid for analysis in quarterly and other reviews by the Directorate. Such reviews include the results achieved, an assessment of risks, and the definition or updating of management objectives and action plans to mitigate the main risks and reinforce the key success factors. These aim to ensure the organization's efficient management according to available resources and priorities, enable it to continue to demonstrate its added value, and thus preserve its reputation. Annual reviews are submitted to the ICRC Assembly.

COMPREHENSIVE ANALYSIS AND MULTIDISCIPLINARY APPROACHES

The ICRC endeavours to respond to the humanitarian needs arising from armed conflicts and other violence in the most timely, humane and professional way possible. Each situation requires thorough analysis – a sensitive, but objective assessment of the scope of people's needs and vulnerabilities, and their strengths – for the design and implementation of tailored and efficient humanitarian responses.

In the annual planning process, the ICRC carries out an in-depth analysis – considering local, regional and global dynamics – to reach a comprehensive depiction of the situation, the points of view of the people affected (e.g. residents, migrants, IDPs, people deprived of their freedom, and other specifically vulnerable people or groups – be they women, girls, men or boys), the actors present, and other relevant factors. This enables the ICRC to identify the problems, their causes and consequences, as well as the people adversely affected and their specific needs, vulnerabilities and strengths. Thus, the ICRC seeks the direct involvement of those affected to ensure that these factors are all accounted for in the definition of its activities. The ICRC also strives to ensure the coherence of its efforts in the medium and long term.

The ICRC works to defend individual rights by fostering respect by the authorities and other actors of their obligations, and by responding to people's needs, through neutral, impartial and independent action. The organization combines five modes of action in its overall strategy to, directly or indirectly, in the short, medium or long term, ensure respect for the lives, dignity, and physical and mental well-being of victims of armed conflict and other violence. The ICRC's work is grouped into four programmes (protection, assistance, prevention and cooperation), which seek to prevent the causes of human suffering, and to alleviate it where it already exists, as well as to strengthen the Movement, as a network. Through these programmes, the ICRC promotes the adoption of and respect for legal norms, makes confidential representations in the event that obligations are not fulfilled or laws are violated, provides people with emergency assistance, builds or supports mechanisms for the delivery of essential goods and services, such as water, health and medical care, and activities to help people regain their economic security, and launches communication campaigns. Effective monitoring and critical evaluation, drawing on lessons learnt, are crucial to these processes, as is coordination with the numerous actors present in the complex humanitarian scenes in which the ICRC operates.

To carry out comprehensive analyses, set objectives and define and implement plans of action, the ICRC works with multidisciplinary teams composed of specialist and generalist staff.

MODES OF ACTION

The ICRC uses the following modes of action:

- ▶ persuasion: confidential representations to the authorities that aim at convincing them to enhance respect for IHL and/or other fundamental rules protecting persons in situations of violence and to take measures to improve the circumstances of such people
- ▶ mobilization: activities aimed at prevailing on third parties to influence the behaviour or actions of the authorities, to support them, or to directly provide services to people in need
- ▶ support: activities aimed at providing assistance to the authorities so that they are better able to fulfil their functions and responsibilities, including with regard to the maintenance of existing systems
- ▶ substitution: activities to directly provide services to people in need, often in place of authorities who are not able or not willing to do so

► denunciation (resorted to by the ICRC only in exceptional circumstances and under strict conditions): public declarations regarding repeated violations of IHL or other fundamental rules protecting persons in situations of violence committed by specific actors; these declarations are made for the purpose of bringing a halt to such violations or preventing their recurrence

The ICRC employs these different modes of action depending on the situation, the problems encountered and the objectives to be achieved. The ICRC aims to make the relevant actors aware of their responsibilities, and to foster compliance with these. It does not limit itself to one mode of action; rather, it combines them, striking a balance between them either simultaneously or consecutively.

LEVELS OF INTERVENTION

The activities carried out under the ICRC's programmes are conducted at the following complementary levels to reach common objectives in aid of the populations affected: at the level of the individual or the community, of the local authorities, and of institutions/regulatory frameworks.

RESULT-BASED MANAGEMENT

On the basis of its analysis of the given situation, and often within a longer-term strategy, the ICRC defines objectives with plans of action and indicators for the coming year for each context where it operates. The plans of action and indicators describe how the ICRC aims to work towards its objectives. Objectives, plans of action and indicators are organized according to target populations and list activities according to programme; the accounting system is structured accordingly. Changes in the situation during the year may necessitate changes in the plans and targeted results.

ICRC Appeals provide donors with information on these objectives, plans of action and indicators, and the corresponding budget. The ICRC also produces an Annual Report, which provides information – descriptive, quantitative and financial – regarding those objectives and plans of action and indicators. Whenever possible, the reporting is result-oriented. It includes a description of the products and services resulting from processes that use a combination of resources, and their effect or results at output, outcome or impact level.

The ICRC's planning and project implementation processes take place according to the ICRC's result-based approach to management, where the organization is focused on the expected results for beneficiaries at each stage of the management cycle, as opposed to project implementation and budget control at piecemeal levels (see *The ICRC's approach to result-based management – improving humanitarian action* for more information).

COORDINATION

Besides its close coordination and cooperation with its Movement partners, especially with National Societies and the International Federation, the ICRC coordinates its humanitarian response with other relevant actors – be they State or non-State authorities, UN agencies, international, regional, national or faith-based organizations. Such work is complex because of the diversity of humanitarian actors.

Through its participation in coordination meetings at regional and field level, as well as bilateral discussions, the ICRC seeks to contribute to: providing the best possible protection and assistance

for people affected by armed conflict and other violence; avoiding gaps and duplication; and ensuring that any humanitarian response supports the people's own recovery and resilience-building efforts. It emphasizes that the needs of violence victims should be met by the organizations best placed to do so in operational terms, including in terms of existing skills, available capabilities, access and funding in the context concerned.

The ICRC shares with other humanitarian actors – to the extent compatible with its neutral, impartial and independent stance and its commitment to confidentiality – its analysis of the context or security situation, results of needs assessments, and technical expertise. To preserve its strictly humanitarian approach, the ICRC favours interaction with humanitarian actors operational on the ground and refrains from being associated with any approach that involves objectives that are anything other than humanitarian. This has been useful in situations in which the UN plays a strong political role or is engaged in peace operations alongside humanitarian work. While the ICRC participates as a “standing invitee” in the Inter-Agency Standing Committee and as an observer in Humanitarian Country Teams' clusters and other forum, it remains outside the set-up of UN agencies and the cluster system.

The organization also maintains relations – ranging from coordination to partnerships – with many other international actors, including the humanitarian branches of regional intergovernmental organizations and international NGOs and their consortia, such as the Steering Committee for Humanitarian Response and the International Council of Voluntary Agencies; it engages with them on humanitarian issues, coordination and policy-making.

SERVICES AT HEADQUARTERS

In setting its headquarters objectives and plans of action, the ICRC has defined a standard list of six services, divided into three broad categories.

- Guidance
 - Environment scanning and analysis
 - Policy and guidelines, and research and development: services that formulate policies and strategic positions and ensure that they are implemented in a coherent manner (monitoring and follow-up), or that develop specific expertise for transfer to units and divisions at headquarters and in the field
- Internal support
 - Corporate support: services aimed at all units and divisions at headquarters and in the field and which provide back-office support to ensure that the organization runs smoothly
 - Support for action: services that support units and divisions at headquarters, as well as field delegations, in fulfilling their specific mission in a given context
- External interaction
 - External relations, humanitarian diplomacy, mobilization: services that manage relations with the various actors in the ICRC's environment; undertake diplomatic démarches and representations; raise awareness of key humanitarian issues and promote the organization's position
 - Services and products: services and products aimed at National Societies, international organizations and NGOs, governments and States, and at beneficiaries/individuals

TARGET POPULATIONS IN FIELD OPERATIONS

In setting its field objectives and plans of action, the ICRC has defined a standardized list of five target groups, divided into two broad categories.

► Affected populations/persons are individuals or segments of the population suffering the direct and/or indirect effects of a confirmed or emerging armed conflict or of other violence. They do not or no longer take a direct part in the hostilities or violence. The aim of ICRC action for these people is to ensure that they are respected and protected and to alleviate the suffering caused by the situation, in accordance with the provisions of IHL and other fundamental rules protecting people in situations of armed conflict or other violence. The ICRC works in support of three groups of people:

- **civilians:**
all people who do not or no longer take a direct part in hostilities or violence but whose physical or mental integrity and dignity are either threatened or otherwise affected during an armed conflict or other violence
 - **people deprived of their freedom:**
all individuals deprived of their freedom, with a special focus on those held in connection with armed conflict or other violence and/or with other particular sources of vulnerability
 - **the wounded and sick:**
people – civilians or weapon bearers – injured or suffering from disease or otherwise in need of medical assistance or care in armed conflict or other violence
- The second category comprises actors of influence and the Movement. The ICRC works with influential individuals or institutions to promote full respect for IHL or other fundamental rules protecting people in situations of violence, and to ensure that the people in need receive protection and assistance.
- **actors of influence:**
Certain individuals or institutions have a capacity to stop or prevent the violation of IHL or other fundamental rules protecting people in situations of violence, and to protect or aid those affected when humanitarian problems arise. These actors are also in a position to facilitate (or hinder) the ICRC's access to people and/or foster acceptance of the ICRC's work. This category includes political authorities, armed, police and security forces, non-State armed groups, the media, associations of various kinds, NGOs, community leaders, religious authorities and other opinion-shapers, economic entities, academic institutions, the youth and other representatives of civil society.
 - **the Movement:**
Besides the ICRC, the Movement comprises the National Societies and their International Federation. There are around 190 National Societies in the world, carrying out humanitarian services for the benefit of the community. The ICRC considers the National Society its primary local partner in each country, sharing the same Fundamental Principles and working in partnership with it while at the same time contributing to further enhancing its emergency preparedness and response capacities. Partnership with National Societies is a valuable asset towards obtaining the best possible access to beneficiaries and delivering a relevant humanitarian response, and is one of the key features of the ICRC's cooperation within the Movement.

Cross-cutting issues: accountability to affected populations, and diversity and inclusion in operations

The ICRC recognizes the need to be accountable to individuals and communities affected by armed conflict and other situations of violence. It also acknowledges the importance of taking into account their specific and diverse needs, vulnerabilities and capacities, which are often linked to factors such as gender, age and disability. As such,

it strives to engage directly with people and communities, in order to involve them in planning and implementing its activities (see *Comprehensive analysis and multidisciplinary approaches*). Listening to the people it seeks to help is also crucial to fostering acceptance for the ICRC's mandate and activities. Nevertheless, the ICRC recognizes that there is room for improvement in its efforts to ensure accountability and inclusion in its programmes. It has thus undertaken several inextricably linked initiatives towards this goal, with a view to further enhancing the effectiveness and relevance of its operations.

Guided by an institutional framework for improving its accountability to the people it works to assist, the ICRC seeks to help people and communities mitigate their exposure to risks and back their efforts to strengthen their resilience to the effects of conflict and other violence, for instance by helping them build upon their existing coping mechanisms. In line with this, the ICRC takes steps to identify the potential adverse consequences of its activities or of its lack of response, and does its best to avoid these.

The ICRC seeks to ensure that its policies, approaches and practices are sensitive to gender, age and disability and that beneficiaries can access its services in an equitable manner. Through an ongoing process to develop an operational approach for addressing gender, age, disability and other diversity factors, the ICRC is strengthening its understanding of these issues and how they compound people's vulnerabilities. Through the development of this approach, the ICRC aims to better integrate gender, age, and disability in its operations, and ensure that its processes are inclusive and participatory. In terms of addressing the needs of people with disabilities, the ICRC has widened its scope of activities for people with physical disabilities to include not only support for their physical rehabilitation but also efforts to promote their social inclusion. Efforts to promote the inclusion of people with disabilities or other specific vulnerabilities and thus ensure the diversity of the ICRC's workforce complement the initiatives mentioned above. Under its 2016–2018 Institutional Framework on Persons with Disabilities, and in line with the Movement's Strategic Framework on Disability Inclusion of the Movement, the ICRC is improving its policies and practices related to the employment of people with disabilities and making ICRC offices physically accessible to them.

In 2017, the ICRC launched an independent evaluation of existing policies and operational practices for addressing specific needs related to age, gender and disability, and for engaging with people and communities affected by conflict. Through this exercise, the ICRC seeks to identify best practices that it can build on, and the gaps that it needs to address, including in terms of training for staff members. It will use the findings to outline a comprehensive framework for promoting diversity and ensuring inclusion in its operations, and to finalize the above-mentioned institutional framework for ensuring accountability to its beneficiaries. The evaluation will also help the ICRC develop performance indicators and other tools to track and monitor its progress in achieving those objectives. In particular, indicators relating to gender, age and disability will be incorporated in a revised self-assessment tool for monitoring the ICRC's accountability to affected populations; a pilot version of this tool has been made available to several delegations.

As the ICRC aims to provide a comprehensive humanitarian response for all populations affected by armed conflict or other violence, neither its programmes nor their corresponding budgets are designed to cater solely to one of the specific groups described above (see *Contributions* below).

PROGRAMME DESCRIPTIONS

The ICRC's programmes are designed to respond to the diverse humanitarian needs arising from armed conflicts and other violence, in line with the organization's mission. The means by which a programme is implemented are called activities; ICRC programmes involve a wide range of activities that fall within the ICRC's specific areas of expertise and often require particular professional skills. ICRC operations are structured into four main programmes: protection, assistance, prevention and cooperation.

PROTECTION

In order to preserve the lives, security, dignity and physical and mental well-being of people adversely affected by armed conflict and other violence, the ICRC has adopted a protection approach that aims to ensure that the authorities and other stakeholders involved fulfil their obligations and uphold the rights of individuals protected by law. It also tries to prevent and/or end actual or probable violations of IHL and of other bodies of law protecting people in such situations. Protection focuses on the causes, circumstances and consequences of violations, targeting those responsible and those who can influence them.

The beneficiaries include, *inter alia*, resident and displaced civilians, vulnerable migrants, people deprived of their freedom (in particular POWs, security detainees, internees and other people at risk of being subject to ill-treatment or substandard living conditions), people separated from their relatives because of conflict, violence or other circumstances, such as natural disasters or migration, and missing persons and their families. Fighters and other persons participating in the hostilities also indirectly benefit from the ICRC's work in this domain, particularly in relation to the organization's advocacy on prohibiting certain weapons and tactics of warfare.

As a neutral, impartial and independent humanitarian organization, the ICRC seeks to ensure that all the parties to a conflict and all authorities provide individuals and groups with the full respect and protection that are due to them under IHL and other fundamental rules protecting persons in armed conflict or other situations of violence. In response to violations of these rules, the ICRC endeavours, through constructive and confidential dialogue, to encourage the authorities concerned to take corrective action and to prevent any recurrence. Delegations monitor the situation and the treatment of the civilian population and people deprived of their freedom, discuss their findings with the authorities concerned, recommend measures, support the authorities in implementing them, and conduct follow-up activities.

Protection of the civilian population

Protection activities for the civilian population involve:

- ▶ engaging in dialogue with the relevant parties at all levels to discuss humanitarian issues, to remind them of their legal obligations and to support their compliance efforts
- ▶ monitoring individuals and communities who are particularly vulnerable and/or exposed to serious risks of abuse, and helping them reduce their exposure to those risks and reinforce their protection mechanisms

Protection of people deprived of their freedom

The objective of the ICRC's activities for people deprived of their freedom is to ensure that their physical and mental integrity is fully respected and that their living conditions and treatment are

in line with IHL and other fundamental rules and internationally recognized standards. The ICRC strives to prevent forced disappearances or extrajudicial executions, ill-treatment and other failures to respect fundamental judicial guarantees. It also aims to support the authorities in preventing and addressing situations of overcrowding, and, whenever necessary, takes action to improve living conditions and treatment. These involve:

- ▶ negotiating with the authorities to obtain access to people deprived of their freedom wherever they may be held, in accordance with procedures that guarantee the effectiveness and consistency of ICRC action
- ▶ visiting detainees and having discussions in private with them, assessing their living conditions and treatment and identifying any shortcomings and humanitarian needs
- ▶ monitoring individual detainees (for specific protection, medical or other purposes)
- ▶ re-establishing and maintaining family contact (such as by facilitating family visits or forwarding RCMs)
- ▶ fostering a confidential and meaningful dialogue with the authorities at all levels regarding any humanitarian problems that may arise and the action and resources required to improve the situation
- ▶ under specific conditions, providing material assistance to detainees, implementing technical interventions, or engaging in cooperation with the authorities on specific issues and supporting them in undertaking reform processes

Visits to places of detention are carried out by the ICRC in accordance with strict conditions:

- ▶ delegates must be provided with full and unimpeded access to all detainees falling within its field of interest and to all premises and facilities used by and for them
- ▶ delegates must be able to hold private interviews with the detainees of their choice
- ▶ delegates must be able to repeat their visits
- ▶ detainees falling within the ICRC's field of interest must be notified individually to the ICRC, or the ICRC must be able to draw up lists of their names to enable the individual follow-up of such people

Restoring family links (for the civilian population and for people deprived of their freedom)

Family-links services encompass a broad range of activities aiming to: prevent family members from becoming separated; enable relatives to contact each other; reunite families; clarify the fates of missing people; and prevent more instances of people becoming unaccounted for. The Movement's worldwide family-links network – composed of the services of the National Societies and the ICRC – helps people reconnect with relatives who have become separated from them as a result of circumstances that require a humanitarian response. The network's efforts include:

- ▶ organizing the exchange of family news (through various means, such as RCMs, telephones, satellite phones, radio broadcasts and the internet)
- ▶ tracing people separated from their families, including vulnerable adults and minors (unaccompanied and separated children, children associated with weapon bearers, etc.)
- ▶ registering and keeping track of individuals to prevent their disappearance and enable their families to be informed about their whereabouts
- ▶ reuniting and repatriating people
- ▶ facilitating family visits to persons deprived of their freedom

- ▶ collecting, managing and forwarding information on deaths
- ▶ issuing ICRC travel documents for people who, owing to conflict, violence, migration or other circumstances, are unable to obtain or renew documents that would permit them to travel, in order for them to return to their country of origin, reunite with their family, or resettle in a third country

Activities for missing persons are intended to shed light on the fate and/or whereabouts of people who are unaccounted for as a consequence of armed conflict, other violence or migration, and thereby help alleviate the suffering caused to their relatives by the uncertainty surrounding their fate. The ICRC pursues a strictly humanitarian approach to the issue, which involves:

- ▶ supporting the development of normative frameworks, including for engaging in activities aimed at preventing disappearances, and encouraging governments to enact or implement legislation to prevent people from becoming unaccounted for, to ascertain the fate and whereabouts of missing persons through appropriate mechanisms and measures, and to protect and support the families of missing persons
- ▶ working with families of missing persons and with the relevant authorities and organizations to accelerate the tracing process, including by: providing technical advice to national authorities; chairing coordination mechanisms between former parties to the conflict; collecting tracing requests; and publishing and updating lists of persons reported missing or pictures of people looking for their relatives
- ▶ in close cooperation with the Assistance Division, assessing the multifaceted needs (e.g. psychosocial, economic, legal, administrative) of families of missing persons and the local resources available to meet those needs, and helping address them in close coordination with the authorities, National Societies, NGOs, family associations and other service providers

Forensic services

Forensic services are designed to ensure the proper and dignified management of human remains and to help clarify the fate of the missing. They also aim to develop and promote best practices in the field of forensic science, as they relate to the search for the missing, and to ensure compliance with them.

Such activities include:

- ▶ the management, analysis and documentation of human remains, including the management of gravesites, by both experts and first responders following conflicts, other violence, migration or natural disasters
- ▶ the collection, management and use of ante-mortem data and biological reference (DNA) samples for purposes such as identifying human remains
- ▶ training and other support for building forensic capacities
- ▶ technical advice to national authorities and other stakeholders

ASSISTANCE

The ICRC's assistance activities address the consequences of violations of IHL or other fundamental rules protecting people in armed conflict and other violence, and aim at helping people maintain adequate standards of living, in line with their social or cultural contexts; these activities may also tackle the causes and circumstances of such violations by reducing people's exposure to risk.

Beneficiaries are primarily resident or displaced civilians, vulnerable groups such as minorities and the families of people

who are unaccounted for, the sick and the wounded (both weapon bearers and civilians) and people deprived of their freedom. They receive this help until they are able to address their needs independently or the authorities are able to do so.

Economic security

These activities are designed to help violence-affected individuals, households or communities cover their essential needs and expenditures in a sustainable manner, given the physiological, environmental and cultural requirements. The activities are planned and implemented according to the beneficiaries' needs and capacities and come in three broad forms:

- ▶ Relief activities cover people's most urgent needs in the immediate aftermath of a shock; the objective is to protect lives and livelihoods by providing people with the goods and/or services essential for their survival when they can no longer obtain these through their own means
- ▶ Livelihood-support activities aim to re-establish or enhance livelihoods of violence-affected groups by helping restore, protect or enhance their means of production
- ▶ Structural-support activities aim to contribute to restoring or building the capacities of service providers in violence-affected areas, and consequently, to help them support the affected population's ability to maintain their livelihoods (such as agricultural or livestock services)

Water and habitat

These activities are designed to ensure access to water and to a safe living environment.

During an acute crisis, essential infrastructure may be damaged by fighting, and basic services may not work or may be inaccessible. People may be forced to leave their homes to look for water in a hostile environment. By implementing projects when necessary, in both urban and rural contexts, the ICRC helps ensure access to water and safe living conditions, and promotes basic health care by taking emergency action and supporting existing facilities.

In emerging crises, chronic crises and post-crisis situations, the priority is to support and strengthen essential services through initiatives taken in conjunction with the authorities and/or through specific programmes. The ICRC aims to implement sustainable projects to meet the needs of the affected population, even during emergencies.

Health

In line with the organization's public health approach, the ICRC's health-care activities are designed to meet the needs of people affected by armed conflict or other violence; the main priorities of the unit – as outlined in the ICRC's Health Strategy 2014–2018 – are as follows:

- ▶ First aid and surgical care for the weapon-wounded, health care for people deprived of their freedom, and physical rehabilitation for people with impaired mobility remain areas of expertise in which the ICRC leads innovative practice and sets standards.
- ▶ The ICRC responds to new and emerging health needs of people affected by armed conflicts and other violence; the ICRC's response is adapted and prioritized according to needs and to the context and includes providing mental health and psychosocial support, care for victims of sexual violence and management of non-communicable diseases.

- ▶ The ICRC ensures a continuum of care and an integrated approach that covers first aid, primary health care, hospital care, health care in detention and physical rehabilitation in armed conflicts and other violence.
- ▶ The ICRC ensures the highest possible quality of health care in line with appropriate standards that are adapted to the specific contexts; the health impact of these activities is monitored and evaluated.
- ▶ The health needs of people affected by armed conflicts and other violence are addressed with the enhanced integration of health services into other ICRC activities.

The ICRC remains committed to undertaking and leading efforts to help prevent and respond to the violence affecting health-care personnel, infrastructure and transport services.

Weapon contamination

The ICRC's responses to weapon contamination are designed primarily to reduce the dangers for communities living in areas affected by landmines, cluster munitions and other explosive remnants of war or by chemical, biological, radiological and nuclear (CBRN) weapons or agents; the organization also seeks to ensure that its work in contaminated environments is carried out safely.

The ICRC works with National Societies and the domestic authorities responsible for activities in this field, and may provide training, mentoring and other support to help them develop their long-term capabilities. Responses are adapted to each situation and can comprise a range of activities across ICRC programmes. This involves:

- ▶ collecting, managing and analysing data on incidents, victims and contaminated areas
- ▶ raising awareness of risks, liaising with communities and clearance/decontamination operators and promoting IHL provisions relating to weapon use
- ▶ contributing to risk reduction: weapon contamination and the risk/presence of CBRN agents are included as potential sources of vulnerability in assessments and planning for protection and assistance programmes; the aim is to help ensure that communities exposed to contaminated areas are able to carry on with their daily activities and are not forced to take risks in order to survive
- ▶ survey and clearance: as a priority, the ICRC seeks to mobilize actors capable of clearing mines, explosive remnants of war or CBRN agents from contaminated environments, in line with international mine-action standards; in exceptional cases and particularly in areas of urgent humanitarian concern or where it has sole access, the ICRC, in line with strict criteria, may deploy specialist teams to conduct short-term contamination surveys and clearance tasks
- ▶ supporting States Parties to weapons treaties in fulfilling their obligations: the ICRC provides technical support to authorities willing to destroy their obsolete ammunitions/stockpiles according to their conventional obligations

PREVENTION

Prevention activities aim to foster an environment conducive to respect for the lives and dignity of those who may be affected by armed conflict or other violence, and favourable to the work of the ICRC. The approach has a medium- to long-term outlook and aims to prevent suffering by influencing those who have a direct

or indirect impact on the fate of people affected by such situations, and/or who can influence the ICRC's ability to gain access to these people and operate efficiently in their favour. In particular, the prevention approach involves communicating, developing and clarifying IHL, helping advance the implementation of IHL and other relevant bodies of law, and promoting acceptance of the ICRC's work.

Promotion and implementation of IHL

These activities aim to promote universal participation in IHL treaties and the adoption by States of legislative, administrative and practical measures and mechanisms to give effect to these instruments at national level. They also aim to ensure that proposals to develop domestic laws do not undermine existing IHL. Implementation activities aim to foster compliance with IHL during armed conflicts and to ensure that national authorities, international organizations, the armed forces and other weapon bearers, including non-State armed groups, understand the law applicable in such situations and abide by it. These involve:

- ▶ promoting IHL treaties by making representations to the relevant authorities, providing training in IHL, contributing to capacity building efforts, and drafting technical documents and guidelines to help further national implementation
- ▶ providing legal advice and technical support for the national implementation of IHL, and undertaking studies and supporting technical assessments of the compatibility of national legislation with this body of law
- ▶ facilitating the exchange of information on national IHL implementation measures, including through a publicly available database on national legislation and case law; translating texts on IHL into different languages
- ▶ promoting the creation of national IHL committees and supporting existing ones
- ▶ encouraging and helping authorities to integrate IHL into the doctrine, education and training of national armed forces (international rules and standards for policing and international human rights law, in the case of police and security forces), and into the training and academic programmes for future leaders and opinion-makers
- ▶ developing and implementing approaches for influencing the attitudes and actions of political authorities and weapon bearers
- ▶ reinforcing links with academic circles to consolidate a network of IHL experts and developing partnerships with institutes and research centres specializing in IHL

Development and clarification of IHL

These activities aim to promote the adoption of new treaties and instruments or the clarification of IHL-related concepts, in order to make the law more effective and to respond to needs arising from technological progress and the changing nature of armed conflict. The ICRC also analyses the development of customary IHL by assessing States' practices. These involve:

- ▶ taking part in meetings of experts and diplomatic conferences held to develop new treaties or other legal instruments
- ▶ monitoring developments, conducting studies, producing articles and guidance documents, organizing expert meetings and drafting proposals
- ▶ promoting acceptance by governments and other key stakeholders of the ICRC's positions on emerging IHL-related issues

Communication

The following complementary communication approaches are key to preventive action and facilitate ICRC access to its intended beneficiaries:

- ▶ public communication that aims to inform and mobilize key stakeholders on priority humanitarian issues and to promote greater understanding of and support for IHL and the work of the ICRC and of the Movement
- ▶ direct engagement with the affected/beneficiary communities, to provide them with information in a timely, transparent and accountable manner
- ▶ processes to scan the humanitarian environment at global, regional and local level, with a view to identifying, understanding and addressing perceptions and issues with an impact on the ICRC's ability to operate
- ▶ development of communication approaches and tools to mobilize key target groups – such as leaders and opinion-makers – in favour of respect for IHL and acceptance of ICRC action for victims of armed conflict
- ▶ enhancement of communication capacities of National Societies and strengthened public positioning of the Movement as a whole
- ▶ production – and translation into different languages – of digital, print and audio-visual communication materials to support and raise awareness of the ICRC's activities; and digital engagement with the general public and specific groups

Weapon-related issues

The ICRC promotes measures to prohibit the use of weapons – including CBRN weapons or agents – that have indiscriminate effects or cause superfluous injury or unnecessary suffering. This includes promoting the application of existing IHL on the use of weapons and the development of additional norms in response to the field realities witnessed by the ICRC or the emergence of new technologies. These involve:

- ▶ making representations to governments and weapon bearers
- ▶ providing an IHL-based perspective on weapon-related issues in national and international fora
- ▶ holding meetings of military, legal, technical, medical and foreign affairs experts to consider, inter alia, issues relating to emerging weapons technology and the impact, in humanitarian terms, of the use of certain weapons
- ▶ promoting the full implementation of treaties such as the Anti-Personnel Mine Ban Convention, the Convention on Certain Conventional Weapons and the Convention on Cluster Munitions, and providing an IHL-based perspective in meetings on relevant arms treaties
- ▶ offering policy guidance and technical support on mines and other arms issues to National Societies and representing the Movement internationally on these matters
- ▶ attending meetings with key mine-action organizations that contribute to the development of mine-action policy, methodologies and systems

COOPERATION WITH NATIONAL SOCIETIES

Cooperation activities aim to: support National Societies – primarily of countries affected or likely to be affected by armed conflict or other violence – in building their operational capacities; promote operational partnerships between the ICRC and with National Societies in their own countries and with those working internationally; and encourage regular dialogue and coordination within the Movement on common concerns. These involve drawing up and implementing the policies of the Movement that are adopted during its statutory meetings, such as the International Conferences, and encouraging National Societies

to adhere at all times to the Fundamental Principles. These activities are geared towards optimizing the Movement's humanitarian work by capitalizing on complementary mandates and skills.

Written agreements formalize the partnerships – in whatever form they take – and ensure that the objectives and the parameters of the working relationship are clear to each partner. Financial, administrative and reporting procedures form an integral part of such agreements. This ensures that the resources made available to the Movement are coordinated and managed in ways that ensure maximum benefit is derived for the beneficiaries.

The sections below detail the different cooperation activities, distinguishing between cooperation with a National Society working in its own country and that with National Societies working internationally.

The final section discusses overall Movement coordination in the field.

Helping National Societies working in their own countries build their response capacities

The ICRC's support for National Societies covers several areas; in particular:

- ▶ promotion of IHL and of the Fundamental Principles, ideals and activities among both internal and external target groups
- ▶ preparations for and delivery of health care and relief services in armed conflict and other violence
- ▶ identification of and responses to the challenges National Societies face in ensuring operational access and acceptance in all contexts (Safer Access Framework)
- ▶ restoring family links through the worldwide family-links network, according to the Restoring Family Links Strategy for the Movement and its corresponding implementation plan
- ▶ activities to address risks linked to weapon contamination
- ▶ legal matters, such as drawing up or amending statutes, recognizing or reconstituting a National Society, and preparing for the Movement's statutory meetings

The National Society remains responsible for designing, managing, implementing and monitoring all the activities it carries out, and for its own development. The ICRC provides various forms of support – mobilization, technical, logistical and material assistance.

The ICRC's support is offered in the spirit of a mutually beneficial partnership. The ICRC also provides this support in close coordination with the International Federation, as activities are carried out as part of each National Society's long-term development.

Operational partnerships with National Societies in their own countries

The ICRC and National Societies select activities for joint implementation that best fit in each of their own plans and strategies, preserve their abilities to function as independent institutions and contribute to strengthening operational capacities. The National Society's autonomy in managing such activities may vary, and is contingent on the situation on the ground.

Operational partnerships with National Societies working internationally

Many National Societies have the resources and willingness to work internationally with the ICRC, and contribute in cash or in kind or by providing personnel, and other forms of support for operational management. The ICRC has two forms of partnership and management procedures with National Societies working

internationally. Integrated Partnerships are designed for situations where a project carried out by a National Society working internationally is an integral part of the ICRC's own objectives, and the National Society is integrated into the ICRC's operational management framework. Coordinated Activities, on the other hand, are designed for contexts where work carried out by a National Society working internationally is not part of the ICRC's objectives, but is under the ICRC's leadership and coordination in conformity with the Seville Agreement and its Supplementary Measures.

In recent years, the ICRC has been investing in developing further partnerships with National Societies working internationally. It has put in place innovative and flexible partnerships in several contexts.

Coordination within the Movement

All the types of cooperation outlined above may occur simultaneously. The ICRC is responsible for promoting and directing the contribution and involvement of other Movement components in international relief operations in countries affected by armed conflict and other violence and their direct consequences. It assumes the role of "lead agency" for the Movement's operations in accordance with the Movement's Statutes and the Seville Agreement and its Supplementary Measures, and in consultation with the National Society of the country concerned. In such situations, coordination mechanisms covering all the Red Cross and Red Crescent institutions active on the ground are established.

When the ICRC assumes the role of lead agency, it implements its own activities while also taking responsibility for coordinating the response of other Movement components. It strives to improve its efforts in this vein by working with the National Society of the country as its natural primary partner or as a co-lead of the Movement response. Country-level memoranda of understanding defining the roles and responsibilities of each Movement component in all situations – during periods of emergencies, conflict, transition and peace – have been developed in several contexts and have proven effective in bringing about well-coordinated Movement action.

In cooperation with other Movement partners, the ICRC has sought to learn from the experience of coordinating the Movement's humanitarian response in a number of contexts. With the International Federation, the ICRC leads a process of strengthening Movement coordination and cooperation, with the active participation of National Societies.

GENERAL

This section covers all activities related to the functioning of ICRC delegations, but which should not be allocated to another programme; such activities include management, internal control and certain strategic negotiations.

ICRC FIELD STRUCTURE

The ICRC has developed a broad network of delegations around the world. This network enables the ICRC to respond in a timely, efficient and adequate manner to the humanitarian needs resulting from armed conflict and other violence, in line with its mandate.

ICRC delegations adapt to the specific needs in the contexts in which they are active, and develop the most appropriate strategies. They also act as early-warning systems with regard to political violence or nascent armed conflicts and their potential consequences in humanitarian terms.

In ongoing or emerging situations of armed conflict or other violence, the delegations focus on operational activities such as protection, assistance, cooperation and preventive action at the responsive and remedial levels, to the direct benefit of victims.

In other situations, the delegations focus primarily on environment building preventive action, cooperation with National Societies and humanitarian diplomacy, while remaining poised to become more operational should the need arise.

Many delegations cover only one country. Others cover several countries and are called "regional delegations". Certain delegations are increasingly providing regional services for their respective regions, such as the Bangkok regional delegation as a training provider, the Egypt delegation in terms of communication, and the Jordan delegation as a logistical hub.

The ICRC's presence in the field can also take the form of a mission or other form of representation adapted to the particularities of the context or the specific functions assigned to the ICRC staff.

REGIONAL BREAKDOWN

Delegations are grouped and managed in five geographical regions: Africa; the Americas; Asia and the Pacific; Europe and Central Asia; and the Near and Middle East.

At headquarters, a regional director is in charge of the management of and support for field operations in each region. The regional director answers to the director of Operations and is also in charge of a multidisciplinary regional team representing headquarters services such as Protection, Assistance, Logistics, Law, Communication, Cooperation within the Movement, Humanitarian Diplomacy, Resource Mobilization, Human Resources, and Finance and Logistics, which are involved as needed. The aim is to coordinate and focus the support provided by these various services, as well as to ensure overall coherence in the ICRC's response.

PLANNING AND BUDGETS

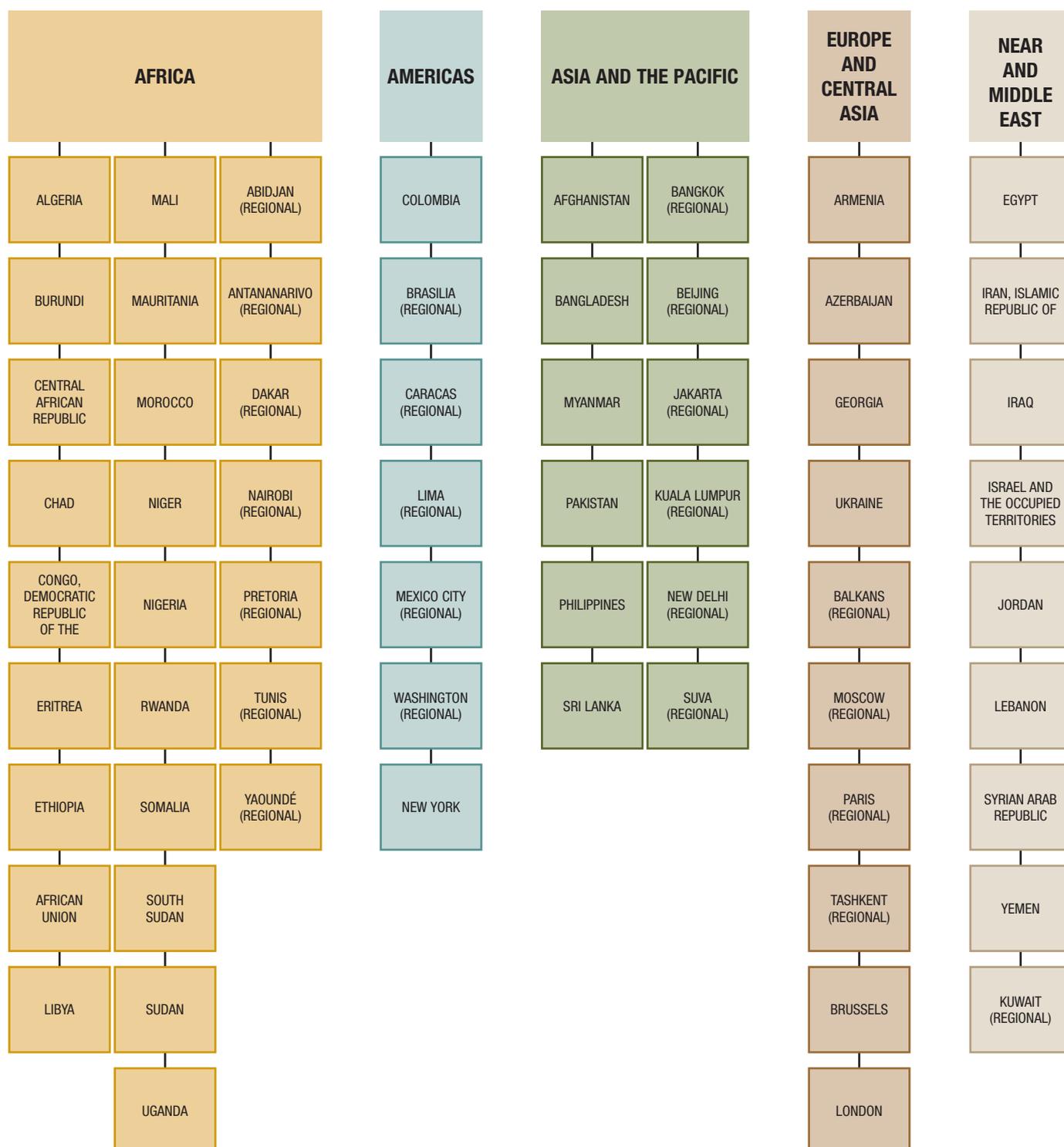
Each delegation sets its budget on the basis of an internal planning process, known in-house as the Planning for Results – or PFR – process, which includes a contextual analysis of the operational environment, an appraisal of the results achieved based on the objectives defined for the current period, and the definition of objectives, plans of action and the corresponding budget for the period ahead.

All budgets are subject to yearly validation by the Directorate and the Assembly. Descriptive, quantitative and financial information, including yearly expenditure and implementation rates, is provided by ICRC standard reporting documents every year (see also *The ICRC's operational approach to result-based management – improving humanitarian action*).

CONTRIBUTIONS LEVELS OF EARMARKING

Earmarking is the practice whereby donors require that their funds be allocated for ICRC operations in general. The table below shows the overall framework agreed with donors for the earmarking level of cash contributions to the ICRC.

OPERATIONS WORLDWIDE



DELEGATIONS AND MISSIONS IN MORE THAN 80 COUNTRIES AROUND THE WORLD

Level of earmarking	Range/restrictions
None	general ICRC; ICRC field or headquarters budget
Region/programme	one of the five geographical regions: Africa, Americas, Asia and the Pacific, Europe and Central Asia, Near and Middle East one of the four programmes: Protection, Assistance, Prevention, Cooperation with National Societies one of the four programmes for one of the five geographical regions
Country or context	one of the ICRC's field operations
Tightly earmarked	a specific programme or sub-programme within one context

The ICRC's experience has been that its operational flexibility decreases in direct proportion to the degree of earmarking demanded by donors, to the detriment of the organization's targeted beneficiaries. Moreover, managing specific earmarking and reporting requirements generates additional administrative work, both in the field and at headquarters. Existing standard reporting procedures have to be duplicated to meet individual requests and specific reporting, audit and evaluation requirements.

The ICRC has defined guidelines to bring some uniformity and coherence to the management of earmarked funds. The guidelines include rules on contributions which cannot be accepted on principle. These include:

- ▶ contributions which are in contradiction to the Fundamental Principles, for example those that seek to support only a specific category of beneficiaries (e.g. an ethnic or religious group);
- ▶ contributions which seek to support only a specific sub-region of a country;
- ▶ visibility requirements which impinge on the security of beneficiaries or ICRC staff;
- ▶ contributions that lead to double or over-financing (e.g. two different donors wishing to fund the same programme in the same country), as this would run contrary to recognized audit standards.

The ICRC can make exceptions in accepting earmarking at programme or sub-programme level for a specific operation when there are agreed-on standard reporting requirements.

These guidelines not only seek increased uniformity and coherence in managing contributions, but also establish a correlation between earmarking and reporting. Indeed, greater flexibility on the donor side regarding narrative and financial reporting enables the ICRC to manage tighter earmarking more effectively.

Earmarking is one of the issues often raised with the members of the Donor Support Group (DSG), a discussion forum made up of governments, supranational organizations and international institutions contributing a minimum of CHF 10 million in cash to the ICRC annually, and at other high-level meetings of those involved in the humanitarian field. The DSG assists the ICRC in its efforts to dissuade donors from earmarking their contributions and to improve its standard reporting system. In addition, the majority of DSG members accept the ICRC's standard reporting as fulfilment of the reporting requirements related to their donations. The ICRC continues to encourage donors to ease their constraints, while maintaining its commitment to use funds as efficiently as possible. This commitment to improve reporting to donors is reinforced through, for instance, external audits and enhanced internal planning, monitoring and evaluation procedures.

CONTRIBUTIONS IN KIND/CASH FOR KIND

Contributions in kind refer to assistance provided in the form of food, non-food items or specific goods for the ICRC's assistance activities. The customary procedure for the acquisition of contributions in kind is as follows: the ICRC makes a request for specific goods needed for a particular field operation; that request is matched by a specific donor offer of goods. Once the ICRC accepts the offer, the goods are delivered by the donor directly to the ICRC's local or regional warehouses. Donors are also able to provide cash contributions to cover the purchase of pre-defined goods by the ICRC.

CONTRIBUTIONS IN SERVICES

Contributions in services refer to support given to the ICRC in the form of logistical assistance or staff on loan. The heading "in services" in the regional budget table indicates the portion of the budget that the ICRC estimates will be covered by this type of contribution.

DESCRIPTION OF THE ACCOUNTING MODEL OVERVIEW

The ICRC's financial system functions to preserve the ICRC's operational capacity and independence while providing internal and external stakeholders with reliable and transparent financial information.

The accounting model draws a clear distinction between financial accounting and cost accounting. Financial accounting illustrates how human, material and financial resources are used. The aim of the financial accounting system is to record expenses and to report on financial transactions in accordance with legal requirements. Cost accounting focuses on the use of resources for the implementation of operational objectives by country, programme and target population, as defined in the PfR methodology. Cost accounting promotes understanding of processes and transactions (i.e. to determine the reasons for, and the objectives of, the costs incurred), used to respond to internal management requirements in terms of detailed information, and – in particular for the ICRC – to facilitate general and specific reporting to donors.

The financial accounting system is composed of different data entry modules that supply the basic information to the cost accounting system (comprising cost centre accounting and cost units accounting). The costs are allocated from the cost centres to the cost units according to where and by whom the objectives are implemented. For the system to function, staff must report on the time they spend working on different objectives.

Financial accounting system

The financial accounting system consists of a number of modules (general ledger, payroll, accounts payable, accounts receivable, stocks, and fixed assets). Information recorded in the peripheral modules is stored within the main module, the general ledger, and incorporated into a balance sheet and a profit-and-loss statement. As financial accounting does not provide information about the origin of and the reason for costs, it does not assess results. In other words, it does not provide the information needed for reporting purposes. This task is performed by cost accounting.

Cost or analytical accounting system

The cost accounting system allocates all costs in two different ways: to the cost centre, which explains the origin of the costs, and to the cost units, which indicate the reason for or the objective of the costs. It explains the type and origin of costs (salary, purchase, communications, etc.) and links the internal service supplier (operations, management, warehouse, logistics, administration, etc.) and the beneficiary, thereby providing reliable and meaningful information for both internal and external performance assessment and reporting.

Overheads

The budget and expenditure for each operation comprise a 6.5% overhead charge on cash and services as a contribution to the costs of headquarters support for operations in the field. This support is for services essential to an operation's success, such as human resources, finance, logistics, and information technology, as described in the Appeals: Headquarters for the same year. The contribution covers approximately 40% of the actual cost of support provided by headquarters to field operations.

COST TYPE ACCOUNTING

Financial accounting and cost categories

The accounting model comprises three dimensions (e.g. in field operations: the organizational unit, target population and programme) that serve to allocate costs between cost centres and to cost units accounting.

Cost centre accounting

Any unit (department or unit at headquarters or delegation in the field) in the ICRC generates costs as it consumes goods and services. The cost centre accounting system allows for the identification of the driver of these costs and the specification of its responsibility for the type, quality and dimension of the transactions concerned. The cost centre reflects the structure of the unit to which the costs incurred within a given period are initially charged. The person answerable for the origin of the relevant costs always manages the cost centre.

Cost units accounting

Cost units accounting responds to the information requirements of management and donors, providing insight into the financial resources consumed and the reason for the costs. Cost units accounting and reporting are based on the operational objectives defined using the PfR methodology.

To make it possible to produce all the reports required, a three-dimensional cost units structure is used. The three dimensions, outlined below, are independent of one another. Set together, they are the parameters of the PfR system. The total costs found in cost units accounting are equal to the total costs found in cost centre

accounting. In the three dimensions described, there are different levels of aggregation in order to monitor activities adequately.

Financial "organizational unit" dimension

The financial "organizational unit" reflects the hierarchy of the organization in terms of responsibility for operational results. As most ICRC field operations are implemented in a specific geographical area, this dimension reflects the geographical structure of field operations. It determines the costs and income of a delegation, region or geographical zone and compares those costs and that income with the pre-defined objectives and results to be achieved. At headquarters, this dimension corresponds to directorates, departments and units.

Target populations dimension

In line with the PfR methodology, target populations are identified as relevant cost units and included in the project dimension (for the definition of target populations, see *Target populations in field operations* above).

Field programme dimension

In field operations, programmes are slices of institutional objectives cut along the lines of the ICRC's core activities. They represent the ICRC's areas of competence translated into products and services delivered to the beneficiaries (see *Programme descriptions* above).

INTERNAL CONTROL SYSTEM

Over the years, the ICRC has developed an internal control system and compliance approach for financial reporting based on three pillars: the Internal Control, Compliance and Fraud Investigation Unit; the visits of internal controllers in the field; and the Compliance and Quality Assurance Centre, based in the ICRC's Manila Shared Service Centre. As from 2017, these are supported by the Global Compliance Office, which is based in the Office of the Director-General.

The Global Compliance Office is mandated by the Directorate to coordinate, on a yearly basis, the "entity-wide" controls self-assessment, which sets the tone for the ICRC internal control environment. It also coordinates the annual assessment of major institutional risks, through the Internal Control System dashboard, which is provided each year to the Directorate and to the Audit Commission, and includes risks related to financial reporting. The dashboard monitors inherent risks and their related mitigation measures, and evaluates the ICRC's progress in addressing existing and arising risks. The Global Compliance Office is also the focal point for the external auditor for any matter related to the internal control system over financial reporting and to fraud. It further coordinates the implementation of management remediation plans in response to the recommendations reported each year by the external auditors in their "Management Letter".

The Internal Control, Compliance and Fraud Investigation Unit is responsible for ensuring that the ICRC's internal control system complies with the requirements of Swiss law, regarding its obligations for financial reporting, and with the ICRC's internal rules. It defines the internal controllers' field missions, enabling them to verify the implementation of ICRC financial, administrative, human resources and logistics policies and procedures. In addition, the Financial Compliance and Quality Assurance Centre ensures comprehensive and consistent quality control of

all accounting and logistics documents from delegations to ensure that financial transactions in the field are supported with bona fide documentation and that the standards set by the financial rules, policies and procedures are respected.

These systems aim to provide robust assurance with regard to financial reporting and prevent errors and frauds.

INTERNAL AUDIT

According to Article 14 of the Statutes of the ICRC, the “Internal Audit shall have an internal monitoring function independent of the Directorate. It shall report directly to the Assembly. It shall proceed through internal operational and financial audits”. The ICRC Internal Audit covers “the ICRC as a whole, both field and headquarters”. Its aim is “to assess, on an independent basis, the performance of the institution and the pertinence of the means deployed in relation to the ICRC’s strategy”. In the area of finance, its role complements that of the external auditors.

The Internal Audit helps the ICRC accomplish its objectives by using a systematic, disciplined approach to ensure and give added value to the effectiveness of risk-management, control and governance processes. Its methodology follows the Standards for the Professional Practice of Internal Auditing of the Institute of Internal Auditors.

The Internal Audit reports its findings directly to the ICRC president and the Audit Commission, and issues recommendations to the management. The head of Internal Audit is appointed by the Assembly.

The Internal Audit’s yearly work programme and budget are presented to the Assembly for approval. Each audit assignment is concluded by an audit report. The Directorate is responsible for responding to the recommendations included in Internal Audit reports; a formal system for following up the recommendations in each report is in place. Progress in implementation is reported to the Audit Commission of the Assembly.

EXTERNAL AUDIT

The ICRC’s principal revenue sources are the contributions of governments and National Societies, funds from private sources and income from securities. According to Article 15 of the Statutes of the ICRC, the utilization of this revenue and of ICRC reserves shall be subject to independent financial verification, both internally (by Internal Audit) and externally (by one or more firms of auditors).

Each year, external auditors, currently Ernst & Young Ltd, audit the ICRC’s consolidated financial statements. The statements include the consolidated statement of financial position, the consolidated statement of comprehensive income, the consolidated cash-flow statement, the consolidated statement of changes in reserves and the notes on the consolidated financial statements.

The audit is conducted in accordance with the International Standards on Auditing. The external audit opines on whether the consolidated financial statements give a true and fair view in accordance with the International Financial Reporting Standards and comply with Swiss law. The audit report is published in the ICRC’s Annual Report.

The external auditors examine, on a sample basis, evidence supporting amounts and disclosures. They review the accounting principles used, significant estimates made, and the overall consolidated financial statement presentation. They also give an opinion on whether an internal control system is in place.

THE ICRC'S OPERATIONAL APPROACH TO RESULT-BASED MANAGEMENT – IMPROVING HUMANITARIAN ACTION

MANAGING ICRC OPERATIONS: THE CYCLE AND THE RESULTS

INTRODUCTION

People benefiting from humanitarian action depend on the quality of the services they get from organizations through a process over which they have limited influence. These organizations have an ethical responsibility to consider the beneficiaries' wishes and vulnerabilities and the local capacities and culture, to manage resources efficiently, and to produce results that have a beneficial effect for the population. They also have a responsibility to their donors to ensure that the funds they receive are used optimally. The ICRC, thus, takes pains to continuously improve the effectiveness and efficiency of its work and to increase its accountability, first to its beneficiaries, and second to external stakeholders, particularly donors.

To do these, the ICRC employs a structured approach – known as result-based management – to planning, implementing and evaluating its activities; the approach calls on the organization to focus on the expected results for the beneficiaries throughout the management cycle, and not simply on project implementation or budget control. Result-based management links activities from one stage to the next; requires the collection of information at each stage, which is used for management and reporting purposes; and ensures that resources are used to best effect.

The ICRC uses the following definitions, adopted on the basis of how these terms are commonly understood or presented in existing literature:

- ▶ **input:** human, technical, material and financial resources and logistical means that enable a person or organization to do something
- ▶ **activity:** any action or process through which inputs are combined to generate goods and services (outputs)
- ▶ **output:** the products, goods and services that people receive as a result of ICRC activities and that are expected to lead to the achievement of outcomes
- ▶ **outcome:**
 - lower-level outcome: the likely, or achieved lower-level effects of the output that are expected to lead to the achievement of higher-level outcomes
 - higher-level outcome: the likely, or achieved, higher-level effects resulting from the accumulated effects of lower-level outcomes, which are expected to contribute to the impact
- ▶ **impact:** primary and secondary, long-term effects to which interventions contribute, positively or negatively, directly or indirectly, and in an intended or unintended manner. The ICRC, as any other actor, is likely only to contribute to an impact.

THE ICRC MANAGEMENT CYCLE

The ICRC's management cycle aims to maximize the benefits of programmes for the beneficiaries, ensuring that efforts are: **relevant, feasible**, and, whenever appropriate, **sustainable**. The cycle starts with an assessment, which, after analysis, may lead to the **formulation/planning, implementation, monitoring, review** and, in some cases, **evaluation** of a humanitarian operation. The entire cycle and the decisions taken therein are consistent with the ICRC's mandate and its legal and policy framework.

The phases of the cycle are progressive: each needs to be completed for the next to be tackled successfully, with the exception of monitoring and evaluation, which is a continuous process during the implementation phase and may be conducted at any stage. Decision-making criteria and procedures are defined at each stage, including key pieces of required information and quality-assessment criteria. On the basis of its monitoring, the ICRC recalibrates activities to ensure it remains focused on the expected result and to verify that the expected result is still pertinent. Renewed planning draws on the results of the monitoring, review and, in some cases, evaluation of previous action, programmes and activities; these steps also come as part of the institutional learning process.

The ICRC's result-based approach to management shapes its yearly internal Planning for Results (PfR) process. The process is defined as a "corporate function that assesses context, target groups, problems and needs, risks, constraints and opportunities and sets priorities to ensure an appropriate level of coordination and alignment of action and resources towards the achievement of expected results". The process is carried out within the ICRC's three-dimensional framework of context, target populations and programmes. Context refers to a single country, group of countries, or other sets of territories, locations and/or organizations in or with which the ICRC works; target populations are the groups of people for whom or with whom the ICRC works; and the ICRC's activities are organized into four main programmes.

The PfR entries (one set per context) represent the two first parts of the management cycle described below: they provide an assessment and analysis of the situation and the new plan for the coming cycle. The third and fourth parts of the management cycle come in the form of the Monitoring for Results (MfR) process, during which the fulfilment of objectives is tracked, in line with the relevant result indicators (see below).

The stages of the management cycle *Assessment and analysis*

Through assessments, the ICRC aims to understand a situation in order to identify the problem(s) a target population faces and the causes of these problems. This involves collecting information (including data disaggregated by gender and age), on the country or context, armed conflict and/or other situation of violence, humanitarian environment and the ICRC, and the security environment; this information is collected and compiled by ICRC delegates through various means, for example, during contact with the target population itself, the authorities at all levels, and any other stakeholders. Assessments do not aim to work out whether and how to address the problems.

The ICRC conducts a thorough analysis of the information to determine the current situation. This is the baseline: the data that defines the initial situation that must be improved and against which any future improvement will be measured.

Formulation and planning

The ICRC determines an expected future situation for the target population. This future situation is the objective, which is articulated on two levels: the general objective represents the expected

higher-level outcome and the specific objective represents the expected lower-level outcome that the ICRC seeks to achieve as a result of the output of its activities. Based on this, the ICRC formulates a plan of action, outlining the steps to move from the baseline to the expected future situation and the human and budgetary resources needed for these. The ICRC also decides on the tools, including any relevant indicators, for monitoring, reviewing and evaluating the process at this stage.

The ICRC makes these decisions with several factors in mind: the most pressing needs; current and possible constraints to its work; its own mandate and capacities; IHL and internationally recognized standards; resolutions of the Movement's statutory bodies; a thorough knowledge of the context; and the mandate, objectives and activities of other organizations, in particular its partners within the Movement.

Implementation and monitoring

This phase begins when the PfR document is approved by the Assembly, following deliberations by field and headquarters teams on the document's content. Once implementation of the plans of action begins, so does monitoring, using the tools defined at the formulation/planning stage. Monitoring is a continuous and systematic process of self-assessment throughout the life of the operation, which involves collecting, measuring, recording and analysing information (including data disaggregated by gender and age) on all the activities in progress and the results achieved. It also includes continuous monitoring and analysis of the situation of the target population and of the general context in which the operation is taking place. Monitoring data is captured in the institutional Planning and Monitoring Tool (PMT) and programme-specific databases.

If, during the monitoring process, a significant change in the situation is noted during the year, the ICRC may need to undertake a major revision of the PfR entries for that context; if the needs are much greater and the action is expanded, this may necessitate an extension of the initial budget. The reverse may also be true: where there is a decrease in needs, the corresponding operation and the initial budget are scaled down accordingly.

Review, evaluation and learning

The ICRC has several internal tools and processes to check on the implementation of its activities and on progress in advancing general and specific objectives. Qualitative, quantitative and/or participative approaches – or a combination of all three in most cases – are required for: regular data collection and observation in the field; ad hoc context-based or thematic operational reports and reviews; monthly reports providing standard assistance and protection indicators; quarterly programme-specific reports; and internal and external audits. These are all shaped by the PfR process, in particular its structure (target populations and programmes) and its content (objectives and budget). They also provide input for ICRC reporting to donors.

The reviews carried out for the second and third quarter of a given year help inform the internal annual planning cycle (i.e. the PfR process) for the succeeding year. Information on the interim situation (the results so far) is compared with information on the intended results (the objective) and on the initial situation (the baseline) to identify any significant deviations from the plan. This allows the ICRC to identify problems and take corrective action.

An evaluation is defined by the ICRC as an independent, objective and systematic examination of the design, implementation and results of an initiative, programme, operation or policy against recognized criteria. It is intended to articulate findings, come to conclusions and make recommendations so that the ICRC may draw lessons, improve overall policy and practice, and enhance accountability. Evaluations commissioned by the ICRC are considered as internal, while those commissioned by stakeholders outside the institution are considered as external; those taken on by the ICRC with external stakeholders are joint evaluations. Evaluations often focus on a particular thematic issue and, therefore, cover multiple programmes and contexts.

Multi-year planning

The ICRC's mandate goes beyond emergency response, as much of its work takes place in contexts affected by protracted conflict; this makes it necessary for some of the organization's work to be planned and implemented over a multi-year horizon. Long-term planning and project implementation better allows the ICRC to aim at lasting gains that can be sustained even amidst the violence, contributing to bridging humanitarian and development efforts.

In all cases, no matter the timeframe of the activity and corresponding budget, the ICRC feeds its insights from its monitoring, review and evaluation processes back into the planning process, to ensure that it builds on lessons learnt and previous experiences.

RESULTS AND INDICATORS

As part of the PfR process, general objectives and specific objectives are defined, articulating a delegation's goals for the coming year or years; a performance management framework, consisting of indicators, baselines and targets, is also developed for each objective. Indicators may be quantitative and qualitative, and a mix of both is often used for each objective.

Qualitative indicators are accompanied by a benchmarking scale, against which delegations need to predefine their targeted improvements – for example, delegations may assess a particular stakeholder's capacity as "low" or "medium", or "high", and then set a target of helping improve it; they would also need to describe these different states. Delegations setting multi-year objectives must set milestones leading to their target. The ICRC put the benchmarking process in place to temper the inevitable subjectivity of assessing progress vis-à-vis qualitative indicators and to allow delegations to track their performance more consistently.

The ICRC also has a set of standardized quantitative indicators for activities carried out under its Assistance and Protection programmes for the target populations Civilians, People deprived of their freedom and Wounded and sick. They refer to outputs and lower-level outcomes and include, whenever possible, data disaggregated by gender and age, and are included in the ICRC's reporting documents, whenever possible and relevant (see also *Result-based management and standard reporting to donors* below).

PRAGMATIC APPROACH TO RESULTS-BASED MANAGEMENT

While the ICRC is steadfast in its commitment to following the result-based management approach and the management cycle as rigorously as possible, there are potential barriers to doing so, many of them specific to the volatile situations in which the ICRC works.

- ▶ Assessment capacities may be affected by restrictions on access owing to armed conflicts or other situations of violence; the ICRC's ability to monitor and review an operation once implementation has begun may also become limited, or even no longer useful, owing to a radical change in the situation.
- ▶ Unfavourable weather conditions (e.g. monsoon rains or heavy snow) or damaged infrastructure (e.g. destruction of roads or bridges) may also obstruct the management cycle.
- ▶ Specific circumstances may require urgent action. Where time is of utmost importance, assessments will be kept to a minimum to ensure that the operation can take place and benefit the target population as soon as possible. Similar constraints can also limit monitoring and review processes.
- ▶ Data collection is frequently hampered by factors such as the non-availability or limited quality of data, the complexity and/or opacity of existing power structures, or internal ICRC constraints.

Indicators, particularly numerical ones, need to be interpreted carefully. Some figures are too sensitive to external variables and should not be compared from one context to another or from one year to the next. In many cases, the ICRC works with indicators that are important, but cannot be shared without compromising its mandate as a neutral, impartial and independent humanitarian organization.

Given that result-based management aims to maximize the relevance, efficiency and effectiveness of action for conflict-affected people and enable the best use of resources, the ICRC seeks to collect the required information through existing systems and data sources (in certain cases with support from other actors) and through pragmatic sampling, rather than by establishing new ones. The ICRC has made it a policy not to set up measurement systems that are not directly required for monitoring the expected results of action for the beneficiaries. It strives to avoid an overly bureaucratic system, preferring to find simpler solutions to identified problems, even if this limits the amount of information that can be gathered and reported. Useful but unwieldy solutions based on the measurement of factors such as knowledge, attitudes, behaviours and practices to evaluate changes are used sparingly.

Finally, staff turnover levels within the ICRC mean that training and supervision are constantly required to ensure continuity and the transfer of the necessary skills and knowledge.

RESULT-BASED MANAGEMENT IN ICRC PROGRAMMES

INTRODUCTION

The ICRC endeavours to respond to humanitarian needs arising from armed conflicts and other situations of violence in the most timely, humane and professional way possible. The ICRC carries out its mission using various modes of action at different levels of intervention. The ICRC has four approaches to, directly or indirectly, in the short, medium or long term, help ensure respect for the lives, dignity and physical and mental well-being of victims of armed conflicts and other violence. The ICRC's action under its four programmes (protection, assistance, prevention and cooperation) seeks to prevent and eradicate the cause of human suffering and to alleviate it where it already exists, as well as to strengthen the Movement as a network.

Professionals in each programme work according to the ICRC management cycle and within a given framework, which includes ethical and legal aspects, policies, guidelines and working tools. The sections below provide information on the management of each ICRC approach, related programmes and examples of indicators and related topics (listed in parentheses), which may be used as springboards for the definition of specific indicators or objectives for a given context.

PROTECTION

The Protection Policy (dated April 2008) sets out the ICRC protection framework, definitions of the main terms, and key principles and operational directives for implementing the activities that comprise the programme. This guidance document describes the tools and approaches available, and the general action and the generic indicators guiding ICRC protection activities.

The programme is comprised of four sub-programmes: *protection of the civilian population*, *protection of people deprived of their freedom*, *restoring family links* and *forensic services*. Standard quantitative indicators can be used by ICRC delegations worldwide for each of these sub-programmes.

Examples of generic indicators and related topics are listed below:

Protection of the civilian population

- ▶ compliance by parties to the conflict with IHL and other applicable norms (e.g. quality of dialogue; frequency of feedback; concrete measures taken)
- ▶ risk-reduction capacities of vulnerable people (e.g. number of incidents; number of communities trained; feedback from communities)

Protection of people deprived of their freedom

- ▶ protection against physical and psychological abuses
- ▶ material and psychological living conditions (e.g. right to due process in line with national and/or international law)
- ▶ access to detainees (e.g. respect for ICRC standard working procedures; quality of dialogue with the detaining authorities)

Restoring family links

- ▶ prevention of disappearances (e.g. measures taken by State/non-State actors in line with national/international law; legal frameworks; notification systems for families regarding the arrest or capture of their relatives)
- ▶ exchange of family news (e.g. means of family contact; number of beneficiaries; processing time)
- ▶ family reunification (e.g. number of reunifications; quality and frequency of contact with actors involved in the process; processing time)
- ▶ clarification of the fate of missing persons and support to their families (e.g. mechanisms to handle cases of missing persons; legal protection of the missing and their families; availability and quality of social services)

Forensic services

- ▶ management of human remains (e.g. existence of and respect for applicable laws and standards, extent to which best practices are implemented; capacity of relevant stakeholders)
- ▶ access to forensic medicine services

ASSISTANCE

The assistance programme is sub-divided into the following sub-programmes: *economic security, health, water and habitat, and activities to address weapon contamination.*

The ICRC takes into account the longer-term impact of its activities (in line with the “do no harm” approach) and, whenever appropriate, endeavours to find lasting solutions to the needs of the affected population. This proviso is introduced because the sustainability of some activities – those urgent and life-saving, in nature – conducted during emergencies cannot be guaranteed. Sustainability is a generic indicator for activities in the area of physical rehabilitation, income-generating activities and certain forms of economic support, and the renovation and construction of water and sanitation infrastructure or health facilities.

Standard quantitative indicators can be used by ICRC delegations worldwide for the economic security, health, water and habitat and weapon contamination sub-programmes.

The generic indicators for each sub-programme and examples of related topics are listed below:

Economic security

The economic security sub-programme covers three areas: relief, livelihood support and structural support.

Relief – to save lives and protect livelihoods

- ▶ access to food (e.g. adequacy in terms of quality, quantity and diversity; sources and stability of access; food-related expenditures; local markets; food aid; cultural standards; nutritional status)
- ▶ access to essential household items (e.g. availability and adequacy of essential household items; material aid; climate; adequacy of shelter conditions; clothing; hygiene; water storage; cooking capacity)

Livelihood support – to restore or improve food production and/or generate income

- ▶ food production capacity (e.g. amount, value and role of own production; access to and availability of food production inputs and assets – for example, land, irrigation, seeds, tools livestock; training and skills; local markets)
- ▶ income generation capacity (e.g. amount of income and expenditures; purchasing power; access to income; indebtedness; trade and revenue)

Structural support – to improve processes and institutions that have direct influence on a target population’s lives and livelihoods

- ▶ processes and institutional capacity (e.g. existence of structures and services; quality, type and appropriateness of structures and services; deployment capacity; political will; security)

Health services

The health sub-programme covers six areas: first aid and pre-hospital care, primary health care, hospital services (including war surgery), mental health and psychosocial support, health care in detention and physical rehabilitation.

- ▶ availability of service (e.g. type of service; infrastructure and technology; drugs and consumables; presence of staff and professional knowledge)

- ▶ access to services (e.g. proximity/security; opening hours; patient attendance; catchment population)
- ▶ quality of services (e.g. existence of and respect for protocols and guidelines; staff on duty; quality of supply of drugs and consumables; mortality rates)

For physical rehabilitation, an additional generic indicator is used as a basis for measuring and expressing results, at least for certain centres and/or from a certain date: sustainability (e.g. local policies; local resources; local public and private structures; training capacities and curriculum).

Water and habitat

The water and habitat sub-programme covers five areas: safe drinking water supply, sanitation and environmental health, temporary human settlements, energy supply and building renovation and construction.

Safe drinking water supply

- ▶ access (e.g. proximity; security; quality of source; fetching time)
- ▶ quantity (e.g. availability per day; seasonal influence; needs per day)
- ▶ quality (e.g. storage; hygiene; water point maintenance)

Sanitation and environmental health

- ▶ hygiene and sanitation facility availability (e.g. quantity; proximity; access during day- and night-time; maintenance; cultural standards; hygiene practices; environmental impact; environmental conditions)
- ▶ waste management (e.g. proximity; removal service; clean areas; hygiene practices; maintenance)
- ▶ vector-borne disease control (e.g. hygiene practices; safe vector-control practices; malaria-control practices; management of stagnant water and refuse)

Temporary human settlements

- ▶ availability (e.g. timeliness; quantity; space; water and sanitation; kitchen)
- ▶ quality (e.g. security; space; cultural standards; organization and management; heating and/or cooling; environmental impact; environmental conditions)

Energy supply

- ▶ quantity (e.g. cooking fuel; water production; waste-water treatment; heating)
- ▶ quality (e.g. usage; cultural standards; environmental impact)
- ▶ efficiency (e.g. fuel; equipment; availability; maintenance)

Building renovation and construction

- ▶ adequate working and living infrastructure (e.g. rooms; sanitation; kitchen)
- ▶ adequate installations (e.g. living space; working space; equipment and services)
- ▶ functional installations (e.g. organization and distribution of space; water; power; management)

Weapon contamination

The sub-programme addressing weapon contamination covers four areas: safety and security of ICRC staff and operational partners; continuity of humanitarian operations; risk awareness and mitigation; and management of hazards specific to chemical, biological, radiological and nuclear weapons or agents.

- ▶ training and capacity-building on safe behaviour and mitigation measures; hazard identification and risk assessment
- ▶ survey and clearance; data collection and management; access to secure areas
- ▶ availability of and degree of authorities' compliance with national and international standards

PREVENTION

The Prevention Policy (dated September 2008) sets out the ICRC prevention framework, definitions of the main terms, and key principles and operational guidelines for implementing activities as part of the ICRC's medium- to long-term efforts to prevent human suffering. These activities aim to foster an environment conducive to respect for the life and dignity of people affected by armed conflict and other situations of violence and respect for the ICRC's work at the global, regional and local level.

The policy focuses on developing and implementing contextually adapted approaches to gain the support of influential players, and covers efforts to communicate, develop, clarify and promote IHL and other relevant bodies of law, as well as to facilitate acceptance of the ICRC and its access to violence-affected people. The medium- to long-term nature of prevention and its focus on influencing multiple environmental factors pose significant challenges in terms of accountability, making it necessary for the ICRC to be particularly conservative in determining the objectives it can realistically achieve for each target group.

The ICRC prevention approach includes three sets of activities: prevention-dissemination aims to foster understanding and acceptance of the ICRC's work and/or IHL and other relevant bodies of law; prevention-implementation focuses on developing and strengthening the conditions allowing respect for IHL and other relevant bodies of law, usually by incorporating the law into appropriate structures; and prevention-development focuses on the development of IHL.

Because only prevention-dissemination and prevention-implementation sub-programmes are carried out in field operations, only activities under these sub-programmes are considered below. They focus on players that have a significant capacity to influence the structures or systems associated with humanitarian problems. Their main target groups are: actors of direct influence, such as political authorities, key decision-makers, armed forces, police forces and other weapon bearers; and actors of indirect influence, including civil society representatives, the youth, academic circles and the media.

Generic indicators are listed below with examples of related topics:

Prevention-dissemination

- ▶ knowledge of the context (e.g. stakeholder mapping; access to conflict-affected areas and people; needs)
- ▶ acceptance (e.g. number and frequency of contacts; ICRC access to conflict-affected areas and/or people)
- ▶ ownership (e.g. quality of dialogue; content and scope of issues discussed; type of follow-up undertaken by stakeholders; development of concrete initiatives such as information or training sessions)
- ▶ sustainability (e.g. designation of liaison officers by stakeholders; existence of a process for notification of movement; ICRC access to conflict-affected areas and/or people)

Prevention-implementation

- ▶ knowledge of the context (e.g. stakeholder mapping; access to conflict-affected areas and people; legal framework)
- ▶ acceptance (e.g. number and frequency of contacts; quality of dialogue; sharing of existing policies, laws, codes, rules, operating procedures and training curricula by stakeholders)
- ▶ ownership (e.g. content and scope of issues discussed; type of follow-up undertaken by stakeholders; dedication of resources by stakeholders; assumption of leading role by stakeholders)
- ▶ sustainability (e.g. signature and ratification of treaties; existence of means and mechanisms for promoting respect of the law, such as updated national laws, codes, rules and operating procedures, including sanctions; education and training policies; development of training curricula)

Delegations also manage their work with armed forces and other weapon bearers in many contexts, using a locally-adapted score card template. Similar tools are being developed for work with universities and schools and are progressively being used in the field. Delegates in charge of prevention programmes are also being trained to monitor and review their activities more systematically.

COOPERATION WITH NATIONAL SOCIETIES

The Seville Agreement and its Supplementary Measures provide a framework for effective cooperation and partnership among the Movement's members, enhancing field-level coordination among them. The ICRC Institutional Strategy 2015–2018 sets out the organization's ambition to contribute to a more significant Movement response to large-scale emergencies. Close cooperation with National Societies, whether they are working in their own countries or abroad, and with the International Federation will be key to achieving this goal. The ICRC also aims to support National Societies' efforts to strengthen their institutional capacities and improve their service delivery, enhancing the effectiveness of the Movement as a whole.

Generic indicators are listed below with examples of related topics:

- ▶ National Society capacity to operate safely (e.g. legal and statutory base; respect for the Fundamental Principles and proper use of emblems; structure; organization and services)
- ▶ partnership with National Societies (e.g. relationship; training and competencies; resources)
- ▶ Movement coordination and cooperation (e.g. strategic development plans; Movement coordination mechanisms; Movement response planning processes)

When geared towards assisting people affected by conflict or other violence, operational cooperation between National Societies working in their own countries and the ICRC is managed via the ICRC sub-programme concerned, e.g. economic security, health, water and habitat, and restoring family links. In such situations, the partnership is meant to directly benefit violence-affected people and to help the National Society strengthen its own operational capacities.

RESULT-BASED MANAGEMENT AND STANDARD REPORTING TO DONORS

The ICRC's standard reporting for donors reflects the application of the organization's result-based management approach during all stages of the management cycle: assessment, planning, implementation, monitoring and evaluation.

CYCLICAL STANDARD REPORTING DOCUMENTS

The ICRC produces a set of standard reporting documents, consistent with its management cycle and internal planning process, each year:

- ▶ **ICRC Appeals:** reflect the objectives, plans of action and indicators on the basis of the content of the PfR documents for the year concerned; the material is generally developed during the assessment/analysis and formulation/planning stages of the ICRC management cycle; a similar set of documents is prepared concurrently on the objectives and plans of action of the different headquarters services
- ▶ **ICRC Midterm and Annual Reports:** cover the implementation/monitoring and evaluation/learning stages of the ICRC management cycle and are compiled using the information generated by the various tools and processes employed during the internal project cycle and the summary of progress presented in the MfR entries; annual reports on the work of the ICRC headquarters services are also prepared.

The Midterm and Annual Reports detail the ICRC's progress – or lack thereof – in achieving the objectives and plans of action set out in the Appeals; the reports also contain standardized quantitative indicators and, for a number of them, compare the figures achieved against the targeted figures defined during the PfR process.

The yearly consolidated financial statements certified by external auditors are included in the ICRC's Annual Reports. The consolidated financial statements are prepared in compliance with the International Financial Reporting Standards (IFRS) adopted by the International Accounting Standards Board (IASB) and the interpretations issued by the IASB Standing Interpretations Committee (SIC); they are presented in accordance with the ICRC's Statutes and Swiss law.

Major assistance, protection, financial and human resources figures extracted from the Annual Report are available for donors and the wider public on interactive maps accessible through the ICRC Extranet for Donors and the ICRC website.

On an ad hoc basis, the ICRC may deem it necessary to revise or set completely new objectives and plans of action in a given context, if there is a significant change in the situation. It may communicate these revisions to donors through an Update, a Budget Extension Appeal or, more rarely, a Budget Reduction document.

OTHER STANDARD REPORTING DOCUMENTS

In addition to the cyclical standard reporting documents outlined above, the ICRC provides various supplementary documents to all its donors or to selected groups thereof, such as the Donor Support Group, which comprises representatives of governments, supra-national organizations and international institutions providing a minimum of CHF 10 million in cash each year to fund the Appeals.

These documents include updates on a given context or activity; they may also go into a level of detail that cannot be accommodated in the cyclical reporting documents, either because of space constraints or because the information is too sensitive to be released for general distribution. Other documents illustrate the ICRC's approach and/or the results of certain programmes or sub-programmes using examples from various ICRC operations worldwide.

Regular financial updates and the external financial audit reports for all ICRC field operations are also made available to donors.

Finally, public documents regularly posted on the ICRC website, particularly those reporting on ICRC operations, provide donors with useful information.

THE ICRC'S OPERATIONAL APPROACH TO CHILDREN

CHILDREN IN ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE

Conflict exacerbates people's existing vulnerabilities, especially those of children. Most children experience armed conflict as civilians, and often witness atrocities committed against their relatives – such acts include death or injury from indiscriminate attacks, mine explosions and direct assaults. They are sometimes forced to commit atrocities against their relatives or other members of their own communities. Many children are killed, wounded or imprisoned, torn from their families, compelled to flee or left without an identity. For dependents, the loss of a father, mother or the family's main breadwinner may have more than a psychological impact. It is not unusual for very young children to be propelled into adult roles. They become heads of families, taking care of and protecting younger siblings and adult family members. Destitution and the loss of close relatives may force young girls into early marriage or prostitution. A young breadwinner may join an armed group just to survive. Other children are forcibly recruited. Often unarmed, they are used by armed forces or armed groups in different ways, for example, as cooks, porters, messengers, spies, human mine detectors or for sexual purposes. Child trafficking, for purposes such as unlawful adoption and forced labour, may also increase during armed conflict, especially when boys and girls are deprived of the protection of their parents and other relatives. Armed conflict and other situations of violence impact heavily on children's access to education. The insecurity may force children to go without schooling for long periods of time. Schools may come under attack, often resulting in their destruction; teachers and students are sometimes directly targeted, wounded or killed. Likewise, the disruption or collapse of public services restricts children's access to health care and other basic services, during the fighting and long after it has ceased.

PROTECTION UNDER INTERNATIONAL LAW

During international and non-international armed conflicts, children benefit from the general protection provided by IHL to all conflict-affected people. First, if they fall into the hands of enemy forces, they must be protected against murder and all forms of abuse: torture, sexual violence and other forms of ill-treatment, arbitrary detention, hostage-taking or forced displacement. Second, they must in no circumstances be the targets of attacks, unless, and for such time as, they take a direct part in hostilities. Instead, they must be spared and protected. Many of the rules of IHL constitute customary law and are therefore binding on all parties to an armed conflict, regardless of whether they have ratified the relevant treaties.

The Geneva Conventions of 1949 and their 1977 Additional Protocols – as well as customary IHL – enumerate rules that accord children special protection. In particular, children must not be recruited into armed forces or armed groups and must not be allowed to take part in hostilities. Children are also entitled to special protection in the context of family reunification, protection in detention, humanitarian assistance and education. Children who have taken a direct part in hostilities are not exempt from these special protections. Children are covered by 25 such articles in the 1949 Geneva Conventions and their 1977 Additional Protocols.

International human rights law plays a complementary role in the protection of children affected by armed conflict and other situations of violence. This includes the 1989 Convention on the Rights of the Child and its 2000 Optional Protocol on the involvement of children in armed conflict. The Protocol sets limits on children's recruitment into armed forces or armed groups and participation in hostilities – limits that are, to some extent, stricter than the provisions of the 1977 Additional Protocols. It prohibits compulsory recruitment into State armed forces for all those under 18 years of age and requires States to raise the age of voluntary recruitment from 15. It also requires States to take all feasible measures to ensure that members of their armed forces who have not reached the age of 18 years do not take a direct part in hostilities. Finally, the Optional Protocol provides that non-governmental armed groups "should not, under any circumstances, recruit or use in hostilities persons under the age of 18 years".

In addition, the Convention on the Rights of the Child guarantees children's rights to be with their families and to have access to education and adequate health care. It also reaffirms fundamental human rights, such as the right to life, the prohibition of torture and other forms of ill-treatment, and the principle of non-discrimination. In some cases, national or regional law can grant children even higher levels of protection.

The 2007 Paris Commitments to Protect Children Unlawfully Recruited or Used by Armed Forces or Armed Groups and the Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups set out detailed guidelines on: preventing the unlawful recruitment and use of children by armed forces or armed groups; facilitating the release and reintegration into society of those children; and ensuring an environment that offers the greatest possible protection for all children. They complement the legal and political mechanisms already in place.

THE ICRC'S MULTIDISCIPLINARY APPROACH

The ICRC implements a multidisciplinary approach to protecting the life and dignity of victims of armed conflict and other violence and providing them with assistance. Within this approach, the ICRC acknowledges that children not only represent a large segment of the population (and, therefore, of those affected by armed conflict and other violence) but are also particularly vulnerable. They are thus a major group of beneficiaries of the ICRC's prevention, protection and assistance programmes worldwide.

The ICRC carries out activities to respond to the specific material, economic, medical, social, protection and psychological needs of children. All of the ICRC's activities are guided by the "best interests" principle. In other words, all activities to enhance children's well-being take into account the specific nature and circumstances of each individual child and are tailored to be in his or her best interests. The ICRC also acknowledges that boys and girls experience conflict in different ways and have different vulnerabilities and coping mechanisms in responding to hardship, as well as different roles and responsibilities, which vary across contexts. Hence, it designs its activities to identify and address the different needs of boys and girls.

The ICRC is a key actor in working with unaccompanied or separated minors and continually strives to enhance the quality of its work on the ground. It has a set of field guidelines for its staff working with children affected by armed conflict, with a particular focus on unaccompanied or separated minors and children associated with armed forces or armed groups. The guidelines draw together lessons learnt by the ICRC and aim to facilitate consistency among the organization's activities in various contexts. They also complement and build upon existing guidelines agreed on with UN agencies and NGOs with expertise in this domain (such as the Inter-agency guiding principles on unaccompanied and separated children by the ICRC, the International Rescue Committee, Save the Children UK, UNHCR, UNICEF and World

Vision International). The ICRC also contributes to the drafting process of guidelines on inter-agency work to protect children; these guidelines address the issues of unaccompanied and separated minors and of the recruitment of children into fighting forces and their release and reintegration.

These organizations and the ICRC coordinate regularly and proactively on policy issues and on common concerns in the field to maximize impact, identify unmet needs and avoid duplication.

The ICRC has also integrated child protection considerations into a range of internal training and learning opportunities for staff working with violence-affected children.

Definitions used by the ICRC

A **child**, in accordance with the Convention on the Rights of the Child, is any person below 18 years of age unless, under the law applicable to the child, majority is attained earlier.

A **separated child** is a child separated from both parents or from his/her previous legal or customary caregiver, but not necessarily from other relatives. A separated child might therefore be accompanied by other adult family members.

An **unaccompanied child**, also called an unaccompanied minor, is a child who has been separated from both parents and from other relatives and is not being cared for by an adult who, by law or custom, is responsible for doing so.

A **child associated with an armed force or armed group** is any person below 18 years of age who is or has been recruited or used by an armed force or armed group in any capacity, including, but not limited to, fighters, cooks, porters, messengers, spies or for sexual purposes. This category does not only refer to a child who is taking, or has taken, direct part in hostilities. Rather, by broadening the definition from that of 'child soldier', it aims to promote the idea that all children associated with armed forces and groups should cease to be so associated, and should benefit from disarmament, demobilization and reintegration programmes, regardless of their role with the armed actor.

CHILDREN IN ICRC PROGRAMMES (BY TARGET POPULATION)

The ICRC's activities target the most vulnerable people; thus, children benefit from these activities, as do adult males and females. The points below detail only the specific activity or group of activities that are of particular significance to children or, where, for one reason or another, they comprise the majority of beneficiaries.

CIVILIANS

Whenever possible, ICRC activities for civilians are carried out with the National Society of the country in question, particularly in the fields of assistance and restoring family links.

Protection

Protection of the civilian population

- ▶ The ICRC monitors the situation of individuals and groups not or no longer taking part in hostilities, many of whom are children. Where documented, incidents of abuse and other harms affecting boys and girls, such as unlawful recruitment and use of children by armed forces or armed groups, sexual violence, and attacks against schools or the use of these structures for military purposes, and the measures to be taken to end such incidents are raised with all parties in the ICRC's discussions on alleged violations of IHL and international human rights law.
- ▶ In addition to formal and informal oral and written representations to the authorities concerned about alleged incidents, preventive dissemination activities are conducted with all kinds of weapon bearers to raise their awareness of their responsibilities under IHL to protect and respect the civilian population at all times; this may be particularly meaningful

for children who, owing to their age, may face heightened risks during conflict (see *Actors of influence* below).

- ▶ The ICRC advocates that children formerly associated with armed forces or armed groups be provided with adequate care, in particular during disarmament, demobilization and reintegration processes. It recommends their immediate release without waiting for a peace agreement to be signed or for a disarmament, demobilization and reintegration process to be launched.

Restoring family links – unaccompanied and separated minors, children formerly associated with armed forces or armed groups, displaced or migrant children

- ▶ Unaccompanied and vulnerable separated minors, including those formerly associated with armed forces or armed groups, are registered by the ICRC, and their mothers and fathers, or their closest relatives, are sought. A distinction must be made between separated minors – who are without their usual caregiver but are under the protection of another relative – and unaccompanied minors, who are on their own or are under the care of persons unrelated to them, often as a result of spontaneous fostering. In most cases, the ICRC focuses on looking for the parents of unaccompanied or separated minors. When the whereabouts are known, the children are able to contact their families through phone calls or RCMs, thus contributing to their psychological well-being.
- ▶ As the tracing process usually takes time, it is crucial to ensure that children separated from their families are protected and provided for while they are waiting for their relatives to be found. The ICRC rarely arranges interim care for unaccompanied or vulnerable separated children,

as it generally refers them to other qualified actors, including National Societies, for this purpose. When the ICRC does refer such children to other actors, it:

- keeps the children informed of plans being made for them and gives their opinions due consideration,
 - tries to ensure that siblings are kept together, as this enhances protection and can facilitate family reunification,
 - gives preference to family/community-based care over institutional care, as this provides continuity for children's social development,
 - monitors foster families and, if necessary, provides them with extra assistance to help meet children's needs,
 - ensures that if institutional care is the only solution, it is viewed as temporary and does not divert focus from potential family reunification or community placement, and
 - may support interim care centres by, for example, donating food or other items.
- ▶ ICRC-organized/supported family reunifications aim to reunite vulnerable people with their families, including children with their parents, thus preserving the family unit. Similarly, when organizing repatriations, the ICRC prioritizes solutions that enable families to stay together and keep children with their parents.
- ▶ Family reunifications are organized according to the best interests of the child and only if all parties – the child and the family – want to be reunited. Material assistance is usually provided to the family (see *Assistance – Economic security – emergency aid* below).
- ▶ Special attention is paid to preparing for the reunification of boys and girls with their families, including to the psychosocial aspects of the reunification process, especially when they have been separated for a long time. The ICRC also monitors how the children readapt to family life: they are often checked on several months after being reunited with their families to ensure that they do not face new protection problems, especially if they were formerly associated with armed forces or armed groups or if they are girls with children of their own. When possible, the children and their families are referred to the appropriate services, to help them cope with the psychological impact of their experiences.
- ▶ The ICRC also aims to prevent children, including displaced or migrant children, from becoming separated from their families in the first place. To do this, the ICRC, *inter alia*, identifies the causes of separation and locations where separations are most likely to occur, such as border crossings, checkpoints, transit sites and health facilities, so that preventive activities can be undertaken there. It also informs families of what they can do to minimize the risk of separation should the family be forced to flee. Governments, staff of national and international agencies, religious groups and local communities are also made aware of how to prevent separation, including secondary separation caused by medical or humanitarian evacuations or other such services. Voluntary separation may in some instances be prevented, for example, by ensuring that all households have access to essential supplies. The ICRC attempts to ensure that such necessities are provided by supporting the efforts of the relevant authorities or stepping in when they are unable or unwilling to assume their responsibilities.

Restoring family links – missing persons

- ▶ ICRC action in relation to missing persons benefits, among others, children and their mothers, as they are overwhelmingly the ones left behind when a father/husband disappears during armed conflict or other violence.
- ▶ The ICRC works closely with the families of missing persons, including children, and with the relevant authorities and organizations to accelerate the tracing process. For example, it collects tracing requests and provides support for ante-mortem data collection and the forensic process – while respecting basic standards for data protection and informed consent for collection – and the management and transmission of information. On its website, the ICRC publishes and updates lists of persons reported missing.
- ▶ The ICRC supports the development of normative frameworks, for example, engaging in activities aimed at preventing disappearances (which can start before or during the conflict or crisis). It encourages governments to enact or implement legislation to prevent people from becoming unaccounted for, to ascertain the fate of missing persons through appropriate measures and to protect and support the families, including the children, of those who are missing; notably, it works with the authorities or other actors concerned to make it easier for the families to undertake legal proceedings.
- ▶ The ICRC supports the development of institutional frameworks or mechanisms aiming to clarify the fate and whereabouts of missing persons, including children, by providing technical advice to national authorities in this regard and/or by chairing coordination mechanisms between former parties to a conflict.
- ▶ The ICRC assesses the multifaceted needs of the families of missing persons, including the specific needs of children, as well as the resources available to address them. The ICRC supports families through activities aiming to address their concerns, using different modes of action, in coordination with the authorities, National Societies, NGOs, family associations, and other service providers.
- ▶ Directly or through associations or institutions, the ICRC provides family members of missing persons, including women and children, with administrative help in dealing with matters of inheritance, pensions, legal status, custody of children and property rights.

Assistance

Economic security – emergency aid: food and essential household items

- ▶ When distributing aid, the ICRC gives priority to the most vulnerable households, many of which have lost their main breadwinner (usually adult males). Women and children are, therefore, often the main beneficiaries of the relief provided to IDPs, returnees and residents. The ICRC takes particular efforts to ensure that children who have to provide for their families are included in registration and census exercises, so as to make sure that they receive assistance for themselves and for other children in their care.
- ▶ If the need exists, the ICRC provides food rations, often including food suitable for young children, and essential household items, such as blankets, tarpaulins, jerrycans, kitchen sets and hygiene kits, to enable families to take care of themselves and their children. Hygiene kits usually include specific products for infants, such as washable or disposable diapers. Other items, such as clothes or fabric to make clothing, are also distributed.

- ▶ Upon reunification with their families (see *Protection – Restoring family links* above), children are usually provided with a kit that may contain clothing and food items to help reduce immediate costs for the family. When necessary, the ICRC may consider providing additional assistance to the family.

Water and habitat

- ▶ ICRC water, sanitation and habitat activities give displaced and resident women and children safe access to a source of water for multiple purposes (e.g. household consumption, agriculture or other essential needs), ensure better sanitation practices, improve public health by reducing the incidence of communicable diseases caused by inadequate hygiene, and prevent long journeys to water points, during which women and children may be at risk of attack. The maintenance, rehabilitation or construction of public infrastructure, such as water treatment plants, hospitals, health centres and schools, make essential services available to women and children, provide them with shelter and help to protect them from adverse weather conditions and contribute to mitigating their risk of sexual violence.
- ▶ In some cases, the provision of fuel-saving stoves reduces the need for women and children, particularly girls, to go out in search of firewood, reducing their risk of being attacked and leaving them more time for other tasks.
- ▶ Children and their mothers are among the main targets of hygiene promotion sessions aimed at equipping them with the knowledge and skills necessary for helping prevent and contain the spread of communicable diseases. Sessions commonly cover the prevention of major risks identified in their environment, such as hand-to-mouth contamination, through good hygiene; the proper use and maintenance of facilities and equipment for water, sanitation and waste management; and the prevention and treatment of diarrhoea.

Health – Primary health care

- ▶ The ICRC works to reinforce reproductive health, including ante/post-natal care and care for newborns. ICRC-trained or -supported birth attendants and midwives also play decisive roles in health education, for example, on basic care and breastfeeding. The organization's involvement in vaccination campaigns, particularly in difficult-to-access areas, is also a key part of its health activities for the civilian population: ICRC support for immunization programmes (cold chain, transport, supervision) benefits mostly children under five, and girls and women of child-bearing age. In certain contexts, the ICRC supports therapeutic feeding activities for malnourished children and mothers, including during emergencies.

Health – Mental health and psychosocial support

- ▶ The ICRC aims to provide victims of violence, particularly those who have experienced sexual violence, with the necessary mental health and psychosocial support. This includes identifying the children who witnessed, or experienced, violence, so that the organization can respond to their particular concerns and/or refer them to appropriate services. Members of the local community, including volunteers, offering support for victims of sexual violence are trained in counselling techniques, helping them improve the assistance they offer the victims, including with regard to finding coping mechanisms and possible solutions. They

are also taught psychosocial approaches and mediation skills, enabling them to facilitate the reintegration of the victims, who are often rejected by their families and communities, and acceptance of children born of rape who are at a particularly high risk of being rejected, stigmatized or abused and denied access to education, inheritance rights or even a name.

PEOPLE DEPRIVED OF THEIR FREEDOM

Protection

- ▶ Children detained in their own right may be registered by the ICRC, and individually monitored with the aim of ensuring that they are afforded particular care and protection, including from torture and other forms of ill-treatment. Infants and other children accompanying detained parents (most commonly, mothers) may also be registered to ensure that their needs are not forgotten and to deter any attempt to use the child to exert pressure on the parent.
- ▶ During its visits to people deprived of their freedom, the ICRC pays special attention to the treatment and living conditions of detained children. Particular consideration is given to suspected victims of ill-treatment, including sexual violence. The ICRC checks on children's accommodations, which should separate boys from girls and children from adults (unless their protection and well-being are better ensured by being with their families or other adults responsible for them). ICRC delegates also pay attention to the children's ability to maintain regular contact with their families and to engage in appropriate recreational and educational activities. The organization then provides reports and recommendations confidentially to the authorities concerned accordingly.
- ▶ The ICRC considers children's access to judicial guarantees. When children are detained beyond the time limits allowed by law, when they are eligible for non-custodial measures but have not had the opportunity to access them, or when they are below the age of criminal responsibility, the ICRC makes representations to the detaining authorities with the aim of securing their release. The ICRC also advocates against the administrative detention of migrant children.
- ▶ Children recruited or used by armed forces or armed groups are often victims of unlawful recruitment and should be treated primarily as victims, instead of as perpetrators. The ICRC advocates non-custodial measures for children who would otherwise be detained for the sole reason of being associated with an armed group. ICRC support for the penitentiary administration and training for penitentiary staff (medical personnel included) encompasses, whenever relevant, action regarding or in consideration of the particular needs of children, for example, in terms of food, health care, education and recreation.

Restoring family links

- ▶ ICRC family-links services allow child detainees to communicate with their families and detained adults to communicate with their children outside prison, contributing to the psychological well-being of all concerned. In particular, the ICRC enables child detainees to receive family visits and children to visit their detained relatives by organizing the visits itself and/or by covering the cost of transport. Aside from bringing psychological benefits, these visits are often a vital channel through which detained children obtain food, other essential items, and even access to legal support.

Assistance

- ▶ ICRC assistance programmes for detainees are adapted to the specific needs of children whenever necessary. For example, clothing, educational and recreational materials are tailored to the age of the child, and girls may receive specific hygiene items, medical supplies and support in accessing appropriate health care, particularly if they require ante/post-natal care.
- ▶ As infants may be born in detention, and they and young children often stay with their detained mothers, their needs are also addressed, for example, in terms of food, health care (including vaccinations), clothing and play.
- ▶ Where a detainee's spouse and children risk destitution through loss of the family's main breadwinner, the ICRC may include them in livelihood-support programmes that aim to improve income-generation and self-sufficiency.

Water and habitat

- ▶ The ICRC's maintenance, repair or construction projects in places of detention are always designed to take into consideration the needs of children; for example, the organization may support the construction or refurbishment of quarters for children to separate them from detained adults, dedicated sanitation facilities, space for activities, and adequate facilities for women with infants and/or young children.
- ▶ Children living with their detained mothers benefit from hygiene promotion sessions run in prison that aim to prevent and contain the spread of communicable diseases. Sessions commonly cover the prevention of hand-to-mouth contamination; the proper use and maintenance of facilities/equipment for water, sanitation and waste management; and the prevention and treatment of diarrhoea.

WOUNDED AND SICK

Assistance

Medical care

- ▶ The ICRC works to ensure that children have access to adequate care at hospitals provided with specific drugs, consumables and equipment. ICRC medical workers provide staff support at supported facilities with clinical expertise.

Physical rehabilitation

- ▶ Children benefit from physical rehabilitation programmes supported by the ICRC. They may receive artificial limbs, walking aids, wheelchairs and physiotherapy. Children require such services more frequently than adults as they rapidly outgrow their prosthetic/orthotic devices.

Water and habitat

- ▶ The renovation or construction of health facilities such as hospitals, health centres and physical rehabilitation centres always takes into account the specific needs of children. In most cases, children and their caregivers are given special accommodation in line with local customs and internationally recognized standards.

ACTORS OF INFLUENCE

Prevention

- ▶ Prevention activities targeting actors of influence (e.g. political authorities, armed forces and other bearers of weapons, civil society representatives, the media, academics, young people, NGOs) always emphasize the need to take measures to respect the life and dignity of people affected by armed conflict or other violence; as part of these efforts, the ICRC emphasizes

that children – who often represent a large segment of the affected population – are particularly vulnerable and their specific needs must be recognized and addressed.

- ▶ Depending on the audience, prevention activities may highlight the existing provisions of IHL and international human rights law that focus on children, such as the 1977 Additional Protocols and the Optional Protocol to the Convention on the Rights of the Child, along with relevant national legislation, which may call for even more protection. The ICRC provides technical support and advice to countries on becoming party to such instruments and enacting national legislation to implement their provisions, to enhance the protection afforded to children and to meet their specific needs. Particular emphasis is placed on the issue of child recruitment. The ICRC promotes the principle that persons under 18 years of age should not participate in hostilities or be recruited into armed forces or armed groups. All actors are systematically made aware of their responsibilities and capabilities in this respect through a combination of bilateral meetings, legal advice, dissemination sessions, training courses, documentation and publications, academic competitions, and communication campaigns.
- ▶ The ICRC is often invited to speak about the effects of armed conflict and other violence at conferences hosted by donors and by regional and international organizations. The organization contributes to the common efforts of the international community to improve child protection standards in humanitarian work in armed conflict and other violence. It also provides input for new international resolutions, policies and other documents – for example, the guidelines on enhancing the protection of schools and universities against attacks – and promotes their enforcement.
- ▶ The ICRC addresses the consequences of urban violence affecting young people in Latin America through school-based projects, conducted in partnership with the local education authorities and often with the relevant National Society, aimed at fostering a humanitarian space in and around schools.

RED CROSS AND RED CRESCENT MOVEMENT

Cooperation

- ▶ National Societies are the ICRC's primary partners. They have valuable knowledge of the local context, owing to their proximity to victims and their networks of volunteers and local partners. The ICRC works in partnership with National Societies to address the needs of children affected by armed conflict and other violence.
- ▶ In addition to working in partnership with the National Society of the country concerned, to help it strengthen its operational capacities, the ICRC supports the development of National Society tracing, first-aid and emergency-preparedness capacities.
- ▶ This helps the National Society improve its response to the specific needs of children affected by armed conflict or other violence. Many National Societies also receive support for specific activities aimed at: alleviating the suffering of children caught in an armed conflict; helping children formerly associated with armed forces or armed groups reintegrate into society; or preventing vulnerable children from joining armed groups and gangs.
- ▶ Through regular meetings and dialogue, and in line with the Seville Agreement and its Supplementary Measures, all operations to meet the needs of those affected by armed conflict and other violence, including children, are coordinated with other Movement components present in the context to ensure the best response.

THE ICRC'S OPERATIONAL APPROACH TO DISPLACEMENT

DISPLACEMENT AND THE DISPLACED

Displacement is a recurrent consequence of armed conflicts and other situations of violence. Civilians are forced to flee their homes as they try to avoid the dangers generated by the conflict. In most cases, displacement entails an unstable and unsustainable set of circumstances, for the displaced and the authorities concerned.

There are two broad causes of displacement in armed conflict: as a direct consequence of the hostilities, owing to already occurring violence, or as a pre-emptive measure on account of fears or threats; and as a secondary consequence, owing, for example, to the exhaustion of resources or to poor access to essential services.

The term “displacement” describes a process and a set of circumstances, and not a particular “status”; IDPs do not have a formally recognized status. As the ICRC does not have its own definition of an IDP, it generally works with the definition most commonly used within the international community – one provided in the 1998 UN Guiding Principles on Internal Displacement, which bring together existing norms of IHL, international human rights law and refugee law in a way that covers all the phases of internal displacement. The definition, which is broad, refers to “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border”.

As the majority of IDPs are nationals of the State in which they find themselves displaced, they are entitled to the full protection of national law and the rights it grants to its citizens without adverse distinction resulting from displacement. Some of those displaced, however, will not be State nationals. Nevertheless, they are protected under international human rights law, and many of the same rights must be granted to them without discrimination.

Under IHL, the forced displacement of civilians should not occur in the first place, but if it does, these civilians are entitled to protection. IHL expressly prohibits any party to an armed conflict from compelling civilians to leave their places of residence. Exceptionally, temporary evacuations may be carried out if the security of the civilians or military imperative so demands. In addition to this express prohibition, the rules of IHL intended to spare civilians from hostilities and their effects also play an important role in preventing displacement, as it is often violations of these rules that cause civilians to flee their homes.

Phases of displacement

The ICRC understands displacement to be a dynamic phenomenon consisting of a series of relatively distinct phases, as opposed to regarding it as a status or a determinant of one's identity. In its analysis, the ICRC considers: the pre-displacement period; the event that causes displacement; the displacement itself (further divided into the acute, highly unpredictable phase, during which immediate protection and assistance efforts are required; and a relatively stable, often protracted, phase, during which IDPs are able to meet their essential needs, but need support for

progressively normalizing their circumstances); and the long-term horizon (i.e. return, local integration or relocation).

This conceptual framework provides the basis for understanding the causes, characteristics, threats and vulnerabilities associated with each phase. It enables rapid analysis of the immediate circumstances of those affected, as well as the anticipated evolution of their displacement, which contributes to a flexible multidisciplinary response.

While using an “all phases” approach in its analysis of situations of internal displacement, the ICRC does not aim to respond to every phase of displacement to the same extent; it may also use different modes of action for each phase, as called for by the situation. The organization focuses on preventing forced displacement and on responding to acute displacement, areas where the organization has a comparative advantage in terms of expertise and experience. In other phases, the ICRC intervenes when it can bring a specific added value to the response.

A HOLISTIC APPROACH

Because the ICRC understands displacement as a set of circumstances that have direct or indirect adverse effects for different segments of the population, it aims to respond to these consequences accordingly; for example, it aims to alleviate the circumstances, not only of IDPs, but of those unable to flee or of communities hosting IDPs. This approach is rooted in the ICRC's mandate to protect and assist all victims of armed conflict and other situations of violence, and in the Movement's Fundamental Principles.

The ICRC works with all stakeholders, from the displaced and the host communities to the highest authorities to: ensure conditions that prevent the need for displacement to occur in the first place; alleviate the effects of displacement, if it does occur, both on the displaced themselves and on other civilians; and create the conditions necessary for the permanent return home, local integration or relocation of the IDPs, without adverse effect on them or on others.

Within this approach, the ICRC acknowledges that those who have been forced to leave their homes usually contend with particular needs and vulnerabilities. Often, people flee at very short notice and in chaotic circumstances, experiencing, *inter alia*: loss of shelter, resources and essential documentation; disruption of livelihoods; separation or disruption or complete breakdown of family and community support networks; increased risks of exploitation and abuse; reduced access to essential services; potential marginalization from decision-making structures; and psychological and physical trauma. These exacerbate the general difficulties inherent to a conflict environment. Moreover, IDPs are often displaced several times over, increasing the likelihood of further impoverishment and trauma.

However, people who are displaced are not all exceptionally vulnerable. For example, those who have adequate resources may cope independently with the consequences. Conversely, people

who do not move are not necessarily safe from hardship – those who are unable to flee or are left behind (e.g. the elderly, the sick, the wounded, the physically disabled, unaccompanied minors, those for whom fleeing is too risky, or members of a persecuted group unable to flee because of tensions with their neighbours) may be equally or more vulnerable than those who leave to seek safer circumstances.

Neighbouring communities (whether sympathetic or not) or extended family members are often the first to receive the IDPs and can be significantly affected by their arrival, especially when IDPs are directly taken into and supported by individual households. In many cases, hosts already face dire circumstances even before the IDPs arrive and tend to be quickly stretched beyond their capacity to help, reaching the point at which they are forced to send the IDPs away in order to protect their own economic security. Host communities frequently resist the arrival of IDPs owing to the strain on general resources (land, water and other natural resources, jobs, essential services such as health care and education, etc.). Tensions over insufficient resources can easily emerge and rapidly escalate. On occasion, those who were originally hosts may also be forced to move as they exhaust their independent means.

Often, however, this temporary solution allows IDPs to stay close to their place of origin and families, and to avoid being confined to camps¹. The ICRC favours providing protection and assistance to IDPs outside camp settings, and focuses its efforts in these areas. However, when the ICRC sees that its work will have an added value, it may get involved in delivering some services in IDP camps, or even very exceptionally, in managing camps; in these cases, it often operates with or through the National Society.

The violence driving the displacement may also severely affect the general economy, reducing the accessibility of goods, supplies, land and services – which could further undermine the independent means and capacities of the entire population. As such, displacement and the circumstances causing it typically have grave protection and resource implications for IDPs and host families and communities. Thus, the ICRC underscores that the needs of IDPs should be considered and addressed in conjunction with that of the rest of the population who also face the consequences of violence.

THE MULTIDISCIPLINARY APPROACH

The ICRC seeks to address the diverse needs of the people affected by displacement through a combination of different activities; its efforts aim at ensuring that the law is upheld and at addressing the consequences of the violence. The organization is committed to initiating a flexible response to displacement, which may be

1. A policy of encampment is generally not favoured or accepted (Principle 12 of the Guiding Principles on Internal Displacement). In situations of armed conflict, IHL allows for internment or assigned residence only when required for imperative reasons of security. In other cases, when camps are set up to facilitate the delivery of humanitarian assistance, if the quality of life in the camps is significantly higher than the average standard of living in the area, this may create tensions between the IDPs and the people outside the camps. It may also lead to the IDPs becoming dependent on aid and hinder efforts to restore their self-sufficiency. Camps may even attract the non-displaced and become overburdened, putting undue pressure on the services available. If, however, there is no other option, the ICRC takes these factors into account before providing services to camps and will take specific measures to mitigate their potential negative effects, for example, by providing support to the surrounding communities or promoting the IDPs' return when the conditions are met.

adapted to the changing circumstances of those affected. At every stage, these activities are designed to help empower beneficiaries, promote their self-reliance and reinforce positive coping mechanisms.

Preventing forced displacement

The ICRC aims to persuade authorities, armed forces and armed groups, through confidential dialogue, to fulfil their obligations to prevent the forced displacement of civilians (unless the temporary evacuation of civilians during military operations is required for their own security); it also urges them to prevent other violations of IHL and other relevant bodies of law, which often result in displacement. If displacement does occur, the ICRC makes confidential representations to the alleged perpetrators, with a view to having them stop the violations and prevent further displacement.

ICRC assistance activities (such as ensuring access to a safe water supply and health care, and providing livelihood support) in the pre-displacement phase can also help reinforce the resilience of the affected people and remove some of the causes of displacement, provided that such a solution is in the best interests of the affected population. In parallel, the ICRC seeks to improve its understanding of the events that cause displacement, so as to help prevent their recurrence.

Alleviating the effects of displacement

If displacement occurs, the ICRC reminds the authorities that it is their responsibility to ensure that IDPs are protected, their rights respected and their essential needs met. The ICRC also acts as a neutral intermediary between warring parties in order to facilitate the conclusion of agreements aimed at resolving humanitarian issues, including the plight of IDPs.

The ICRC conducts a wide range of assistance activities which are designed to help those affected meet their most immediate needs (in terms of shelter, water and sanitation, nutrition, access to health care, etc.) and to serve as protection measures by enhancing people's capacities to avoid threats in their environment. The ICRC enables those displaced to restore links with their families, which contributes to their well-being. It also supports the relevant national and local authorities and structures in addressing the plight of IDPs, when these actors and structures are ill-equipped to do so.

The organization carries out these activities throughout the entire period of displacement.

Easing return, local integration and relocation

Whenever appropriate, the ICRC aims to facilitate the return, local integration or relocation of those who have been displaced, by reminding the authorities of their obligations to promote voluntary return whenever it is safe, or to ease the process of local integration and/or relocation. The ICRC continually reminds these authorities of their responsibilities in this regard; it reminds them of the basic conditions that must be in place, before they urge IDPs to return to their places of origin.

The ICRC often conducts protection and assistance activities for people seeking lasting solutions to their plight, including those returning to their home communities, looking to permanently settle where they currently are, or relocating elsewhere. These activities include addressing the concerns of the residents already in the area, with a view to minimizing tensions between IDPs and residents.

RELATIONS WITH THE MOVEMENT AND HUMANITARIAN COORDINATION

Given the scope and magnitude of the problem of internal displacement, it is generally recognized that an effective and comprehensive response to the needs of IDPs, affected residents and returnees is beyond the capacity of any single organization.

ICRC activities benefiting people affected by displacement are often carried out in partnership with the Movement's other components. The ICRC's primary partner is the National Society of the country in question, and in many instances, other National Societies working internationally are also involved. In line with the Seville Agreement and its Supplementary Measures, the ICRC leads and coordinates the efforts of the Movement's components in armed conflict and other violence; this includes the work done by the Movement to restore family links, an essential activity wherever people have been displaced.

The ICRC's experience in the domain of displacement has been instrumental in Movement efforts to formalize current practices into a policy on the issue. Working with the International Federation and a representative cross-section of 20 National Societies, the ICRC held consultative meetings to prepare a Movement policy on internal displacement, which was adopted (Resolution 5) by the Council of Delegates in November 2009 and was the subject of a report to the Council of Delegates in 2011. The ICRC promotes and contributes to the implementation of this policy.

The ICRC is also committed to facilitating coordination with other actors while preserving its neutrality, impartiality and independence. It has welcomed the various UN initiatives for humanitarian reform – including the cluster approach, although, as a neutral and independent organization, it is unable to be a formal part of the cluster approach.

Ultimately, any coordination must aim at meeting all the needs of those affected by conflict by promoting complementary roles among the various humanitarian organizations, avoiding duplication or gaps, and maximizing the impact of the overall humanitarian response.

THE ICRC RESPONSE TO DISPLACEMENT (BY TARGET POPULATION)

The ICRC's activities aim to help the most vulnerable violence-affected people, regardless of their status; thus, those affected by the problem of displacement benefit from many activities, as do those not directly affected by this particular problem. The points below detail only the specific activity or group of activities that are particularly significant for IDPs or host communities or where, for one reason or another, they comprise the majority of beneficiaries; the significance of the activity during the different phases of displacement is also explained.

CIVILIANS

Whenever possible, ICRC activities for civilians are carried out with the National Society of the country in question, particularly in the fields of restoring family links and assistance.

Protection

Protection of the civilian population

- ▶ The ICRC monitors the situation of individuals and groups who are not or no longer taking part in hostilities, and

documents allegations of abuse against them. These allegations figure into the ICRC's discussions with all parties regarding reported IHL violations and the measures to be taken to stop them, and on the need to strengthen the overall protection of the civilian population, with a view to removing some of the causes of displacement. The discussions may cover patterns of harm, such as direct or indiscriminate attacks, harassment, arbitrary arrests, sexual violence, looting or destruction of property and possessions, forced recruitment by weapon bearers, or restriction/denial of access to land, fields, markets and essential services.

- ▶ In addition to making formal and informal oral and written representations to the authorities concerned about alleged incidents, the ICRC conducts dissemination activities for the authorities and all kinds of weapon bearers on their responsibilities under IHL to, at all times, protect and respect individuals and groups not or no longer taking part in hostilities (see *Actors of influence* below).
- ▶ By reinforcing civilians' self-protection mechanisms and acting as a neutral intermediary to facilitate movement across front lines or access to essential services, such as markets or health care, the ICRC can remove some of the causes of displacement while contributing to increasing the resilience of the population.
- ▶ When displacement does occur, the ICRC plays an important role in engaging with the authorities, who, while bearing the primary duty to care for the displaced and to manage the displacement crisis, may lack the capacity or the will to do so. The ICRC highlights critical humanitarian needs and makes recommendations to the authorities on how they can better fulfil their obligations, including those in relation to protecting civilians from abuses and further displacement; it takes care to emphasize that IDPs are not a homogeneous group and each sub-group is likely to have particular concerns, in relation to their gender, age and physical or mental abilities.
- ▶ Any movement of IDPs ordered by the authorities must be carried out in a safe, voluntary and dignified manner. In terms of responding to a displacement crisis, the authorities bear responsibility for ensuring that the conditions are in place for the resolution of the problem. The ICRC advocates the establishment of such conditions, so that the displaced are able to return to their places of origin, integrate into the community in the place to which they were displaced, or relocate to new areas: these conditions include security guarantees, assurance of access to essential services, the ability to exercise housing, land and property rights, and often, compensation for lost, stolen or destroyed property. A premature return often leads to re-displacement and further hardship. The ICRC can also advocate other durable solutions that are put forward by displaced populations as their preferred option.
- ▶ The ICRC pays particular attention to the relationship between IDPs – living in dedicated places or hosted by residents – and resident communities in order to avoid or reduce tension between the two groups, such as that caused by competition for overstretched resources. Whenever possible, the ICRC takes direct action to remove or reduce the causes of the tension.
- ▶ Encouraging respect for people's dignity includes ensuring that they have access to accurate information and can actively influence decisions made on their behalf, so that they are still able to make choices about their lives, however dire the circumstances. For example, a lack of information regarding

the services available or the local procedures makes it difficult for IDPs to access essential services and support. In such cases, the ICRC will directly facilitate beneficiaries' access to the services available, including those run by the State, as well as prompt the authorities to improve their communication and information-sharing systems.

- ▶ During their flight, IDPs may leave behind or lose critical documents (personal identification cards, passports, birth certificates, marriage certificates, etc.) or have them stolen, making it difficult for them to exercise their rights. The ICRC reminds the authorities of their obligations to provide document replacement services to all eligible citizens. It can also act as a neutral intermediary to relay official documents across front lines, between family members or between the authorities and civilians.

Restoring family links

- ▶ IDPs often lose contact with loved ones in the chaos, either because they have to leave them behind or because they leave in a hurry and are unable to inform relatives ahead of time. Enabling the displaced to restore and maintain contact with their families, within the country or abroad, contributes to the protection and psychological well-being of everyone concerned.
- ▶ ICRC-organized/supported family reunifications aim to reunite vulnerable people with their families; these activities include relatives who have become separated because of displacement.
- ▶ The ICRC also reminds the authorities of the right of families to ascertain the fate and whereabouts of relatives unaccounted for in relation to the conflict or other violence. In addition to its advocacy efforts, the ICRC may aim to help boost national forensic and data management capacities, offer its legal expertise for the drafting of legislation, and work to improve psychosocial, economic, legal or administrative support for the families of missing persons.

Assistance

Economic security – emergency aid: food and essential household items

- ▶ People often have to flee at short notice and are likely to be limited in the belongings they can carry with them. When distributing aid, the ICRC gives priority to the most vulnerable people. Many of them are displaced, although the ICRC also assists residents who are directly affected by the conflict but are unable or unwilling to leave the affected area, or host communities/households who are affected by the strain IDPs place on existing resources. IDPs finally returning to their places of origin or relocation are also counted among the beneficiaries. As necessary, the ICRC provides food rations and essential household items, such as blankets, tarpaulins, jerrycans, kitchen sets and hygiene kits, to enable the displaced to set up temporary homes, or returnees to build new ones. Other items, such as clothes or fabric to make clothing, are also distributed according to need.

Economic security – livelihood support

- ▶ Livelihood support programmes help people protect or regain their self-sufficiency. Seed and tool distributions, livestock replenishment and vaccination, cash-for-work projects to rehabilitate community infrastructure, grants or material inputs (e.g. sewing machines, donkey carts, flour mills, oil presses, brick-making machines, irrigation pumps), for example, directly improve the standard of living

of households by helping them continue or jump-start an income-generating activity. This, in turn, can also help people to cope with the various threats in their environment posed by the armed conflict or other violence. In this way, boosting economic security can contribute to mitigating some of the possible drivers of displacement. On the other hand, displaced households, whether they are able to return home after a relatively short period of time or are caught up in prolonged displacement, are cut off from their livelihoods and struggle with the depletion of their resources. The ICRC's support helps displaced people, returnees, and host communities, especially households hosting IDPs, recover or maintain their sources of income. Often, this support contributes to alleviating the tensions between returnees or relocated IDPs in their new areas of residence.

- ▶ In many cases, occupational training forms part of livelihood support programmes, either to help the beneficiaries keep up their skills or to enable them to take up a new economic activity more suited to the area to which they have been displaced.

Water and habitat and Health

- ▶ By ensuring access to safe drinking water and to permanent or mobile health-care services, either directly or by supporting other providers, the ICRC can remove one of the possible causes of displacement and/or help bring about conditions conducive to the return or relocation of IDPs. Where displacement has already occurred, the ability of IDPs, residents and returnees to safely access health care and/or water for multiple purposes (e.g. household or agricultural consumption and other essential needs) ensures better sanitation practices; improves public health by reducing the incidence of illnesses/diseases, including communicable ones caused by inadequate hygiene; and prevents long journeys to water points, thus decreasing people's risk of being attacked. Health and hygiene promotion sessions aim to teach people basic practices that can help minimize or prevent the spread of disease. Such activities also help reduce tensions caused by competition for resources.
- ▶ When large numbers of IDPs converge on camps, State-run reception centres or other evacuation sites, the facilities may be unable to cater to all of them; health-care facilities, many of them already run-down or overstretched, in the areas receiving IDPs may also be overwhelmed by the increased needs. Thus, the ICRC may rehabilitate infrastructure; construct or repair water, sanitation and health facilities; provide equipment; or train staff, volunteers or IDPs in the rehabilitation or maintenance of such facilities. The ICRC also highlights the needs to the authorities, urging them to expand the services they provide.
- ▶ IDPs may benefit from psychological support to help them deal with the trauma of displacement or of the violations of IHL that prompted the displacement.
- ▶ Depending on their circumstances, IDPs face the risk of malnutrition. The ICRC may support therapeutic feeding programmes during emergency situations, for instance.

Weapon contamination

- ▶ The ICRC engages the relevant authorities in dialogue on the issue of mines and explosive remnants of war, with a view to stopping the use of such weapons and, in effect, decreasing some of the dangers that may force people to flee their homes. Representations are often based on data collected first-hand by the ICRC or the National Society.

- ▶ To help prevent injuries caused by weapon contamination and to foster conditions conducive to the return or relocation of IDPs, the ICRC marks contaminated areas, conducts mine-risk education, mobilizes and supports authorities/other actors to conduct clearance operations, and, in exceptional cases and in line with strict criteria, deploys specialist teams to conduct such operations for a limited time. In the event of an accident, it also provides victims with medical treatment, including surgical care and physical rehabilitation, and economic assistance.

WOUNDED AND SICK

Protection

- ▶ In its dialogue with the authorities and weapon bearers, the ICRC reiterates their obligations under IHL to respect medical personnel, equipment and facilities and to allow displaced people access to medical care. In addition, health personnel are instructed in their work-related rights and obligations under IHL and the protective measures they can employ, such as marking health structures with a protective emblem.
- ▶ The ICRC reminds the authorities, including the health authorities, of their obligation to prevent secondary separations and the measures that need to be taken (e.g. proper registration of patients in health structures, registration of medical evacuations).

Assistance

Medical care and Physical rehabilitation

- ▶ IDPs and residents alike may be wounded in the fighting or may fall sick and need to be treated at first-aid posts or in hospitals that are ill-equipped to deal with them because they are dilapidated or simply because of the sheer numbers of people in need. IDPs are also among those who benefit from ICRC-supported physical rehabilitation programmes. They may receive artificial limbs, walking aids, wheelchairs and physiotherapy.

ACTORS OF INFLUENCE

Many of the ICRC's protection and prevention activities, especially those classified under the actors of influence target population, aim at the same objectives – raising awareness of IHL and other applicable norms and urging actors with influence over the humanitarian situation to enforce respect for these norms, as well as providing these actors with the necessary support to do so. For that reason, the two sets of activities are discussed jointly in this section.

Protection and Prevention

- ▶ Activities targeting actors of influence (e.g. political authorities, armed forces and other bearers of weapons, civil society representatives, the media, academics, young people, NGOs) always emphasize the need to take measures to respect the life and dignity of all people affected by armed conflict or other violence, including IDPs. All actors are made aware of their responsibilities and capabilities in this respect through a combination of bilateral meetings, dissemination sessions, training courses, publications, academic competitions and communication campaigns.
- ▶ The authorities, both civil and military, bear the primary duty to protect and assist people in their territory. Humanitarian action cannot comprehensively make up for the shortcomings in the formal system. The ICRC therefore discusses with the authorities – at all levels, on the ground and in high-ranking positions right up to the cabinet – their obligations to respect,

protect and support those affected by displacement, and to ensure that IDPs are able to exercise the same rights and freedoms under the applicable legal frameworks (IHL and national law), without discrimination, as other citizens.

- ▶ Where the existing legislation is inadequate, the ICRC provides technical support and expertise to the authorities to help them develop new laws and adopt the necessary measures to implement these laws.
- ▶ During its contact with a range of influential actors – for instance, during training courses and workshops – the ICRC covers the basic rules of IHL, the respect of which would prevent a good portion of the cases of conflict-related displacement; these points include:
 - the obligation to distinguish at all times between civilians and combatants and between civilian objects and military objectives,
 - the prohibition on making civilians or civilian objects the target of attacks,
 - the prohibition on indiscriminate attacks,
 - the obligation to use force that is proportional to the military objective in order to minimize the collateral damage suffered by civilians,
 - the obligation to take precautions in attacks to spare the civilian population,
 - the prohibition on the destruction of objects indispensable for the survival of the civilian population,
 - the prohibition on reprisals against the civilian population and civilian property,
 - the obligation to respect fundamental guarantees such as the prohibition of ill-treatment, and
 - the stipulation that the parties to a conflict must allow and facilitate the rapid and unimpeded passage of humanitarian relief, which is impartial in nature and conducted without adverse distinction, subject to their right of control, for the benefit of civilians in need.
- ▶ The ICRC also discusses with the authorities their obligation to provide protection and assistance and to seek solutions when displacement occurs. This includes ensuring that displaced and resident civilians alike:
 - are protected against threats, indiscriminate arrests, attacks and other acts of violence, as is their property (either that currently with them or that left behind), are able to maintain their dignity, physical, mental and moral integrity, and family unity, have freedom of movement and freedom to choose their place of residence (in or out of camps, within the country or abroad) and are protected against forced return,
 - have adequate standards of living in terms of food, water, sanitation, basic shelter, clothing, health care and education,
 - have access to the documents they need to exercise their rights (personal identification, passport, birth certificate, marriage certificate, etc.), and
 - have access to accurate information in order to make informed choices and participate in and influence decisions being made on their behalf.
- ▶ Finally, the ICRC raises awareness of the authorities' responsibility to restore conditions that permit return, local integration or relocation as quickly as possible. The basic conditions for sustainable, long-term solutions, based on voluntary, safe and dignified choices, include the following assurances that former IDPs:
 - do not suffer attacks, harassment, intimidation, persecution or any other form of punitive action upon return to their home communities or settlement in other locations,

- are not subject to discrimination for reasons related to their displacement, have full non-discriminatory access to national protection mechanisms (e.g. police and courts),
- have access to the personal documentation typically needed to access public services, to vote and for administrative purposes,
- have access to mechanisms for property restitution or compensation,
- enjoy without discrimination adequate standards of living, including shelter, health care, food and water,
- are able to reunite with family members if they so choose, and
- are able to exercise the right to participate fully and equally in public affairs.

RED CROSS AND RED CRESCENT MOVEMENT

Cooperation

- ▶ The ICRC promotes implementation of the Movement policy on internal displacement when responding directly to the needs of the people concerned and when backing other Movement components in doing so. During the Movement's statutory meetings, and in coordination with the International Federation, it reports to the other components of the Movement in implementing this policy.
- ▶ Whenever possible, the ICRC works in operational partnership with the National Society of the country in question to meet the needs of all those affected by displacement. It also provides technical, material and financial support and training to the National Society to enable it to boost its capacities to fulfil its mandate, for example in terms of restoring family links, first aid and emergency preparedness and response (see *Civilians* above).
- ▶ Through regular meetings and dialogue, and in line with the Seville Agreement and its Supplementary Measures, the ICRC, when leading the Movement's international response, ensures that all operations to meet the needs of those affected by displacement are coordinated with other Movement components present in the context to ensure the best response possible. The ICRC supports such coordination mechanisms when they are led by other Movement components.

HEADQUARTERS

ICRC GOVERNING AND CONTROLLING BODIES

The governing bodies of the ICRC, comprising the Assembly, the Assembly Council and the Presidency, have overall responsibility for institutional policy, strategy and decisions related to the development of IHL. These bodies oversee all the activities of the organization, including field and headquarters operations and the approval of objectives and budgets. They also monitor the implementation by the Directorate of decisions taken by the Assembly or Assembly Council, and are assisted in this task by the Audit Commission and the internal and external auditors.

MEETINGS AND DECISIONS OF THE GOVERNING BODIES

In 2017, the Assembly and the Assembly Council held eight and ten meetings, respectively. The president and the director-general of the ICRC informed the governing and controlling bodies about matters pertaining to the conduct of operations, the development, implementation and promotion of IHL, humanitarian diplomacy priorities, cooperation with National Societies, relations with the private sector, public communication, and administration and finance. In December, Vice-President Christine Beerli's third term of office was extended until the end of March 2018, when new Vice-President Gilles Carbonnier, elected in June 2017, will take office. Assembly members François Bugnion and Rolf Soiron stepped down on 31 December.

The Assembly began reflecting on the Institutional Strategy 2019–2022. Pursuant to the recommendations of the Audit Commission, it reviewed and approved the 2016 financial accounts, including the report of the external auditors, and the Directorate's proposed objectives and budgets for 2018. It adopted new regulations on access to the ICRC's archives and revised guidelines for screening corporate donors and partners. As part of its mandate, the Assembly recognized the Marshall Islands Red Cross Society, bringing the total number of recognized National Societies to 191.

The Assembly Council continued to monitor the development and implementation of some of the ICRC's main transformational projects, such as the Human Resources Department's People Management Programme, including a new job grading and rewards system, and changes in the organizational model. The Assembly Council also adopted budget extensions for 12 contexts, most of which related to the ICRC's main theatres of operation, and for certain other activities (see *Financial Resources and Logistics*).

MISSIONS

Mr Peter Maurer, president, held bilateral discussions with heads of State, ministers of foreign affairs and defence, parliamentarians and National Society leaders during his missions to Austria, Belarus, China, Colombia, France, Germany, Indonesia, Iraq, Israel and the occupied territories, Jordan, Lebanon, Mexico, Morocco, Myanmar, Norway, South Sudan, Spain, the Syrian Arab Republic, Uganda, Ukraine, the United Arab Emirates, the United Kingdom of Great Britain and Northern Ireland, the United States of America, and Yemen.

Mr Maurer also held talks with government representatives during the high-level segment of the UN General Assembly in New York

(United States), during the International High-Level Conference on Mediation in Brussels (Belgium), and at the World Economic Forum in Davos (Switzerland).

Ms Christine Beerli, vice-president, met with government officials and National Society leaders on visits to Austria, Belgium, Côte d'Ivoire, Fiji, France, Germany, Greece, India, Japan, Kuwait, Papua New Guinea, the Philippines and the Russian Federation.

Ms Beerli also represented the ICRC at a number of high-level events, such as the UN Security Council Protection of Civilians Open Debate (New York), the Conference on International Security (Moscow, Russian Federation) and the Astana Economic Forum (Kazakhstan). She returned to speak at the IHL round-table in San Remo, Italy.

Both the president and the vice-president took active part in the Council of Delegates in Antalya, Turkey.

Other members of the ICRC conducted the following missions:

Mr Mauro Arrigoni went to Honduras and Mexico to enhance his understanding of migration issues and observe ICRC activities, and to Italy, to accept an award on behalf of the ICRC from Scudi di San Martino in Florence.

Mr François Bugnion represented the ICRC at the opening ceremony of an exhibition on separated families in Germany (sponsored by the Republic of Korea National Red Cross), at the South Asian Conference on IHL in Nepal, at the launch of a documentary on ICRC activities in Algeria, at an IHL conference for young researchers in Armenia, at the annual conference of the Canadian Council on International Law in Canada, and at a conference on nuclear weapons and disarmament at the Vatican. He was invited as a special guest of the Red Cross Society of China for the launch of the third volume of the Chinese translation of his book, *The International Committee of the Red Cross and the Protection of War Victims*.

Mr Jürg Kesselring attended conferences in Germany and the Russian Federation, and visited ICRC operations in the Democratic Republic of the Congo.

Mr Rolf Soiron travelled to The Hague, Netherlands, for a Netherlands Red Cross event.

Ms Béatrice Speiser visited ICRC operations in Athens, Greece.

Ms Barbara Wildhaber attended the Red Cross Ball in Monaco.

The Directorate is the executive body of the ICRC. Its members are the director-general and the heads of the ICRC's five departments: Operations, International Law and Policy, Communication and Information Management, Human Resources, and Financial Resources and Logistics. The Directorate is responsible for applying the institutional strategy, as defined by the Assembly, and setting and implementing its objectives accordingly. The Directorate also ensures that the organization, particularly its administrative structure, runs smoothly and efficiently.

The members of the Directorate are appointed by the Assembly for four-year terms. The current Directorate took office on 1 July 2014.

As the ICRC further expanded its response to complex and immense humanitarian needs, the Directorate played a key role in setting the organization's strategic priorities and ensuring their implementation. In April, it conducted the second annual review of the Institutional Strategy 2015–2018, analysing changes in the ICRC's operating environment, assessing progress made in the strategy's implementation and identifying any action required. It also conducted quarterly reviews of the ICRC's overall performance and made the necessary adjustments.

STRATEGIC ORIENTATIONS FOR 2015–2018

The results presented below highlight the progress made towards achieving the ambitions set out in the Institutional Strategy 2015–2018.

STRENGTHEN THE ICRC'S CAPACITY TO PROTECT THROUGH LAW, OPERATIONS AND POLICY

The ICRC continued to shape external debates on legal and policy issues related to its work. It provided legal guidance and undertook wide-ranging humanitarian diplomacy efforts, for instance, in support of the Treaty on the Prohibition of Nuclear Weapons, adopted by the UN General Assembly in July. It pointed to the challenges in interpreting rules on the conduct of hostilities, while continuing to raise awareness about the humanitarian consequences of explosive weapons in populated areas. It contributed actively to policy developments on thematic issues such as cash-transfer programming, the global compact for safe, regular and orderly migration, missing migrants, the use of force in the control of migration, the protection of persons with disabilities in armed conflicts, preventing and countering violent extremism, and the Sustainable Development Goals.

Work to implement Resolutions 1 and 2 of the 32nd International Conference – on enhancing respect for IHL and strengthening legal protection for people deprived of their freedom – continued, with strong multilateral engagement, notwithstanding challenges related to agreeing on the modalities for further work and approving a definitive work plan.

The project to update the Commentaries on the 1949 Geneva Conventions and the 1977 Additional Protocols reached an important milestone with the publication of the Commentary on the Second Geneva Convention.

The ICRC proactively engaged with the UN system and regional groupings and continued to play a leadership role within the Inter-Agency Standing Committee and the Steering Committee for Humanitarian Response.

The *Roots of Restraint in War* study produced preliminary findings on norms of restraint among armed actors and the ways in which communities protect themselves from armed violence. The newly created research capacity aims to build evidence-based analysis and arguments on the costs of violations and benefits of respect for the law. The ICRC further reinforced coordination in-house on engaging with non-State armed groups to address developments in key contexts (such as Iraq, Libya, Nigeria, the Philippines and Yemen) and, more broadly, in operational regions (such as Asia, North Africa and the Middle East). It revised its Professional Standards for Protection Work in order to ensure that it remains at the heart of protection debates and drives the development of standards for humanitarian actors.

Through the Health Care in Danger project, the ICRC continued to draw attention to the perils facing health care in armed conflicts and other situations of violence. Nearly 90% of delegations integrated related activities into their operational strategies. The ICRC engaged proactively with national authorities and other actors to promote the collection of data on violence against health care, which are a vital means of promoting State recognition of, and responsibility for preventing, such attacks.

A project was launched to reinforce the ICRC's work for missing persons and their families, and the development of a new Restoring Family Links Strategy got under way. The Directorate adopted a framework and strategy on access to education in armed conflicts and other situations of violence.

Progress was made on protecting personal data, with the reinforcement of the ICRC's data protection compliance mechanism and the publication of the *Handbook on Data Protection in Humanitarian Action*.

ENHANCE THE ICRC'S DISTINCTIVE RESPONSE TO GROWING NEEDS

The past year again saw the highest-ever level of ICRC operations, in terms of expenditure. The organization was able to preserve or expand its operations in key contexts such as the Lake Chad region, Libya, Somalia, South Sudan and the Syrian Arab Republic (hereafter Syria), and remained one of the few international humanitarian actors present in some parts of Iraq, India (Jammu and Kashmir), Libya and Ukraine.

Security incidents remained a major concern. Three staff members abducted in Syria in October 2013 were still being held at year's end. In February 2017, six colleagues were killed and two were abducted in an attack on an ICRC convoy in Afghanistan; the two colleagues were released in September 2017. That same month, two colleagues were killed in serious security incidents – one in Afghanistan and one in South Sudan. Crisis management teams were established to support the resolution of critical incidents and crises worldwide, and the ICRC's Rapid Deployment Mechanism was formally activated twice, once for Iraq and once for Yemen.

The organization developed a comprehensive crisis management approach and continued to refine its new Security Management Information Platform and introduce it in delegations.

The ICRC continued to implement the Health Strategy 2014–2018, investing additional resources in this area in line with its ambition to strengthen its capacity to support health systems in fragile settings. The ICRC also scaled up cash-transfer programming in its field operations, using modalities such as unconditional cash grants and vouchers in relief operations, productive grants for micro-economic initiatives, and cash-for-work activities.

Efforts to address conflict-related sexual violence gained further traction. Progress in strengthening existing programmes was made in the Central African Republic, Colombia, the Democratic Republic of the Congo, Lebanon, Mali and South Sudan. Assessments were carried out in Burundi and Nigeria. An internal study conducted with the Norwegian Red Cross, on integrating prohibitions on sexual violence into military doctrines, was finalized.

The ICRC initiated a series of steps to strengthen and mainstream innovation during the year. It continued to support existing projects in the field and to finance new initiatives. For example, it developed a virtual tool to boost rehabilitation therapy in Lebanon, tested an end-to-end platform for cash and in-kind relief distribution in Nigeria, Somalia and Ukraine, and developed a mobile-enabled facial recognition system for Restoring Family Links activities.

Through the Centre of Competence on Humanitarian Negotiation, the ICRC continued to enhance exchanges and peer coaching among ICRC professionals engaged in front-line negotiation and mediation activities and to strengthen interactions with the broader humanitarian community.

SECURE THE WIDEST POSSIBLE SUPPORT FOR ICRC ACTION

The ICRC further extended its dialogue with donor governments in order to achieve a balanced budget at year's end. Greater emphasis was placed on involving delegations in donor relationships. The organization extended its efforts to find innovative ways to mobilize the resources needed to fund its activities. For example, it launched the Program for Humanitarian Impact Investment, which brings in private capital to fund the construction and operation of three physical rehabilitation centres in Africa. It also continued to develop its partnerships with the corporate sector.

The institution reinforced its public positioning on key humanitarian concerns and specific contexts, reaching out to the media and implementing its global strategy for engagement and positioning in the digital sphere. International media coverage of the ICRC's concerns and activities remained high in contexts such as Iraq, the Lake Chad region, Syria and its neighbouring countries, and Yemen.

The ICRC continued its people-centred online IHL campaign to raise awareness of the rules of war among the general public; the accompanying social marketing tools were also shared with National Societies for their own channels.

CONTRIBUTE TO A MORE SIGNIFICANT MOVEMENT RESPONSE TO LARGE-SCALE EMERGENCIES

The ICRC focused on engaging more strategically and proactively with other Movement components in pursuit of a better collective response. It continued to implement the plan of action that emerged from the resolution to strengthen Movement cooperation and coordination adopted during the 32nd International Conference. Adherence to the process grew during the year.

The Movement pursued a coordinated approach to fundraising, and the ICRC and the International Federation committed to working together to sustainably scale up investment in National Societies via a joint, pooled funding mechanism to invest in capacity-building and organizational development.

At the 2017 Council of Delegates, Movement partners developed common policy frameworks on a range of operational and institutional concerns. Key issues underpinning the ICRC Institutional Strategy were also taken up.

ADAPT AND STRENGTHEN ORGANIZATIONAL CAPACITIES TO SUSTAIN GROWTH AND THE CONTINUED RELEVANCE OF ICRC ACTION

The ICRC continued to adapt its organizational model to ensure continuing efficiency and effectiveness. It began implementing a new management framework for the Corporate Services Network, tested a new delegation management model in pilot delegations during the year, and developed a complete inventory of regional positions.

To reinforce its performance management, the ICRC developed a framework for monitoring institutional performance and introduced a new field planning and monitoring cycle. It enhanced its capacity for evidence-based decision-making and developed a vision for leveraging data as a key asset.

The Directorate worked to update the Information Environment Strategy to take account of changes in the ICRC's operating environment, technological advances and digitalization. It started to reflect on how such changes will impact the organization's operations and how to respond meaningfully to needs in the digital age.

Over the course of the year, the organization took concrete steps to respond to the interests of stakeholders – beneficiaries, donors, regulatory authorities, suppliers and partners – on a range of issues related to transparency, integrity and compliance. To support efforts to that end, the Directorate developed a framework defining the direction, key concepts and priorities of the ICRC Code of Conduct, and activities undertaken in connection with it.

As the ICRC continued to implement a number of projects to transform internal processes, practices and tools, the Directorate pursued its efforts to enhance the coordination and communication of planned project deployments and to build change management capability across the organization.

In line with the transformation of its human resource (HR) services, the ICRC rolled out an integrated information management system and finalized a new global job grading framework. The employer

and the ICRC Staff Association revised salary and benefits policies for staff with Geneva contracts. The ICRC continued to strengthen its talent management offering, providing new career development services, creating e-learning material for performance management, and leveraging its network of HR managers in the field. HR administrative services were provided from the Manila Shared Services Centre.

The ICRC continued to strengthen management skills and forge a new leadership culture through the Humanitarian Leadership and Management School, establishing a partnership with the University of Lucerne to secure university accreditation. The backlog related to key training courses was reduced during the year.

The Directorate adopted a new, practice-oriented framework for diversity and inclusion at the ICRC in order to optimize the diversity of the organization's workforce and ensure an inclusive working environment.

Implementation of the Logistics Transformation Programme continued. The OSCAR (Operational Supply Chain Agile and Reliable) project, which aims to improve supply chain management and make it more efficient, was deployed in 16 ICRC delegations.

Some 60% of ICRC delegations took part in the Sustainable Development Programme. During the year, a global assessment was made of the environmental impact of ICRC activities.

The Directorate carried out consultations with key internal and external stakeholders to inform the Institutional Strategy 2019–2022.

OFFICE OF THE DIRECTOR-GENERAL

The director-general chairs the Directorate and ensures that its decisions are implemented. He reports to the Presidency and the Assembly on the Directorate's objectives, decisions and activities, and on the results achieved. The Office of the Director-General drives and monitors implementation of the Institutional Strategy by reinforcing timely and informed decision-making and accountability across the ICRC. It also takes the lead on selected projects or initiatives that are institutional priorities. It strives to enhance the coherence and coordination of Movement action.

In 2017, the ICRC further expanded and adapted its operations to respond more effectively and efficiently to humanitarian needs. In line with this, the Office of the Director-General continued to lead and monitor implementation of the Institutional Strategy 2015–2018 and to help manage the ICRC's performance, while promoting the use of available information to make evidence-based management decisions. It encouraged the uptake of innovation across the ICRC and oversaw the transition to a new organizational model that can better sustain the ICRC's growth and ensure its relevance. The office also managed risks related to the organization's functioning and ensured the fair and consistent application of internal rules. It helped shape internal debate on legal and policy issues, and spearheaded institutional efforts to bolster coordination within the Movement.

STRENGTHENING THE ICRC'S PERFORMANCE

The Office of the Director-General managed the work of the Directorate, helping it to steer the ICRC and institutional changes, while ensuring the relevance, coherence and timeliness of institutional decisions. The office oversaw implementation of the Institutional Strategy 2015–2018 and served as a link between the administration and other governing bodies. It guided efforts by managers in the field and at headquarters to strengthen their performance management practices. It led the administration's contribution to developing the Institutional Strategy 2019–2022 and to defining the required organizational capabilities.

PROJECT AND CHANGE MANAGEMENT

The Office of the Director-General advised the ICRC's project board, which is in charge of the portfolio of headquarters-led projects. It provided technical support to project teams in order to improve their success rates and their compliance with the ICRC's project management framework.

The office also pursued efforts to enhance the management and delivery of planned projects. For example, it developed delegation-specific plans outlining the sequence of the main institutional projects, the required workload, and the stakeholder groups most affected. A series of workshops organized for staff members involved in these projects generated clear recommendations for enhancing their approach to change management. Around 80 staff members became certified change management practitioners after attending the workshops. To continue building change management capability across the organization, the office likewise provided support to senior managers sponsoring projects and other transformation processes.

Around 20 projects were delivered in 2017, out of a portfolio of some 60 projects. At the end of the year, the project board reviewed the project portfolio in order to better manage limited resources.

PLANNING, MONITORING AND EVALUATION

As part of the ICRC's endeavour to improve the relevance, efficiency and effectiveness of its strategic planning, monitoring and reporting processes, all field delegations carried out the 2018 planning-for-results process according to the revised institutional calendar. This reduced the planning period – and thus the overall manpower required – from 34 to 12 weeks. It also allowed the process to be carried out later in the year and therefore closer to the actual implementation period in the following year; this enabled delegations to produce a more up-to-date analysis of the humanitarian context and to reflect it in their objectives accordingly. It also introduced a multiyear, outcome-based programming approach; for the first time, delegations could plan in the short, medium and long terms, allowing them to take better account of immediate needs and mitigate the long-term cumulative impact of an armed conflict and/or other violence on the populations concerned. All planning data were captured in the Planning and Monitoring Tool, a new performance management system that was developed and rolled out for that purpose. A comprehensive change-management strategy was put in place to guide some 1,200 managers involved in the process; this helped ensure the successful adoption of the above-mentioned changes.

The ICRC also finalized plans to implement the new monitoring-for-results process in 2018; this will allow delegations to better monitor their progress on the objectives set out in the planning-for-results process and to better inform decision-making on the conduct of operations. Building on the field model, the planning and monitoring cycle at headquarters was also revised, and the required framework put in place for a 2018 roll-out.

Donor requests related to performance and accountability were addressed throughout the year, and efforts were undertaken to ensure that the ICRC's performance management system met or exceeded the standards of the humanitarian sector. Institutional evaluations of the organization's response to sexual violence and health care in danger were finalized. The ICRC also launched evaluations of its projects relating to accountability to affected populations, and to employee diversity and inclusion.

BUSINESS INTELLIGENCE

The Office of the Director-General continued to oversee the business intelligence programme and to guide the Directorate in implementing related projects and processes.

The Directorate developed a framework for monitoring institutional performance (see *Directorate*), which helped connect the ICRC's strategic orientations and objectives with key institutional processes and activities. It also revised the content of its main monitoring milestones – the annual and quarterly reviews – to enable better tracking of implementation of the Institutional Strategy and the ICRC's progress in achieving its strategic ambitions. The revised institutional calendar enhanced connections between planning, monitoring and decision-making.

The Institutional Strategy dashboard again informed the annual review of the Institutional Strategy 2015–2018; the resulting report combined quantitative data and narrative analysis to measure the strategy's progress against established indicators. This evidence-based assessment was then used to set institutional priorities for 2017 and beyond. A new institutional performance dashboard was also introduced to more accurately measure the different factors driving the ICRC's performance. Additional dashboards made available for senior managers and for staff members in charge of a number of programmes and services helped reinforce a comprehensive approach to the use of evidence across the institution.

The Directorate developed a vision for leveraging data as a key asset for the ICRC; this vision will help outline a strategy for the future organization, processes, solutions and architecture concerning data and analytics in the ICRC. As a key element of the business intelligence strategy, the Directorate approved an institution-wide road map for re-organizing data management roles more efficiently and for creating a sustainable backbone structure for data organization. The implementation of this road map for 2018–2020 aims to shorten the time between data creation, consolidation and use by different groups, to enhance data quality and to improve evidence-based decision-making, while optimizing costs.

INNOVATION

To accelerate the ICRC's adaptation to the humanitarian needs of beneficiaries and to changes in its environment, the Directorate adopted a series of measures to support and lead innovation, and to reinforce innovation as a shared responsibility across the organization.

This new approach aims to nurture bottom-up innovations – ideas and solutions from field units and from beneficiary communities – while ensuring that strategic challenges are purposely addressed in a top-down manner through dedicated research and development efforts. In line with this, the ICRC created an innovation board – chaired by the director-general – to drive the organization's overall innovation agenda. A dedicated team was also established within the Office of the Director-General to coordinate innovation efforts across the organization and cultivate a community of innovators within it and beyond.

ORGANIZATIONAL MODEL

Led by the Office of the Director-General, the ICRC pursued its transition to a new organizational model; more corporate services functions were transferred out of Switzerland. Implementation began of the new management framework for the Corporate Services Network, and this had a concrete impact on related roles, responsibilities and financial management procedures. All headquarters units overseeing such functions integrated related objectives into their respective 2018 planning-for-results processes. The capacities of the Shared Service Centres in Belgrade (Serbia) and Manila (Philippines) were expanded to accommodate additional staff, a number of whom had been hired by the end of the year.

Headquarters units pursued efforts to improve flexibility and provide delegations with greater autonomy. They developed a new management model that would help delegations' management teams to take on increasing responsibilities; several pilot delegations tested this model. A complete inventory of regional positions was also developed.

POSITIONING THE ICRC IN EXTERNAL DEBATES

The director-general met with representatives of States, Movement components, the UN and other organizations, and the private sector, helping the ICRC to influence developments in the international humanitarian landscape.

During the food crisis that affected Yemen and a number of African countries in early 2017, the ICRC highlighted, in international debates, the major role played by armed conflict and lack of respect for IHL in driving food shortages in these countries. The director-general testified on related issues before the United States Senate Committee on Foreign Relations and worked to ensure that the Movement's response in the countries concerned was well coordinated.

The director-general chaired the Steering Committee for Humanitarian Response for a second year, at the request of its members. Under his leadership, the committee influenced ongoing discussions on humanitarian financing and developed recommendations to help signatories to the Grand Bargain – a set of proposed reforms aimed at making the financing of humanitarian aid more efficient and effective – deliver on their commitments. The Office of the Director-General also played a leadership role in the Inter-Agency Standing Committee.

INSTITUTIONAL SERVICES RISK MANAGEMENT, INTERNAL CONTROL AND COMPLIANCE

The newly established Global Compliance Office made progress towards integrating key compliance initiatives into institutional practice. It used the Internal Control System dashboard to track and monitor major institutional risks, which made the process more efficient, and conducted quarterly performance reviews and regular monitoring to follow relevant trends; emerging risks were identified and marked for further analysis. The Global Compliance Office revised the format of the ICRC's annual self-assessment of its controls over financial reporting. It also developed a strategic framework to define the direction and priorities of various compliance activities related to efficient and effective implementation of the ICRC's Code of Conduct and its related policies, and approved a new model for managing internal investigations.

OMBUDS OFFICE

The Ombuds Office, working on an independent and confidential basis, supported staff members who turned to it with workplace-related issues. Ombudspersons offered alternative dispute resolution mechanisms, raised concerns at the appropriate level and promoted due process, fair treatment and respect, helping to maintain respectful and fair workplaces.

The Ombuds Office provided training opportunities to build institutional competence in conflict management, and expanded the network of ombuds relays in delegations and at headquarters.

GENERAL COUNSEL

The ICRC General Counsel continued to advise internal stakeholders on institutional legal issues, including the negotiation, drafting and adoption of new collective staff agreements.

Based on proposals made by a working group led by the General Counsel, the Directorate concluded that a single, unified system for the formal internal review of employer decisions would be simpler,

fairer and more consistent for the ICRC's global workforce than the current set-up. Again drawing on the working group's input, the Directorate began planning the design of such a system.

MOVEMENT COORDINATION AND COOPERATION PARTNERSHIP AND CAPACITY-BUILDING WITH NATIONAL SOCIETIES

The office held several consultations with stakeholders – within the ICRC and with other Movement components – which helped improve the flexibility of the ICRC's working procedures on partnerships and cooperation with National Societies. Innovative practices developed by delegations were consolidated and integrated into ICRC practice, thereby modernizing the ICRC's approach to cooperation with Movement partners. The International Federation and the ICRC signed an agreement to establish the National Society Investment Alliance – a joint investment fund – in 2018, to provide National Societies with more means to develop their own capacities.

The ICRC shared its technical expertise with National Societies, to help them deliver humanitarian aid safely and effectively. A particular focus was their implementation of plans of action concerning the Safer Access Framework, which ICRC delegations supported with financial and technical assistance. Moreover, the ICRC continued to decentralize its training support for the Safer Access Framework by assigning two dedicated regional advisors to Africa and Asia, and training more workshop facilitators locally. Worldwide, the ICRC carried out over 20 assessment and planning workshops and organized three regional round-tables in Africa and Asia, facilitating the exchange of best practices between Movement components in those regions.

OPERATIONAL AND MOVEMENT COORDINATION SUPPORT

To maximize the impact of the Movement's response, the Office of the Director-General helped ICRC delegations and headquarters units to improve Movement coordination mechanisms.

The ICRC continued to help carry out the plan of action implementing the resolution on strengthening Movement cooperation and coordination, adopted by the 32nd International Conference. A new resolution adopted by the 2017 Council of Delegates – which took place in Turkey in November – welcomed positive developments in this area. The new resolution also set three new priorities: fostering acceptance of the subject and more cooperative mindsets among stakeholders; improving interoperability of the support and services available to Movement components, particularly in terms of logistics and security; and enhancing coordinated resource mobilization, notably by launching unified international appeals. Moreover, Movement components in five designated “country-labs” – in Haiti, the Philippines, South Sudan, the Syrian Arab Republic and Ukraine – implemented measures which helped improve institutional relationships between them.

The office provided regular support to the Department of Operations, notably by participating in crisis task forces or alignment meetings held by the department (see *Operations*).

PROMOTION OF PRINCIPLED HUMANITARIAN ACTION

Following a mission to the Marshall Islands by the Joint ICRC/International Federation Commission for National Society Statutes in September 2017, the ICRC officially recognized the Marshall Islands Red Cross Society as the 191st National Society in December.

The ICRC continued to support Movement-wide efforts to help National Societies adhere to the Fundamental Principles and to the Movement's policy and regulatory frameworks. Along with delegations and the Joint Statutes Commission, it advised 45 National Societies on how to strengthen their legal and statutory bases. The office contributed by facilitating consultations with National Societies, which informed reviews of the Movement's minimum standards for National Society statutes and procedures for providing and receiving support. National Societies facing integrity challenges or allegations thereof were advised how to resolve and manage such issues.

The ICRC responded to a wide range of enquiries on the proper use and protection of the red cross, red crescent and red crystal emblems, thereby helping to foster understanding of these topics among National Societies, governments and the private sector. It also continued to develop and promote new dissemination tools promoting respect for the emblems.

MOVEMENT POLICY

The Office of the Director-General contributed to the strengthened collaboration of Movement components on policy matters.

The office helped facilitate preparations for the 2017 Council of Delegates, at which representatives of the ICRC, the International Federation and National Societies worked together to develop common messages, narratives and Movement policy frameworks – for example, on the humanitarian needs of vulnerable migrants, on education and on mental health and psychosocial care, respectively – in the run-up to the 33rd International Conference in 2019. Key issues underpinning the ICRC's Institutional Strategy were also discussed. The Council adopted the proposed resolutions on the above-mentioned topics, as well as two resolutions on IHL – including one promoting the elimination of nuclear weapons – prepared with ICRC support.

The Department of Operations is responsible for the overall supervision of ICRC field activities worldwide. It oversees the global analysis of key trends and events, and steers the conception, planning and budgeting of field activities carried out by ICRC delegations and missions in more than 80 countries. It ensures that field activities are conducted coherently and professionally, with due regard for the ICRC's principles, policies and guidelines, code of ethics and staff security. It also ensures that adequate resources are allocated in accordance with ICRC priorities, humanitarian needs as they arise, and the budgetary framework.

The Department of Operations provided operational support to field teams through its five regional management and support teams covering Africa, the Americas, Asia and the Pacific, Europe and Central Asia, and the Near and Middle East; two operational divisions, Assistance, and Central Tracing Agency and Protection (hereafter Protection); two smaller units, Security and Crisis Management Support, and Global Affairs and Non-State Armed Groups; and teams working on the Innovation Initiative, the Health Care in Danger project and the ICRC's response to sexual violence. The department contributed to ICRC efforts – at headquarters and in the field – to secure increased operational, political, legal and financial backing from States with regional and global influence.

The department oversaw the scaling up of field activities in response to additional humanitarian needs, increased access to front lines and/or other shifts in the ICRC's working environment in Bangladesh, Iraq, Libya, Mozambique, Myanmar, Somalia, Yemen and the countries in the Lake Chad region. These expanded activities were facilitated by budget extensions (see *Financial resources and logistics*) and – in the case of Bangladesh, Iraq, Myanmar and Yemen – the use of the ICRC's rapid deployment mechanism for staff.

The department strove to ensure that the ICRC's operations – including its work on cross-cutting issues such as migration, internal displacement and sexual violence – were coordinated and coherent, and that best practices were shared. It reinforced efforts aimed at ensuring that the ICRC is accountable to the people on whose behalf it works – in particular, it hired specialists to oversee related initiatives, piloted a self-assessment tool for monitoring the ICRC's accountability to affected populations, and launched an evaluation of the organization's existing policies, processes and practices. Platforms for interdepartmental discussions and video-conferencing allowed delegations to participate in weekly headquarters meetings, helping ensure that current concerns were tackled comprehensively.

Delegations and all pertinent units at headquarters received support from the sexual violence team, in line with the ICRC's 2013 commitment to address concerns related to sexual violence effectively and in a multidisciplinary manner. Several delegations either integrated the issue into existing activities or developed specific activities to address it. The ICRC continued to reinforce staff capacity to that end, covering the issue in internal training sessions and facilitating staff members' participation in external courses, including a seminar conducted by the Geneva Centre for Education and Research in Humanitarian Action. The ICRC, along

with the International Federation and several National Societies, participated in regional training and workshops on sexual and gender-based violence during emergencies, as a follow-up to the resolution adopted by the 32nd International Conference.

The Innovation Initiative continued to mainstream a culture of innovation across the organization. Several measures were adopted to this end, including creating the Innovation Board headed by the director-general (see *Office of the Director-General*). Teams at headquarters and in delegations continued to develop and/or test new products and processes, such as a virtual tool for physiotherapy and a mobile-enabled facial recognition system to help reconnect relatives separated by violence or migration. A second Enable Makeathon – an ICRC-supported event – drew proposals from around the world for new products for people with disabilities. A similar event launched in Nigeria focused on exploring solutions to the humanitarian needs of IDPs.

The Security and Crisis Management Support Unit facilitated operational and security-related responses throughout the year: over 50 delegations received support from four regional security and risk management advisers, especially for implementing the new risk management methodology developed by the unit. The unit also provided specific support for particularly serious security incidents in Afghanistan, the Central African Republic, the Democratic Republic of the Congo (hereafter DRC), Cameroon, South Sudan and the Syrian Arab Republic (hereafter Syria). The Security Management Information Platform continued to be improved and rolled out to delegations.

The unit trained 75 field managers in volatile contexts, and organized a seminar for managers at headquarters who directly support senior field managers. It provided specific training on managing cases of abduction to crisis team managers in Cameroon, Chad, the DRC, Libya, Mali, Niger and Somalia. It also provided input and support for the inclusion of security-focused training sessions in the field integration courses for new delegates and in specialized courses for protection delegates, administrative personnel and other staff. The unit also organized a seminar on the management of abduction crisis for representatives of the International Federation and several National Societies.

The unit continued to streamline ICRC agreements on security and crisis management with other components of the Movement, and helped regional teams and delegations draft such agreements. It helped facilitate Movement coordination on safety, security and crisis management by co-organizing and hosting the annual meeting of the security focal points of different Movement components. It also worked on updating the guidelines on security management for the Movement.

Amid an increasingly complex working environment – characterized by, among other factors, the continued proliferation of armed groups – the Global Affairs and Non-State Armed Groups Unit helped develop and coordinate approaches to engaging with such groups and with people who can influence them. This was aimed at strengthening compliance by parties to conflicts with the rules of IHL, promoting respect for humanitarian principles and improving the security of ICRC field teams. The unit worked

closely with delegations in Asia, Central America, the Middle East, and North and West Africa, especially the Lake Chad region. It focused on improving the ICRC's understanding of developments related to the emergence and activities of radicalized armed groups and the coordinated response called for as a result. Field teams in Indonesia, Kenya, the Philippines, Niger, Sri Lanka and Tajikistan received assistance for organizing meetings with community leaders and conferences for Islamic scholars and civil society organizations.

Specialists from the Operations and International Law and Policy Departments worked with field teams to develop policy positions on education during times of armed conflict and other violence, and related activities to facilitate people's access to education. The Directorate adopted a framework and strategy on access to education, aimed at consolidating the ICRC's position and response in this field.

HEALTH CARE IN DANGER

The Health Care in Danger project team continued to promote and support the implementation of recommendations developed during the earlier phases of the project (2012–2014); it also worked to keep the issue high on the agenda of the international community. The project phase ended, as planned, in 2017. In January, the ICRC adopted an action plan reflecting its commitment to meeting the goals set out by the project; as part of this, an adviser was integrated into the Health Unit of the Assistance Division.

Nearly 90% of ICRC delegations included activities related to the project in their strategies and plans for 2017. All five regional teams put in place multidisciplinary, regional approaches to meeting the goals of the initiative. Several delegations used the manual, developed in 2016, for assessing and ensuring the safety of health facilities during outbursts of violence.

The project team continued to encourage the collection of data on violent incidents compromising the delivery of health care in violence-affected areas. With the ICRC's Protection and Assistance Divisions and experts from universities and think-tanks, the team worked on developing methods for assessing the impact of attacks on health systems and evaluating the effectiveness of the project's existing tools.

The ICRC continued to support two online communities – focused on ambulance and pre-hospital care service providers and on health facilities – linked to the project. Through one of the communities, hundreds of ambulance staff and volunteers and other emergency health workers from various countries participated in online exercises on the security concerns they might encounter and ways to address them.

The Movement Reference Group – composed of National Societies and the International Federation – continued to facilitate cooperation and dialogue between Movement components, to ensure a common message on the importance of addressing violence against health care. At the 2017 Council of Delegates in Turkey, over 150 participants discussed ways to promote respect for the emblems used by Movement components and ensure the protection of health-care delivery; they underscored the importance of reinforcing mobilization efforts to these ends.

The ICRC, through the Health Unit adviser, stepped up its engagement with various stakeholders. It worked with its partners to promote a wide-ranging online course on violence against health care developed in 2016 in partnership with a university in Geneva and launched in 2017.

The project communication campaign continued to produce briefing and promotional materials and maintained several online platforms (see *Communication and information management*).

CENTRAL TRACING AGENCY AND PROTECTION

The Protection Division provided strategic and professional support to field operations in the following areas: protection of the civilian population; protection of people deprived of their freedom; restoring family links, which also covered activities related to missing persons and their families; and forensics.

The division remained engaged in major information and communication technology projects. Prot6, the ICRC's protection data management tool, was being used in 69 delegations as at the end of 2017. The division maintained the web-based application, launched in 2016, that national authorities and organizations, other forensic professionals, and, where appropriate, the ICRC use to centralize data on cases of persons missing as a result of conflict, disaster or migration.

The revision of *Professional Standards for Protection Work* was completed, with the final version and complementary tools – including a mobile phone application, a website and an e-learning module – set for release in 2018.

The division established a reference group of experts to discuss the state of protection-related work, emerging trends, current challenges such as risks related to digital technologies, and innovative practices.

PROTECTION OF THE CIVILIAN POPULATION

The Protection Division supported field efforts to protect civilians from the consequences of armed conflicts and other violence and to help certain groups or communities reduce their vulnerabilities, including their dependence on harmful coping strategies.

Eight delegations received on-site support for implementing a community-based protection approach: 181 staff members working in different fields were trained in such topics as taking account of the specific vulnerabilities of different groups of people and reinforcing those people's capacities and coping mechanisms. Field teams engaged directly with conflict-affected communities, taking account of their input in the design and implementation of activities, as part of the ICRC's efforts to improve its accountability to the people it helps. An adviser was assigned for the countries in the Americas.

Some 20 delegations received assistance for assessing and addressing the needs of children affected by a conflict or other form of violence. This included comprehensive advice on preventing and addressing the unlawful recruitment and use of children by weapon bearers, the impact of violence and hostilities on children's access to education, and the specific needs and vulnerabilities of detained children, children separated from their families, migrant children and others who are particularly vulnerable.

Around 60 delegations, many of them working with and in support of National Societies, drew on the division's support to address some of the most urgent protection concerns of migrants along migration routes. The division facilitated information-sharing within the ICRC and with other Movement components, particularly in relation to migrant detention and family-links services. A network of 30 field focal points exchanged insights on their work. In coordination with the headquarters-based team, five regional advisers guided delegations on specific concerns and encouraged experience-sharing, in order to build transnational and trans-regional synergies and ensure institutional alignment on this issue. They strove to maintain a combination of operational responses and humanitarian diplomacy efforts at country, regional and global levels, and took initial steps towards better documenting the consequences, in humanitarian terms, of States' migration policies and discussing these with the pertinent authorities.

Field teams in some 30 countries received support, primarily from the adviser on internal displacement, for improving their responses to the needs of IDPs, in line with the ICRC's Strategy on Internal Displacement 2016–2019.

The Global Protection Affairs Unit developed guidelines and strategies for dealing with matters related to the protection concerns of foreign fighters – people who have participated in an armed conflict abroad – and their families. Three delegations received advice from on-site specialists on addressing the protection-related concerns of the children of such fighters, especially the issues they encounter on their return to their home countries.

PEOPLE DEPRIVED OF THEIR FREEDOM

Field teams received support in several areas: strategizing access to detainees; analysing detention systems, including the risks detainees contend with and the challenges authorities face in addressing humanitarian concerns; defining clear objectives and priorities; and formulating and implementing multidisciplinary approaches to these issues. The range of responses included: sharing specific, measurable and targeted recommendations with the authorities; specific efforts in behalf of vulnerable individuals or groups; emergency or long-term support for reforming systems and institutions, including prison management structures; and other forms of material and technical assistance.

Thematically, the division continued to focus on problems such as: torture and other forms of ill-treatment, especially in the early stages of detention, and their consequences; judicial guarantees and overcrowding and its causes; detainees' lack of contact with their families and the outside world; and poor living conditions, including sub-standard detainee health and nutrition, which are often compounded by overcrowding.

Delegations received expert counsel from several advisers on how to tailor their discussions with the authorities on managing changes in detention systems and improving planning and design processes for new detention facilities.

The unit provided support for the development of innovative tools for professionals within and outside the ICRC (see also *Human resources development* section below), and continued to promote the operational guidelines, policies and other institutional reference frameworks produced in previous years.

RESTORING FAMILY LINKS

The ICRC spearheads implementation of the Movement's ten-year Restoring Family Links Strategy, which was adopted in 2007 to strengthen the worldwide family-links network and the humanitarian response whenever people are separated from or without news of their relatives. A team of experts from National Societies, the International Federation and the ICRC, with the ICRC acting as chair, continued to draft a new strategy. The 2017 Council of Delegates adopted a resolution that welcomed the main orientations proposed by the team, stressed the importance of data protection, and extended the period covered by the current strategy to 2019, when the new one is set to be adopted.

The ICRC's family-links website (familylinks.icrc.org) provided information in Arabic, English, French and Spanish on the services available in 161 countries to help people restore contact with their kin or clarify the fate of missing relatives. Thirteen special alerts on the ICRC's family-links website were activated during emergencies. Online tracing services continued to operate in relation to specific crises; three new ones were launched in 2017. Thirty-two National Societies and four ICRC delegations contributed to the online Trace the Face campaign, to help families find relatives who had gone missing while migrating to Europe.

The Protection Division continued to promote Family-links Answers, a case management system for National Societies. Eight additional National Societies used the system in 2017, while five received a new module designed for detention settings; at the end of the year, 35 National Societies were using the system. National Societies and the ICRC continued to use the extranet on family-links services, to coordinate and share guidelines and best practices.

The pool of family links specialists had 55 National Society or ICRC members; in 2017, specialists were deployed to support field teams responding to, *inter alia*, massive displacement in Bangladesh and the consequences of hurricanes in the Atlantic basin.

Missing persons and their families

Field teams in 38 countries received support for their activities to address issues related to people who had gone missing in connection with conflict or migration, and the needs of their families. These activities included encouraging authorities to scale up efforts to clarify the fate of missing persons, put in place the necessary mechanisms and/or legislation, and address the various needs of the families affected. Additional support was provided by advisers covering three regions and the Mediterranean migration route.

Based on an internal assessment of ICRC activities in relation to missing persons and their families, the Protection Division began taking steps to strengthen the organization's response; these included a multi-year project to draft standards for addressing the issue. The division continued to work closely with other ICRC services to help field teams respond to the wide-ranging needs of the families concerned. It developed policy and guidance material for States regarding the issue of missing migrants. On the International Day of the Disappeared, campaigns were conducted in over 21 countries and at headquarters, to raise awareness of the families' right to know the fate of missing relatives and to receive assistance.

FORENSICS

The ICRC's forensic services were integrated, as planned, into the Protection Division in 2017. The Forensic Unit oversaw the implementation of the ICRC's strategy on its forensic work. It contributed to operations in over 70 countries, helping delegations respond to requests from parties to ongoing and past conflicts, and from other stakeholders for support in ensuring that the remains of those who had died during hostilities or while migrating were managed properly. The unit developed tools, standards and training courses in the field of humanitarian forensics, for use by the ICRC and other forensic practitioners. Through its regional network of specialists, the ICRC continued to help strengthen regional and international cooperation among forensic professionals and institutions, in order to boost domestic capacities.

As in the past, the ICRC was recognized for its exclusively humanitarian approach to forensic work and the strictly neutral, impartial and independent nature of its action. For example, in line with an agreement signed with the governments of Argentina and the United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom), the ICRC led a project – which was completed in December – to identify the remains of Argentine soldiers who had perished during the 1982 conflict between the two countries.

ASSISTANCE

The Assistance Division provided field teams with technical expertise, guidance and coaching to review and improve the quality of their activities. Often in cooperation with other services, it produced or updated reference materials on programme implementation. In 2017, extensive assistance programmes were implemented in the DRC, Iraq, Nigeria, Somalia, South Sudan, Syria, Ukraine and Yemen.

Based on the 2016 review of its information system, the division drafted a document outlining the strategy, rationale and vision for investing in the digitalization of ICRC operations; this was complemented by input from the Protection Division and the Office of the Director of Operations. The strategy is accompanied by a roadmap and overview of the Assistance and Protection Divisions' project portfolio, organization and governance.

The Assistance Division reinforced its partnerships with National Societies and the International Federation on such matters as helping vulnerable communities build resilience to the effects of conflict and drafting a Movement policy position on mental health and psychological support. It also pursued partnerships with academic institutions and the private sector on research and development projects, in order to advance innovative products and solutions to humanitarian needs and to improve the effectiveness and efficiency of ICRC programmes.

The division participated in technical and policy forums, where it shared the ICRC's experience and exchanged good practices with other organizations. This helped the ICRC shape discussions on topics of institutional priority and enhance its own expertise in, among other fields, data collection and analysis for evidence-based decision-making, management of non-communicable diseases, and humanitarian activities in urban settings.

HEALTH

As set out in its Health Strategy 2014–2018 and public health and continuum-of-care approaches, the ICRC continued to deliver the

following health services to people affected by armed conflicts or other situations of violence: primary health care; mental health and psychosocial support; first aid and pre-hospital care; comprehensive hospital services, including surgical care; physical rehabilitation; and health care in detention. Extensive health programmes, including rapid responses to large-scale emergencies, were implemented in Afghanistan, the Central African Republic, Lebanon, Somalia, South Sudan, Syria, Ukraine and Yemen.

The Health Unit focused on strengthening the quality of services delivered in the field; providing technical and health managerial support; and encouraging broader use of institutional reporting mechanisms. It invested additional resources to strengthen its capacity to support conflict-affected health systems, including hospitals and surgical-care systems. Whenever possible and appropriate, the unit helped field teams innovate and build synergies with relevant stakeholders, so as to maximize the impact of available resources.

The unit further developed its aggregated data-collection systems for first-aid and pre-hospital services, hospital care, mental health and psychosocial support, and physical rehabilitation. It updated the databases for monitoring primary health care and health care in detention programmes. It worked to improve the systems for collecting and managing the data of patients and other service users, so as to enable the ICRC to more effectively monitor health services provided to individuals, improve the quality of service delivery, and better comply with data protection guidelines and accountability mechanisms.

Various teams within the unit released new or updated guidelines – for example, on mental health and psychological support and assessing prison health systems. The unit continued to review the social and economic impact of ICRC physical rehabilitation activities, and appointed a focal point for health-focused research.

WATER AND HABITAT

The Water and Habitat Unit provided field teams with technical support for improving access to essential services in conflict-affected and violence-prone contexts. In particular, it helped teams working in urban areas affected by protracted conflicts to scale up their responses to the increased needs of people there. It also provided support for the construction or renovation of physical rehabilitation centres and hospitals in volatile and fragile settings.

The unit continued to invest in improving the ICRC's activities in terms of emergency preparedness and strengthening the resilience of vital infrastructure and basic services. It maintained partnerships with leading multinational firms, academic institutions and the public and private sectors to develop its capacities and better address challenges related to construction, water and wastewater, and electricity. It launched training initiatives to strengthen the competence of its pool of technical experts.

The unit sought to develop its expertise and engagement in matters related to the link between humanitarian action and development work, so as to provide good-quality technical support to field teams and ensure effective planning and management of transitions in this regard.

Teams working in places of detention received additional guidance documents on prison planning and design, among other topics. The unit co-organized international conferences and workshops

– on measures to improve prison design and construction – for authorities in Africa, Asia and Latin America.

The Geographic Information System (GIS) team continued to upgrade internal platforms for producing thematic maps in support of institutional decision-making. It tested alternative digital ways to enhance operational response and data analysis.

ECONOMIC SECURITY

The Economic Security Unit pursued its work to reinforce the quality of the ICRC’s relief, livelihood support and structural support activities. It focused on building staff capacity (see *Human resource development* section below), providing good-quality support to delegations, facilitating communication and learning within the institution, and developing partnerships with other organizations.

The unit improved the data-collection and project management systems available to field teams and updated its guidelines on collecting and analysing data for assessments, monitoring and evaluation, with a view to augmenting efficiency and supporting evidence-based decision-making. Field teams received support in information and data management and analysis from specialists. Twenty-one delegations used mobile device-based data-collection systems to register beneficiaries, carry out assessments and monitor activities, situations and results. A data-verification system with end-to-end solutions for cash transfer programming was tested in three delegations.

The unit used an online resource centre, newsletter, blog and an online community to facilitate communication and the exchange of knowledge and expertise between ICRC staff members working on economic security initiatives and other fields.

The unit also worked closely with partners within and outside the Movement. For example, it jointly implemented social safety net projects with the British Red Cross in the DRC, and reinforced its partnership with the International Federation on helping people affected by conflict and climate shocks develop resilient livelihoods. It actively participated in the Movement’s working group on cash transfer programming and in similar forums outside the Movement, including the Cash Learning Partnership, the Livestock Emergency Guidelines and Standards project, and various discussions on the use of cash assistance in humanitarian response.

WEAPON CONTAMINATION

The Weapon Contamination Unit focused on the following: managing risks posed by weapon contamination to ICRC staff and the organization’s partners; ensuring continuity of ICRC operations and institutional integrity amid conventional weapon and chemical, biological, radiological and nuclear (CBRN) hazards; protecting and assisting people affected by the presence of weapons; and leading the Movement in managing dangers linked to weapon contamination.

The unit began drafting guidelines on risk awareness, safer behaviour and victim assistance, and launched studies on such topics as urban warfare and infrared detection of CBRN hazards. All these were aimed at bolstering the ICRC’s expertise and the quality of its response.

The unit lent support for operations in 33 countries and territories, helping teams there reduce the impact on people of weapon

contamination. It offered assistance for data management, assessments, capacity-building, education sessions – conducted by the ICRC or in cooperation with National Societies – on risk awareness and safer behaviour, and weapon clearance. It helped delegations prepare reports on the conduct of hostilities in Azerbaijan, Iraq, Israel and the occupied territories, Myanmar, the Philippines, Syria and Yemen.

In partnership with the Irish and Swiss armed forces and a university based in the United Kingdom, the unit conducted training sessions for ICRC and National Society staff on operating in an environment contaminated by conventional and non-conventional weapons. It also contributed to internal and external training sessions.

HUMAN RESOURCES DEVELOPMENT

The Assistance and Protection Divisions devoted considerable resources to staff training, to maintain high standards of professionalism among ICRC staff. As in past years, several courses focused on helping staff members view the issues they sought to address through a holistic lens.

Field staff attended specialized, often multidisciplinary, training sessions covering protection of the civilian population, detention, family-links services (including in relation to missing persons and their families’ concerns), weapon contamination, forensic science, first aid, war surgery, hospital management, and primary health care. The Economic Security Unit organized some 50 training sessions on such topics as conducting assessments, monitoring and evaluation, nutrition, cash and markets, livelihood support, and data analysis; these were complemented by online resources and technical support (see *Economic security*). The Protection Division conducted a course for ICRC interpreters, in cooperation with the University of Geneva.

Both divisions worked to improve the quality of ICRC training courses and develop new ones. The Assistance Division regularly reviewed its courses, updating the content and delivery methods. The Protection Division developed virtual reality tools, including virtual prison visits and interviews with detainees, for training purposes.

RELATIONS WITH OTHER ORGANIZATIONS AND CONTRIBUTION TO THE HUMANITARIAN DEBATE

ICRC staff members performing a range of functions – from overseeing protection and assistance activities to helping develop policy – regularly interacted with other humanitarian groups and participated in UN coordination meetings, conferences and other events. The organization worked with National Societies and the International Federation whenever possible.

The ICRC also helped design guidance material and lessons learnt exercises, contributing, for example, to the development of the Inter-Agency Standing Committee Protection Policy. ICRC representatives discussed the organization’s medical activities and its perspective on contemporary challenges in this field during the annual meetings of the International Committee on Military Medicine and the International Council of Nurses.

In its interaction with other influential figures, the ICRC paid particular attention to the issue of children in armed conflict. It

provided feedback to other organizations on policies and reference materials on the protection of children and worked with several of them to finalize inter-agency publications, including handbooks on unaccompanied and separated children, and on addressing the recruitment of children by armed groups and the release and reintegration of such children.

The ICRC also worked to help shape the policies affecting IDPs and vulnerable migrants and the broader discourse surrounding internal displacement and migration. It closely followed the UN-led process to draft global compacts on refugees and for safe, orderly and regular migration; through policy messages, bilateral meetings and participation in various forums, it relayed to States the considerations it wanted to see reflected in the final documents. The ICRC maintained ties with the UN Special Rapporteur on the human rights of internally displaced persons, and organized or participated in seminars, public events and technical working groups on IDPs, including a meeting of the Conference of States Parties to the Kampala Convention.

The ICRC maintained regular bilateral contact – both at headquarters and in the field – with UN agencies and a range of NGOs, such as Geneva Call, Handicap International, the Internal Displacement Monitoring Centre, the International Corrections and Prisons Association, the Joint IDP Profiling Service, Médecins sans Frontières, Oxfam, Physicians for Human Rights and Save the Children. It maintained its ties with a Geneva-based hospital on training, research and development, and staff support. It also maintained its partnership with the Belgian, Swedish and Swiss National Societies, and the International Federation's Reference Centre for Psychosocial Support, to support former detainees who had suffered ill-treatment while in detention.

The ICRC pursued cooperation with organizations from Islamic countries, such as the Humanitarian Affairs Department of the Organisation of Islamic Cooperation.

These exchanges allowed the ICRC to keep abreast of new professional practices and help shape strategies and policies with an impact on issues of humanitarian concern; share its specialized expertise in many areas; acquire a better understanding of the methods and approaches used by others; and jointly adapt these to employ cohesive and complementary approaches whenever possible.

The Department of International Law and Policy works to promote, clarify and develop IHL. Through its expert services on IHL and other relevant norms, it supports their inclusion in relevant structures and systems; it also provides analyses of humanitarian action and legal trends to complement ongoing policy debates. It helps strengthen the ICRC's humanitarian diplomacy at the bilateral and multilateral levels and fosters acceptance of the ICRC's humanitarian action and the principles and policies that guide its work. It aims to help improve coordination among humanitarian actors.

Throughout 2017, the Department of International Law and Policy provided legal and policy expertise, in a variety of settings, to support the ICRC's operational responses. It developed legal, operational and diplomatic representations addressing alleged IHL violations and furnished advice on specific issues, such as migration, new technologies in warfare, health care in danger and urban warfare.

The department engaged with State authorities, diplomats, academics and weapon bearers on critical humanitarian issues during discussions and training sessions, and provided support for measures to ensure respect for IHL. Working with civil society, multilateral institutions and Movement partners during global events, it issued policy briefs on, and interpretations of, various humanitarian and legal concerns. It reasserted the ICRC's position as a key reference organization on IHL, particularly by working to ensure that the negotiation of the Treaty on the Prohibition of Nuclear Weapons at the UN produced a strong legal instrument firmly rooted in IHL, publishing updated Commentaries on the 1949 Geneva Conventions and demonstrating the relevance and usefulness of IHL in today's armed conflicts.

INTERNATIONAL HUMANITARIAN LAW

The protection of victims of armed conflicts is largely dependent on respect for IHL. In accordance with the mandate conferred on it by the international community, the ICRC strove to promote compliance with, and enhance understanding and dissemination of, IHL, and to contribute to its development.

ENSURING RESPECT FOR IHL BY THE PARTIES TO ARMED CONFLICTS

Based on advice provided by the Legal Division, ICRC delegations worldwide strengthened their capacity to protect through law and policy. They shared the organization's legal classification of situations of violence with the parties concerned, and reminded them of their obligations under IHL and other applicable norms in confidential representations.

STRENGTHENING IHL

The ICRC contributed to the Strengthening IHL process, pursuant to Resolutions 1 and 2 of the 32nd International Conference.

Seeking to improve IHL protection for persons deprived of their freedom

Resolution 1 recommends that further efforts be made to produce concrete, implementable, but non-binding outcomes that strengthen IHL protection for persons detained in relation to

armed conflicts, particularly non-international armed conflicts. The resolution encourages States and the ICRC to determine working procedures. To that end, the ICRC organized various consultations in 2017. The first formal meeting, convened in April in Geneva, Switzerland, and attended by over 90 States, was unable to reach an agreement. Following further consultations with States, the ICRC informed them that, given the continued absence of multilateral agreement, it did not believe that the time was ripe to convene another formal meeting aimed at reaching consensus, and decided to pause such discussions. Instead, the ICRC will convene expert-level meetings in order to continue the conversation on current challenges regarding detention. This platform for engagement will be organized outside the Resolution 1 process, but does not preclude further work under the resolution.

Strengthening respect for IHL

Resolution 2 encourages a State-driven, intergovernmental process, co-facilitated by the ICRC and the Swiss government, to identify ways to enhance IHL compliance. Following preliminary discussions, two formal meetings (in April and in December) were held in Geneva, with over 100 governments represented at each meeting. The participants discussed the features and functions of a potential forum of States (April) and ways to enhance the implementation of IHL through the International Conference and IHL regional forums (December), and agreed on a provisional work plan.

CUSTOMARY IHL

The ICRC's study on customary IHL and its online customary IHL database¹ remained important references for States, international organizations, international and domestic judicial and quasi-judicial bodies, academics and ICRC staff. The ICRC continued updating the online database, incorporating additional examples of the national practice of two countries through its partnership with the British Red Cross. It also pursued its cooperation with Laval University in Canada.

CONDUCT OF HOSTILITIES

The ICRC engaged in bilateral dialogue with States on matters such as cyber warfare, direct participation in hostilities and the applicability of IHL to organized armed groups, and on pertinent sections in military manuals or drafts thereof.

IHL AND "TERRORISM"

The ICRC strove to diminish the risk that counter-terrorism policies would reduce the space needed to conduct neutral, impartial and independent humanitarian activities. It recommended to States that counter-terrorism measures should have no negative impact on the work of humanitarian organizations, and engaged in bilateral and multilateral dialogue to defend the integrity of IHL provisions in the context of counter-terrorism activities.

MIGRANTS, INCLUDING ASYLUM SEEKERS AND REFUGEES, AND INTERNALLY DISPLACED PERSONS

The ICRC worked to reaffirm and clarify the legal norms and standards relevant to the protection of migrants – including

1. Available at <https://ihl-databases.icrc.org>.

asylum seekers and refugees – and IDPs, to ensure that States take these into account. In particular, it promoted institutional and legal positions in the ongoing process to develop global compacts on refugees and for safe, orderly and regular migration. It published two comments on the migration compact and a policy paper on missing migrants and their families.

PRIVATE MILITARY AND SECURITY COMPANIES

The ICRC continued to promote the Montreux Document, currently endorsed by 54 States and three international organizations. With the Swiss government, it co-chaired the third meeting of the Montreux Document Forum, at which 61 States and five international organizations exchanged views on issues related to the regulation of private military and security companies, including on challenges in implementing the good practices set out in the Montreux Document and on the use of private military and security companies by humanitarian actors. In order to facilitate exchanges among States on good practices in the regulation of private military and security companies and to further promote the Montreux Document, the ICRC and the Swiss government organized a round-table discussion with the government of Peru and prepared for the first regional meeting of the Montreux Document Forum, which will be organized with the government of Costa Rica in San José.

UPDATE OF THE COMMENTARIES ON THE 1949 GENEVA CONVENTIONS AND THEIR 1977 ADDITIONAL PROTOCOLS

The translations of the updated Commentary on the First Geneva Convention into Arabic, Chinese, French, Russian and Spanish advanced. The commentaries on common Articles 1 to 3 were published in Chinese, French and Russian and promoted at events in Beijing (China), Paris (France) and Moscow (the Russian Federation).

The updated Commentary on the Second Geneva Convention was published online in May. The Commentary's print edition was published in cooperation with Cambridge University Press in December and promoted at various events, including in Addis Ababa (Ethiopia), Brisbane and Canberra (Australia), Colombo (Sri Lanka), The Hague (Netherlands), Hanoi (Viet Nam), Jakarta (Indonesia), Kuala Lumpur (Malaysia), Manila (Philippines), Newport (United States of America), Tokyo (Japan) and Wellington (New Zealand). The new Commentary was presented during an online seminar.

Various internal and external authors continued to work on the updated Commentary on the Third Geneva Convention, scheduled for publication in 2019. The draft commentaries on ten articles were submitted to some 50 IHL experts and scholars in different countries for peer review.

NEW TECHNOLOGIES IN WARFARE

The ICRC organized a meeting of independent experts to consider the ethical implications of autonomous weapon systems, and further developed its views on the range of issues raised by such weapons, which it published and presented to the States party to the Convention on Certain Conventional Weapons. It called on States to set limits on autonomy in weapon systems, in order to ensure compliance with IHL and satisfy ethical considerations. It took part in conferences and seminars, engaged in bilateral dialogue on cyber warfare with States, and offered technical input to the working group drafting an academic manual on international law applicable to military uses of outer space. In

both bilateral and multilateral dialogue, the ICRC continued to emphasize the importance of conducting legal reviews of new means and methods of warfare, to ensure that they could be used in accordance with IHL.

LANDMINES, CLUSTER MUNITIONS AND EXPLOSIVE REMNANTS OF WAR

In the twentieth year of the Anti-Personnel Mine Ban Convention, the ICRC highlighted the Convention's significant achievements and remaining challenges. Through its expert contributions to meetings of States party to the Convention, the Convention on Cluster Munitions, and the Protocol on Explosive Remnants of War (Protocol V) to the Convention on Certain Conventional Weapons, the ICRC helped ensure that the States Parties advanced their commitments under these treaties. In addition to covering clearance and stockpile destruction, the adoption of national implementing legislation and victim assistance, the ICRC's contributions sought to ensure that States applied the treaties in response to the humanitarian impact of improvised explosive devices as well. The ICRC also continued to promote universal adherence to the treaties.

RESPONSIBLE ARMS TRANSFERS

The ICRC continued to promote ratification and implementation of the Arms Trade Treaty in bilateral dialogue, at regional meetings, and during the Third Conference of States Parties. It raised awareness of the Treaty's requirements, in particular its arms transfer criteria, in expert meetings at regional and national level, including by promoting its short commentary, *Understanding the Arms Trade Treaty from a Humanitarian Perspective*, and its second, updated edition of *Arms Transfer Decisions: Applying International Humanitarian Law and International Human Rights Law Criteria – a Practical Guide*. It supported National Society activities linked to the Treaty and urged States not party to the Treaty to ensure respect for IHL in their arms transfer decisions.

NUCLEAR WEAPONS

The ICRC's contributions to the UN Conference to negotiate a legally binding instrument to prohibit nuclear weapons, leading towards their total elimination, helped achieve the adoption of the Treaty on the Prohibition of Nuclear Weapons in July. As called for by the ICRC, the Treaty recognizes the catastrophic humanitarian consequences of the use of nuclear weapons, and contains a clear and robust prohibition based on IHL. At the signing ceremony and in the UN General Assembly First Committee, the ICRC urged States to join the Treaty and fulfil long-standing risk-reduction and disarmament commitments under the Treaty on the Non-Proliferation of Nuclear Weapons. The Movement's call for the prohibition and elimination of nuclear weapons, expressed in Resolution 1 of the 2011 Council of Delegates, was reiterated at the 2017 Council of Delegates in a new resolution adopting a four-year Movement action plan on the non-use, prohibition and elimination of nuclear weapons. The ICRC sustained its support for National Society activities to implement the 2011 Resolution.

EXPLOSIVE WEAPONS IN POPULATED AREAS

The ICRC continued to express concern about the use of explosive weapons with wide-area effects in populated areas, based on its first-hand observations in the field, its analysis of the technical characteristics of such weapons, its review of existing military policies and practices, and its promotion of respect for IHL in the choice of means and methods of warfare in urban conflicts. It did so in bilateral dialogue with governmental authorities, in expert

meetings and intergovernmental forums, and in public communications. It fostered awareness of the humanitarian, technical, military and legal issues raised by such weapons in a variety of forums, including an informal meeting for States party to the Convention on Certain Conventional Weapons, co-hosted with Germany. The ICRC encouraged States to share existing military policy and practice with regard to the use of explosive weapons in populated areas. It prepared a consolidated analysis of the issue, laying the groundwork for a report set to be published in 2018.

LEGAL CAPACITY AND PROTECTION OF THE ICRC

The ICRC continued to strengthen its legal capacity and the protection of its staff by securing adequate privileges and immunities worldwide, particularly the privilege not to disclose confidential information in legal proceedings. These privileges and immunities are crucial to the organization's ability to efficiently fulfil its internationally recognized humanitarian mandate in a neutral, impartial and independent manner, and to do so without excessive financial and administrative burdens.

INTEGRATION AND PROMOTION OF THE LAW PROMOTING THE UNIVERSALITY OF IHL INSTRUMENTS AND THEIR NATIONAL IMPLEMENTATION

The ICRC's Advisory Service on IHL continued to engage with governments and intergovernmental bodies on ways to improve IHL acceptance and national compliance, and to provide them with legal and technical support through its network of legal advisers. It facilitated the ratification of or accession to, and implementation of, IHL-related treaties and other relevant instruments, and the enactment of national legislation, particularly in areas such as prevention of and penalties for IHL violations, including sexual violence; protection of health-care services, including regulations on the use of the emblems protected under IHL; protection of the rights of missing persons, including missing migrants, and their families, and the establishment of mechanisms for ascertaining the fate of missing persons; protection of IDPs; the prohibition and regulation of certain weapons; and the protection of cultural property in armed conflicts.

To strengthen respect for IHL among relevant sectors, the Advisory Service, along with the Inter-Parliamentary Union (IPU), promoted the redesigned handbook on IHL for parliamentarians and produced versions of it in additional languages. They also organized a panel debate on "The relevance of IHL in contemporary armed conflicts" at the 173rd IPU Assembly, which offered participating parliamentary delegations the opportunity to broaden their understanding of IHL and discuss their role in enhancing respect for it in their countries. The institutional relationship with the Commonwealth Parliamentary Association led to cooperation for the production of a similar handbook for Commonwealth parliamentarians.

The Advisory Service helped the judicial sector enhance its expertise in IHL, contributing to various training events for them and engaging with international criminal tribunals, including the International Criminal Court and regional courts. To further support judges and law professionals in upholding and enforcing IHL, it drafted a guidance tool on "The Judicial Sector and IHL".

In June, the Advisory Service conducted an expert consultation in Geneva on "Amnesties and international humanitarian law", with a view to developing a better understanding of the purpose, implementation, application, effect and limitations of amnesties under IHL and clarifying the application of treaty, customary and domestic law on this topic. Over 20 experts from various disciplines shared their experiences on issues relating to amnesties during and/or in the aftermath of armed conflict, including post-conflict and transition contexts. A legal fact sheet on "IHL and Amnesties" was also published.

States not yet party to the 1977 Additional Protocols were formally invited to accede thereto during the Protocols' fortieth anniversary year.

The ICRC published new legal fact sheets on IDPs and IHL, and on the protection of persons with disabilities in armed conflicts. Using in-house expertise on Islamic law, it contributed to discussions on the relation between Islamic law and IHL, and protection in armed conflicts, at five regional events with Muslim audiences, and provided guidance on the protection of missing persons and the management of the dead in Muslim contexts.

With support from the Advisory Service, several countries pursued the process of creating/reactivating national IHL committees. Existing committees continued to benefit from support for designing and implementing their action plans, and for facilitating exchanges between committees in different countries. Committees shared their experiences at eight regional IHL conferences co-hosted by the ICRC and at sub-regional peer meetings. In June, representatives of IHL committees from 23 Commonwealth States shared their experiences and discussed their respective committees' roles at the Fourth Meeting of Representatives of National IHL Committees of Commonwealth States, held in Namibia. At the end of 2017, there were 111 national IHL committees worldwide, and several in the process of being created.

The Advisory Service published a report on the 2016 Universal Meeting of National Committees and Similar Bodies on IHL, and an updated table of existing national IHL committees. It drew on the Universal Meeting's findings to prepare new guidelines on the role of national IHL committees.

Representatives of governments, academic institutions and civil society from over 154 countries discussed the integration of IHL norms into domestic law and IHL-related developments at 35 regional events organized or supported by the ICRC. These activities contributed to 45 ratifications of or accessions to IHL treaties or other relevant instruments (or amendments to them) by 22 States:

- ▶ 3 States (Afghanistan, Togo and the United Kingdom of Great Britain and Northern Ireland, hereafter United Kingdom) became party to the Hague Convention on Cultural Property
- ▶ 3 States (Botswana, Togo and the United Kingdom) became party to the First Protocol to the Hague Convention on Cultural Property
- ▶ 5 States (France, Liechtenstein, Sweden, Togo and the United Kingdom) became party to the Second Protocol to the Hague Convention on Cultural Property
- ▶ 4 States (Benin, Czech Republic, Malawi and the Seychelles) became party to the Convention on Enforced Disappearance

- ▶ 1 State (Central African Republic) became party to the Optional Protocol to the Convention on the Rights of the Child
- ▶ 2 States (Benin and Malawi) became party to the Convention on the Prevention and Punishment of the Crime of Genocide
- ▶ 4 States (Argentina, Palestine, Panama and Portugal) became party to the Amendment to the Rome Statute on war crimes
- ▶ 2 States (Benin and Madagascar) became party to the Convention on Cluster Munitions
- ▶ 2 States (Palestine and Sri Lanka) became party to the Anti-Personnel Mine Ban Convention
- ▶ 3 States (Honduras, Kazakhstan and Palestine) became party to the Arms Trade Treaty
- ▶ 1 State (Palestine) became party to the Convention Prohibiting Environmental Modification Techniques
- ▶ 1 State (Samoa) became party to the Biological Weapons Convention
- ▶ 2 States (Afghanistan and Lebanon) became party to the Convention on Certain Conventional Weapons
- ▶ 3 States (Afghanistan, Benin and Lebanon) became party to the Amendment to Article 1 of the Convention on Certain Conventional Weapons
- ▶ 2 States (Afghanistan and Lebanon) became party to Protocol I to the Convention on Certain Conventional Weapons
- ▶ 2 States (Afghanistan and Lebanon) became party to Amended Protocol II to the Convention on Certain Conventional Weapons
- ▶ 2 States (Afghanistan and Lebanon) became party to Protocol III to the Convention on Certain Conventional Weapons
- ▶ 1 State (Afghanistan) became party to Protocol IV to the Convention on Certain Conventional Weapons
- ▶ 2 States (Afghanistan and Palestine) became party to Protocol V to the Convention on Certain Conventional Weapons

In addition, 22 countries adopted 31 domestic statutes, and several countries prepared draft legislation to implement IHL and other relevant instruments. Sixty new laws and examples of domestic case-law were added to the public ICRC database² on national IHL implementation.

RESEARCH, TRAINING AND DEBATE ON IHL IHL COURSES FOR ACADEMICS AND HUMANITARIAN WORKERS

IHL and education specialists backed the efforts of ICRC delegations to engage with academic circles, humanitarian workers and other influential entities, for instance, by organizing public debates and training events, facilitating the sharing of best practices and developing relevant tools, including online resources.

- ▶ 41 professors, lecturers and researchers from 32 countries were updated about issues related to IHL, relevant branches of law, humanitarian policy and action, and the latest teaching methods and tools during discussions at the 12th Advanced Seminar for University Lecturers and Researchers in Geneva, jointly organized with the Geneva Academy of International Humanitarian Law and Human Rights.
- ▶ 144 students from 27 countries participated in the Jean-Pictet Competition on IHL in Georgia.
- ▶ 18 representatives of government agencies, intergovernmental organizations and NGOs learnt more about global IHL themes and challenges during an annual French-language expert

course for humanitarian practitioners in Geneva, organized by the Swiss Red Cross and the ICRC. An additional English-language expert course was held in Geneva, bringing together 30 senior-level humanitarian workers.

EVENTS AND VISITS

- ▶ The Humanitarian in Geneva hosted 15 public conferences for some 2,300 members of the diplomatic, humanitarian and academic communities. These events were brought to a global audience via webcasts and video summaries. The ICRC also organized IHL-related events for various audiences at its Moscow Humanitarian (see *Moscow*).
- ▶ The 2017 Conference Cycle on War in Cities – consisting of a series of high-level public events and expert meetings organized in Geneva and other key locations – was set up in response to the growing urbanization of warfare, a trend that is having a catastrophic impact on civilian populations and poses serious legal and operational challenges. Thanks to its engagement with key players, the ICRC was able to help strengthen respect for IHL in urban armed conflicts and to stimulate research on appropriate responses. Various ICRC partners – including the Comité pour le concours Pictet, the Geneva Academy of International Humanitarian Law and Human Rights, the Humanitarian Exchange and Research Centre Geneva, the International Institute for Strategic Studies, the International Law Association, the Norwegian Refugee Council, the Overseas Development Institute and the Permanent Mission of Germany in Geneva – helped organize ten high-level public events and expert meetings in seven countries; ten additional public conferences in Geneva addressed other pressing humanitarian topics. Issues of the *International Review of the Red Cross* (see below) were featured at events attended by representatives from legal and policy-related circles in Australia, India, the Netherlands, South Africa, Switzerland, the United States of America and elsewhere.
- ▶ About 180 groups (some 4,600 people) from over 30 countries learnt more about IHL and the ICRC during information sessions organized by the ICRC Visitors Service.

IHL TEACHING, RESEARCH AND DEBATE

- ▶ The new online platform “IHL in Action: Respect for the law on the battlefield”³ gathered case studies documenting compliance with IHL. This project is part of an effort to change the narrative about IHL and demonstrate its relevance and usefulness in today’s armed conflicts. By promoting instances where IHL actually works, it aimed to substantiate protection and policy dialogues with evidence-based arguments, and balance the recurring negative discourse on IHL.
- ▶ A symposium entitled “Changing the narrative on IHL” brought together 30 experts to think of/share new and innovative ways of discussing IHL and generating respect for it.
- ▶ The ICRC’s Humanitarian Law and Policy blog showcased analyses and debates on IHL and policies that shape humanitarian action and the interplay between these areas; it generated 65,189 sessions/unique visits. The number of blog posts authored by external contributors nearly doubled, indicating a shift towards a more inclusive debate.

2. Available at <https://ihl-databases.icrc.org/ihl-nat>.

3. Available at <https://ihl-in-action.icrc.org/>.

- ▶ The online platform⁴ “How does law protect in war?” was migrated to a new content management system, making it easier for users to navigate through case studies and consult IHL teaching resources. It featured new case studies, additions to the IHL dictionary, and thematic highlights.
- ▶ The textbook *International Humanitarian Law - A Comprehensive Introduction* was translated into Russian.
- ▶ The latest issues of the *International Review of the Red Cross* focused on subjects such as war in cities, war and security operations at sea, and detention. Selected offprints on various topics from previous and forthcoming issues were distributed to targeted audiences and served to enhance dialogue with stakeholders.
- ▶ Two interactive e-briefings, entitled “Generating respect for the law” and “Humanitarian perspectives on the changing face of war”, were published on the ICRC’s website, with content drawn from the *International Review*.
- ▶ The ICRC developed a new advanced IHL learning series allowing university lecturers to obtain information on developments in the interplay between IHL and human rights.

ROOTS OF RESTRAINT IN WAR STUDY

Empirical research for the *Roots of Restraint in War* study continued. Four research teams analyzed how norms of restraint are socialized within four types of armed organizations while another researcher studied ways in which communities organize to protect themselves from violence by armed groups. The researchers met in Geneva to discuss their findings prior to submitting their final reports. Once the reports were submitted, focus groups within the ICRC discussed and debated about the findings and their implications. The final report is scheduled to be published in 2018.

FIELD PREVENTION WORK

Staff from the Prevention Unit in Geneva provided tailored support to delegations in the form of field missions, workshops, training and the drafting of specific prevention strategies. These activities bolstered the ICRC’s efforts to improve acceptance of its work and its capacity to engage with influential players on creating an environment conducive to respect for the life and dignity of people affected by armed conflicts and other situations of violence.

DIALOGUE WITH ARMED, SECURITY AND POLICE FORCES

ARMED FORCES

The ICRC continued to engage in dialogue with armed forces worldwide. Its headquarters staff and specialized delegates took part in high-level exchanges with multinational organizations, such as the Collective Security Treaty Organisation (in September) and NATO. The September event reinforced the institutional exchange between the two organizations on strategic, operational and thematic issues of common interest.

Continued emphasis was placed on reinforcing institutional relationships with the British Army, the French État-Major des Armées, the Russian Ministry of Defence and the United States Armed Forces. Meetings with senior military and/or political representatives included discussions on civil-military relations, means and methods of warfare and related humanitarian concerns.

On an operational level, the ICRC pursued its dialogue with States involved in ongoing armed conflicts. Where relevant, it addressed the increasingly complex issue of responsibilities of States committing to operational military partnerships, such as train-and-equip programmes.

The ICRC continued to engage with the armed forces of numerous States on the integration of IHL into their training and operational doctrine, focusing on measures to prevent sexual violence and protect health-care personnel and facilities during armed conflicts. To improve its access in the field, the ICRC also pursued similar efforts with troops bound for peacekeeping operations.

The 11th Senior Workshop on International Rules Governing Military Operations, held in Mexico City (Mexico), and co-organized with the Mexican Secretariat of National Defence, brought together representatives of 68 countries and several organizations. Participants discussed the need to incorporate legal considerations into the planning, decision-making and conduct of military operations and law enforcement missions, and to ensure that the law is fully embraced in military doctrine, education, field training and discipline.

Based on an internal nine-country study, conducted with the Norwegian Red Cross, on the formal integration into military doctrine of the prohibition against sexual violence during armed conflicts, the ICRC started developing a communication handbook to facilitate discussions of sexual violence with State armed forces.

A total of 105 military officers from 45 countries around the world received ICRC scholarships to attend IHL courses in San Remo.

Although it was unable to go ahead with a planned round-table for government, humanitarian and civil society representatives on the impact of conflict trends on humanitarian action, the ICRC continued to emphasize better understanding of the future strategic environment. It contributed to ongoing debates and discussions on global and regional trends in warfare by sharing its observations on contemporary conflicts and their humanitarian impact.

POLICE AND GENDARMERIE

On all continents, including in areas witnessing increased migrant flows and counter-terrorism activities, specialized delegates and field officers continued to engage in dialogue with police and security forces. Where relevant, they provided expert advice and guidance on the implementation of legal norms regulating the use of force and firearms, arrest and detention, and other basic standards applicable to law enforcement operations, including in respect of migration.

The ICRC engaged in dialogue with police institutions in countries in the Great Lakes region, Asia and West Africa. Increased needs led to the creation of specialist positions in the delegations covering Europe, Mozambique and the Bolivarian Republic of Venezuela.

Thirty senior police officers and four experts on policing from 27 countries discussed and exchanged good practices on respecting the judicial guarantees of people held in police custody and conducting criminal investigations and investigative interviewing at a round-table held at ICRC headquarters.

4. Available at <https://casebook.icrc.org/>.

POLICY AND HUMANITARIAN DIPLOMACY

DRIVING POLICY CHANGE IN HUMANITARIAN ACTION

In 2017, the ICRC continued to enhance its public policy and humanitarian diplomacy worldwide. It sought to improve how it develops its own policies and influences humanitarian policy-making across the political, military and humanitarian sectors. The ICRC worked to meet four strategic global humanitarian diplomacy objectives.

Affirming IHL

The ICRC sought to affirm IHL by arguing more deliberately for its relevance and effectiveness. Its approach was embodied by the ICRC president's statement to the UN Human Rights Council and expressed at other diplomatic bilateral and multilateral engagements. Communicating examples of where IHL is delivering solutions for people affected by an armed conflict helped drive a more positive political and public discussion of IHL. The fortieth anniversary of the 1977 Additional Protocols also afforded the opportunity to promote IHL at the UN Economic and Social Council and elsewhere.

Protecting people better

In line with its mandate, the ICRC worked to protect people better, particularly the most vulnerable. For instance, despite the greater political attention on migration, the ICRC sustained its focus on IDPs and began an operational research programme on the experience and needs of urban IDPs. It also ensured that clear policy recommendations were presented during regional and thematic consultations for the development of the global compact on migration. In December, an ICRC delegation participated in a meeting to prepare the compact in Mexico, urging States to consider in particular *non-refoulement*, missing migrants, and the limits to detention, especially of children.

The ICRC encouraged States to make improvements in searches for missing persons and the support given to their families. It pushed for greater recognition of the needs of these groups in humanitarian policy. As a result, missing people and their families were clearly acknowledged in the UN Secretary General's annual report to the Security Council on the protection of civilians. The ICRC engaged in bilateral work to advise and support States on this issue, especially around new cases of missing people in the Middle East and Ukraine. It also undertook policy and diplomatic work on detention, and considered the policy recommendations it needed to prioritize in this area and how best to engage States on the subject.

Shaping the transformation of humanitarian practice

The ICRC sought to shape the transformation of humanitarian practice, especially in terms of innovations around cash transfers, education and urban operations, the new global policy agendas of the 2030 Agenda for Sustainable Development, the humanitarian-development nexus, localization and the "preventing and countering violent extremism" approach. The ICRC began to study its experience of cash transfers, with a view to publishing a new policy paper on cash in 2018. It developed policy positions on education in armed conflicts and other situations of violence (see *Operations*), and pursued its work on the particularities of the experience of civilians in towns and cities affected by an armed conflict and the special requirements of urban humanitarian action. It launched a first-hand account of urban armed conflict in the Middle East, called "I saw my city die".

The ICRC built on its 2016 policy paper on *Protracted Conflict and Humanitarian Action* to further engage in the humanitarian-development nexus; it communicated the ICRC's approach to "development holds" with governments and the World Bank. It began drafting a policy on the localization of aid, embracing the approach while carefully qualifying it around issues regarding local capacity and humanitarian principles, and the need for complementary international action. It launched an operational research project on localization in three countries, and planned to produce a policy paper on the ICRC and localization in 2018. The ICRC also monitored the policies and practices of the "preventing and countering violent extremism" approach and its effects on neutral and impartial humanitarian action, and published a guidance document on the subject for the Movement.

Affirming the relevance of the ICRC

The ICRC strove to affirm its relevance to new governments and the UN administration. Significant changes in the governments of France, the United Kingdom and the United States of America required concerted humanitarian diplomacy to ensure that new administrations understood the ICRC and its mission, and that the ICRC had good working relationships with key players in those administrations. The ICRC also bolstered its digital diplomacy to increase recognition and understanding of the organization.

The ICRC participated in global and regional forums (including the UN General Assembly, the UN Human Rights Council, the World Health Summit and the Munich Security Conference), where delegates engaged with key stakeholders on various positions and policies. This allowed it to adapt its thinking and messages, where necessary.

In the framework of its dialogue with businesses on the impact of their operations in conflict-affected or insecure contexts, the ICRC continued the joint project, begun in 2013 with the Geneva Centre for the Democratic Control of Armed Forces, to address security and human-rights challenges in complex environments. New guidance documents, available on the project's website (Knowledge Hub⁵), were developed.

The ICRC bolstered its engagement with multi-stakeholder platforms such as the World Economic Forum. It offered its expertise on subjects of humanitarian concern during various global and regional summits organized by the Forum.

5. Available at <http://www.securityhumanrightshub.org/>.

COMMUNICATION AND INFORMATION MANAGEMENT

The Communication and Information Management Department seeks to foster understanding and acceptance of the ICRC's work and of IHL, and to support institutional fundraising and policy efforts. It aids institutional decision-making by monitoring the environment in which the ICRC operates and tracking its reputation. It conducts strategic internal and external communication activities in a range of languages, incorporating public relations, digital communication, audiovisual content and printed materials. The department implements the Information Environment Strategy, with a view to strengthening the coherence of information management, including by helping safeguard institutional memory for internal and external use. It provides information and communication systems and technologies that meet operational and corporate requirements.

The Communication and Information Management Department used public and media relations, digital communication channels, publications, audiovisual archives and social marketing campaigns to raise awareness of humanitarian concerns (in particular respect for the Fundamental Principles, IHL and other relevant legal norms, issues covered by the Health Care in Danger project, and the ICRC's work) and obtain the support of external stakeholders. It also used these means to engage with and strengthen its proximity to people affected by armed conflicts and other situations of violence, authorities and armed groups, and to build trust in the organization.

The department contributed to institutional decision-making by analysing the ICRC's operating environment, tracking its reputation, drawing out lessons learnt from its archives, and ensuring information security and compliance with the ICRC Rules on Personal Data Protection. In line with the Information Environment Strategy 2012–2017, the department led the overall change in managing internal information worldwide. It oversaw the efficient use of information management systems, optimized practices, and provided information and communication technology (ICT) solutions to all ICRC staff.

The department presented the draft Information Environment Strategy 2018–2023 to the Directorate and the Assembly Council. The strategy, and a future roadmap, were set to be approved in June 2018. The strategy identifies areas of information management and ICT that the ICRC needs to invest in to enhance its capacity to respond to changing operational needs, increase the relevance and efficiency of its humanitarian services in a new digital environment, and manage information and services in a secure and responsible way, in accordance with the Rules on Personal Data Protection. It also aims to tackle the challenges of – and take the opportunities presented by – the potential disruption of current working processes by the rapid spread of new technology.

Together with the Information Security Board, the department produced two key policies on information security: the Information Security Framework, which defines the rationale, guiding principles and responsibilities for managing information security; and the Information-handling Typology Rules, which set out criteria for classifying and handling information. These were adopted by the Directorate and will be applied to all information

and information systems managed by the ICRC, in order to reinforce the organization's consistency and accountability in managing risks related to information security, including cyber security.

The network of regional communication centres – in Buenos Aires (Argentina), Cairo (Egypt), Dakar (Senegal), Nairobi (Kenya), New Delhi (India) and, beginning in 2017, Bangkok (Thailand) – provided ICRC delegations with strategic communication support and services. In the digital domain, a pilot programme supplied West African delegations with smartphones and other tools for creating digital mobile content.

DATA PROTECTION OFFICE

The Data Protection Office continued to work with field and headquarters units to ensure compliance with the Rules on Personal Data Protection. It helped them incorporate the rules into their guidelines and standard procedures, trained staff accordingly, and helped them analyse risks related to the processing of personal data by guiding them through data protection impact assessments. It also advised the organization on the implications of data protection requirements for the ICRC's information-processing operations, and on the legal aspects of the digitalization of the organization's work. Together with the Innovation Initiative Unit within the Department of Operations and the École polytechnique fédérale de Lausanne, it led research and development initiatives aimed at integrating data protection into the design of new applications.

In international forums, the ICRC raised awareness of humanitarian considerations linked to personal data protection and contributed to debates regarding the application of data protection requirements to the use of new technologies. It participated as an observer in the Council of Europe Consultative Committee on data protection and in the International Conference of Data Protection and Privacy Commissioners. Together with the Brussels Privacy Hub of the University of Brussels, it published the *Handbook on Data Protection in Humanitarian Action*, which provides guidance on the data protection implications of the use of drones, big data, biometric data, cash-transfer programming, instant messaging applications and cloud-based solutions.

COMMUNICATION COMMUNITY ENGAGEMENT AND ACCOUNTABILITY

In support of ICRC operations, the department stepped up its efforts to help the organization strengthen its engagement with and accountability to beneficiaries, namely by contributing to the ongoing development of an institutional framework on accountability to people affected by a conflict or other form of violence, hiring a field advisor, and launching tools to help field staff work in closer proximity to beneficiaries. These tools, which were co-produced with the International Federation, included guidebooks on community engagement, accountability and best practices, and a pamphlet on using social media to better engage with crisis-affected people. A reference paper, "Humanitarian Futures for Messaging Apps", tackled the potential positive impact of instant messaging on humanitarian assistance.

Support missions were undertaken to Afghanistan, Bangladesh, Myanmar, the Philippines and the Syrian Arab Republic (hereafter Syria); other delegations received technical support remotely. The ICRC expanded its partnerships with organizations such as Fondation Hirondelle; with Ground Truth Solutions, it launched community perception and satisfaction surveys in Afghanistan and the Philippines.

At a meeting held during the 2017 Council of Delegates, participants called for a Movement-wide commitment to further integrate engagement with, and accountability to, communities into humanitarian action.

PUBLIC AND MEDIA ENGAGEMENT

The ICRC raised awareness of the needs of people affected by a conflict or other forms of violence, and of its efforts to address those needs, among various stakeholders – including in the political, diplomatic and financial fields and in the media – through public relations activities conducted with National Societies. These activities positioned the ICRC as a reference organization on IHL and other legal norms, and advocated better respect for these norms, particularly in relation to the treatment of detainees, safe access to health care and the conduct of hostilities.

News releases, interviews, opinion pieces and social media activity helped promote acceptance of the ICRC's neutral, impartial and independent humanitarian action. Topics covered included the evacuation of wounded people from besieged areas in Syria, the fighting in Mosul (Iraq), and the critical situation of civilians in Yemen and in East African countries hit by the food crisis. Work with members of the media and agencies like Magnum Photos led to wider coverage of the humanitarian situation in the Democratic Republic of the Congo, South Sudan, the Lake Chad region and other key contexts. The media and agencies concerned underscored pressing themes such as respect for IHL, access to health care in conflict-affected areas, and the fate of people missing owing to conflict. The ICRC also produced content spotlighting first-hand accounts of people directly affected by violence in urban areas – for example, the “I saw my city die” report (<http://cityatwar.icrc.org>) and a web feature about two politically divided communities in Lebanon (www.syriastreet.com).

The ICRC was mentioned some 20,000 times in traditional and online media, over 5,200 of which were in major media outlets and news agencies such as AFP, Al Jazeera, BBC News, CNN, Deutsche Welle, Le Monde, Reuters, The New York Times, The Guardian and Xinhua.

More than 500 journalists participated in training sessions where they learnt more about reporting on armed conflicts and the protection IHL affords them. Dozens of journalists on dangerous assignments contacted the ICRC directly via a dedicated hotline.

The International Federation and the ICRC created communication material on key topics, including the future of humanitarian action, the food crisis in Eastern Africa, the Rakhine crisis in Myanmar and its impact on Bangladesh, migration and nuclear weapons, and for events such as the 2017 Council of Delegates and World Red Cross and Red Crescent Day (8 May). At a forum held in Bangkok, communication leaders from across the Movement tackled ways to enhance public communication and positioning.

The department organized courses, workshops and meetings for communication staff. At two meetings, 70 heads of field communication teams discussed communication strategies and good practices. Specialists were recruited to ensure the availability of trained communication staff, especially during crises.

DIGITAL COMMUNICATION

The ICRC strengthened its digital communication through audience-oriented digital engagement and positioning. Millions of people followed the ICRC's social media channels; its Twitter and Facebook pages, for example, had 2.2 million and 1.2 million followers, respectively. Website visits reached around 500,000 at year's end; the most popular of the videos posted on YouTube, Twitter, and Facebook received millions of views.

Over 1,000 channels edited ICRC footage into some 6,400 broadcasts; the most popular, covering the cholera crisis in Yemen, was featured on 198 broadcasts on 43 channels. Footage of ICRC operations in Somalia and South Sudan, where journalists struggled to get access, was also widely used.

Audiovisual content in Arabic, Chinese, English, French, Portuguese, Russian and Spanish was published on www.icrc.org and on social media. The most popular content was on family reunification; major campaigns were also launched about missing persons, IHL and urban warfare. The icrc.org homepage was relaunched in December, after it had been reconfigured to be more compatible with a range of mobile devices.

At a meeting, or digital “unconference”, held in Dublin, Ireland, communication staff working in the field and other ICRC digital communication practitioners discussed the innovative and impactful use of digital and social media platforms.

The department continued to support the ICRC's online fundraising capacity, as the organization sought to increase support from the private sector (see *Financial resources and logistics*).

SOCIAL MARKETING

Social marketing promoted IHL and the ICRC's activities, helping to enhance the organization's brand and reputation.

The Health Care in Danger campaign continued to draw attention to attacks on health-care providers and facilities while promoting good practices for protecting the delivery of, and access to, health-care services. For this, the department produced a TV spot, publications, e-newsletters and other communication tools in several languages and organized a number of events in Switzerland. A digital version of the TV spot was launched on ICRC social media platforms in September. Thanks to a partnership with the European Commission's Humanitarian Aid and Civil Protection Department (ECHO), a version for cinemas was also distributed in Spain (screened in 641 cinemas) and Germany (screened in 119 cinemas), reaching around 1 million viewers. In cooperation with the Spanish Red Cross and Antena3, the spot was also made part of a larger national campaign and featured on TV and a dedicated website.

An online IHL campaign continued to raise awareness of the rules of war among the general public with a video, *Decisions*. Translated into five languages, the video garnered over 4 million views and close to 60,000 interactions (i.e. “likes”, shares and comments) on Facebook, Twitter and YouTube. A special feature on the ICRC

website drew attention to the need to protect cultural property, using research findings from the 2016 *People on War* survey. Furthermore, a range of communication materials highlighting the protective function of the emblems was released on ICRC platforms; related social media tools were shared with 30 National Societies for their own channels, thus broadening the reach of the messages.

The department continued to implement the 2015 Council of Delegates resolution on the Movement logo. This included raising awareness of the logo's correct use and supporting the committee tasked with handling requests for its use. The department also screened requests by private enterprises and academic institutions to use the red cross emblem and/or the ICRC logo, helping prevent their misuse.

Public opinion polls, conducted annually in partnership with an external research agency, enabled the ICRC to keep track of its reputation and identify perception gaps. In 2017, such polls were carried out in 14 countries.

MULTILINGUAL COMMUNICATION

The ICRC continued to communicate with stakeholders worldwide in its working languages, thereby helping to extend its support base in countries of global or regional influence. Its language staff, at headquarters and the regional communication centres, edited, translated and proofread over 16 million words of public communication material and statutory, legal, operational and donor-related documents.

ENVIRONMENT-SCANNING AND ANALYSIS OF DATA AND INFORMATION

The department helped the ICRC optimize its understanding of its working environment and respond to crises by combining data and analytics with traditional analytical techniques and internal knowledge, using open-source information and data acquired from social media platforms and other sources. Research using big-data analytics strengthened the department's capacity to filter large volumes of information and identify influencers and valuable content for security, protection and communication purposes. The department further developed real-time dashboards, as part of the ICRC's business intelligence system, for monitoring the extent of the organization's media coverage.

During acute crises, particularly where security incidents directly affected the ICRC, the department produced daily digests of key information from open sources for crisis-management teams. Delegation information analysts boosted their environment-scanning capacities, notably through distance training and e-learning modules and advanced workshops in Asia and Africa. The first ever data-analytics workshop, in Geneva, was attended by information analysts from headquarters, Brazil, Egypt, Kenya and the Russian Federation. Coaching and training missions took place in a number of delegations, including in Caracas (Bolivarian Republic of Venezuela), N'Djamena (Chad) and Yerevan (Armenia).

INTERNAL COMMUNICATION

Internal communication helped the organization respond to humanitarian crises and manage security incidents affecting its staff, and to build understanding of the rationale and benefits of its Human Resources transformation (see *Human Resources*). The department developed new approaches to engaging staff in two-way communication; it set up an interactive forum, the

Strategy Hub, and a blog for the 2017 Council of Delegates. It also advised ICRC managers on how to make communication with staff more effective.

A third Global Staff Barometer (the first two were in 2013 and 2015) measured staff views on a range of themes and topics, from staff engagement to strategic direction and career development. The response rate was 60% (compared to 53% in 2015); the results were being used to inform institutional strategy and decision-making.

The intranet remained a key internal communication channel. ICRC staff increasingly used its interactive features; they gave feedback on news articles, and produced and shared content for the homepage. The development of a platform and a social collaboration network to support staff interaction and engagement was finalized in 2017, with plans to launch them across the institution in 2018.

ARCHIVES AND INFORMATION MANAGEMENT

INFORMATION MANAGEMENT

The Archives and Information Management Division continued to redefine the Information Management Framework, including implementation of new tools and policy review. It helped define governance for the future digital work environment and spear-headed execution of the Information Environment Strategy. To help ensure efficient implementation, it analysed the compatibility of current and planned projects with the ICRC's enterprise architecture and took measures to mitigate risks linked to information security and corporate transparency.

The division continued to standardize the ICRC's digital working environment, taking into account the needs of ICRC staff. It completed the deployment of collaborative spaces, which facilitated work between staff members across the world.

A global model for access to information was approved, and security was reinforced for strictly confidential information. Additionally, a working group was set up to define a policy on public access to ICRC information by 2019.

The division pursued various projects to digitalize documents and transactions for finance and logistics. It improved the intranet environment and defined the requirements for a future records management and archiving system and the social collaboration network.

A new organizational model for supporting information management in the field, and for facilitating the ICRC's digital transformation, was designed. Testing was slated for 2018, with plans for a global launch beginning in 2019. A new service centre for information management support was also set up at the Belgrade Shared Services Centre, in Serbia. Outstanding information management-related challenges included governance issues, change management and, in some places, slow Internet connections.

LIBRARY AND PUBLIC ARCHIVES

The Archives and Information Management Division responded to over 3,800 internal and external requests for information and documents, and processed over 1,100 requests from victims of past armed conflicts and/or their relatives. It welcomed some 1,600 visitors to the archives and library.

The division relaunched its blog as CROSS-files (blogs.icrc.org/cross-files, formerly icrchistory.tumblr.com), featuring not only historical and professional articles, but also research guides aimed at facilitating online access to and understanding of the historical archives and the library's documentary collection. Thanks to a successful partnership with academic institutions, the blog also featured contributions written by external researchers based on their work in the ICRC's archives and library collections. The former and current blogs have been viewed around 21,000 times since the former's launch in 2016.

Social media posts about the ICRC's history and collections helped increase the use of its online resources among target audiences. The number of visits on the public portal of the audiovisual archives increased by 25% compared to 2016, reaching 47,000 visits and amounting to 34,000 downloads.

The division continued to provide historical and archival material and expertise for exhibitions. The *War in cities* exhibition held at the Humanitarium, for example, used materials dating as far back as 1922, to show the humanitarian toll of conflict in cities.

PRESERVATION, RESEARCH AND INVENTORIES

The Archives and Information Management Division continued to collect and preserve essential records; research and analysis of information from the archives contributed to sound decision-making in operations and other areas. Overall, the improved management of the archives made it easier to process internal requests for reports. Summaries and timelines of archived documents helped ICRC staff enhance their knowledge of the ICRC's past and present activities.

The division continued to update preservation measures to better secure its archives in Switzerland and thus avoid loss of institutional memory. Planning for the archives in the new premises in Satigny was updated. In view of the sale of the archive premises in Lyss, 40 tonnes of archived materials (mainly Logistics archives) were destroyed, and 4 tonnes transferred to Satigny.

The division adapted its internal guidelines on the drafting of inventories, in line with the new rules governing access to ICRC archives.

INFORMATION AND COMMUNICATION TECHNOLOGY

The department's ICT activities, driven by the Information Environment Strategy 2012–2017 and the associated ICT roadmap, aimed to respond to the increased mobility and use of personal devices, web-based systems and business intelligence tools, and the need for greater information security.

BUSINESS CONTINUITY OF ICT SYSTEMS

The ICT Division sustained efforts to ensure that over 11,500 users, in more than 80 countries where the ICRC operates, had consistent access to a stable ICT system. It increased the number of ICT solutions it supported, from 122 in 2016 to 146. It enhanced service delivery, in line with the defined service-level agreements for global ICT services: 95% of calls were answered (target: 95%), unresolved issues fell to 6%, and global ICT services reached almost 100% availability.

CONTRIBUTION TO BUSINESS TRANSFORMATION

The ICT Division continued to deliver projects with an ICT component to meet the ICRC's business needs. These included new ICT infrastructure and business tools and the digitalization of internal processes, which helped the organization improve its management of digital communication, finances, human resources, logistics and operations. It also took measures to reinforce the ICRC's operational response, for example: finalizing Prot6, the software used to manage ICRC protection data; continuing to roll out the case-management system, Family-links Answers, to National Societies; and deploying a new security management system. The division worked with other departments to define the evolution of their information system; for example, it helped the Operations Department establish a roadmap for the next five years (see *Operations*).

The department commissioned external assessments of ICT projects and activities. It also explored areas of interest to the organization, including artificial intelligence, big data, facial/pattern recognition and crowd-sourcing.

ICT TRANSFORMATION

In support of the Information Environment Strategy 2018–2023, the ICT Division prepared an ICT master plan and a multi-year overview of prospective developments in the ICRC's information systems, including those related to budget planning, project prioritization and integration, and business continuity risk management.

The division finalized its organizational transformation in 2017. It completed the outsourcing of ICT applications maintenance and development to a support centre in Tunisia, implemented comprehensive planning and resource management, and created a business relationship manager position. Lastly, the Belgrade Shared Services Centre became fully operational, providing global, round-the-clock ICT support services to over 11,500 users.

HUMAN RESOURCES

The Human Resources Department ensures that the ICRC has a sufficient pool of competent staff to meet its operational needs worldwide. It develops the policies, tools and services for recruitment, compensation, training and talent management that the ICRC's sustained growth entails. Its policies are geared towards raising professional standards, developing and retaining the particular skills required for humanitarian work, and supporting the management and empowerment of a diverse and inclusive workforce through its professional hierarchy. The department strives to promote institutional cohesion by encouraging staff to engage with the ICRC's vision and objectives. The ICRC is an equal opportunity employer.

In 2017, 13,150 resident¹ and 2,420 mobile employees worked in the field, and 1,016 staff at headquarters.

PEOPLE MANAGEMENT TRANSFORMATION

In recent years, the Human Resources (HR) Department has transformed its structure and services to make it fit for its purpose: to efficiently and effectively meet the organization's needs as it assists people affected by armed conflicts and other situations of violence. This transformation is centred on empowering staff and fostering their personal and career growth. The new performance management and development structure – set to be launched worldwide in January 2018 – is intended to help staff plot measurable individual objectives that include learning and development, and obtain regular feedback from managers on progress made.

Other changes in the department included the finalization of the new job-grading and rewards system and the signing of new collective staff agreements (see *Compensation and benefits*).

Since April, all transactional administrative HR services – such as those related to salaries, social security, insurance and benefits – for headquarters and mobile field staff have been carried out from the Manila Shared Services Centre (MSSC) in the Philippines. The organization-wide launch of HR Space in September enabled personnel to use a single online platform offering all HR functions and information; work continued on the development of additional HR functions.

The department drew on its network of HR managers and its field HR services to better accompany staff during the transition process and beyond. It organized a meeting for HR managers on the worldwide launch of the process, and hired new staff, or reinforced the skills of HR personnel, to support the enhanced HR services. It conducted information campaigns and training activities in the field and at headquarters to help all personnel adapt to or prepare for the changes.

The four divisions of the HR service delivery model maintained their operations alongside the department's new initiatives. The model is supported by HR partners and managers tasked with providing advice to field and headquarters managers, and by three centres of expertise in charge of developing internal policies.

ONGOING SERVICE DELIVERY

HR Operations Division

The division focused on strengthening the HR presence in the field, while continuing to provide strategic and operational HR support to managers in various departments at headquarters.

Forty-seven mobile and resident HR managers were deployed in as many delegations to address the needs of all staff worldwide. In coordination with HR managers, HR partners responded to emergency staffing needs at the regional level by temporarily deploying available resident staff in the field and ensuring succession planning for critical field positions.

The division maintained its support for the Corporate Services Initiative, which aims to decentralize various tasks and optimize operations at headquarters. In close collaboration with employee representatives, it monitored the implementation of the related 2015–2018 social plan; it also provided managers with professional guidance and, in accordance with legal and ethical standards, furnished assistance to staff affected by the transition. The division likewise supported the Headquarters Mobility Initiative, which endeavours to facilitate the transfer of competencies between headquarters and the field.

HR Services Division

In addition to providing administrative services through the MSSC, the division organized field missions for ICRC staff while striving to ensure timely and cost-effective travel conditions. It received 93,779 queries from mobile and Geneva-based employees and responded to around 95% of such requests during the year. It continued to monitor the application of HR guidelines and to update HR documentation, processes and procedures.

Global Talent Management Division

The division actively recruited headquarters and mobile staff. It maintained an online compendium of job openings, while its HR marketing service – with positions in eight delegations worldwide – continued outreach activities by attending over 200 career fairs and other events, including in Cairo (Egypt), Dubai (United Arab Emirates) and London (United Kingdom of Great Britain and Northern Ireland). The division created a global workforce-planning strategy and began rolling out alternative talent-sourcing functions.

The Career Management Unit provided career coaching and related staff services. It developed a new core competency framework that clarifies the proficiency levels and performance expectations required for each staff member to take on various responsibilities within the organization.

The People Analytics Unit developed tools and processes to better forecast the organization's global staffing and development needs and to strengthen the quality and reliability of data used for workforce planning and analysis.

Learning and Development Division

The division continued to support the professional skills development of the ICRC's global workforce. It helped establish a coherent, organization-wide learning and development structure

1. Daily workers not included

(see above) and again helped other departments design their learning programmes.

A total of 5,254 staff members (3,233 resident and 2,021 mobile staff) attended institutional training courses conducted by the division. New employees participated in the staff integration course at the ICRC's Learning and Development Regional Units in Colombia, Jordan, Kenya, Thailand and Senegal. ICRC managers attended all three modules of the ICRC's Humanitarian Leadership and Management School. Thanks to the new partnership between the division and the University of Lucerne (Switzerland), staff taking the modules can obtain academic accreditation from the university. Other institutional courses included those on reinforcing people management skills and ensuring safety and security in the field.

Launched in 2014 to encourage the professional development of staff that meet the grade-level requirement, the Individual Development (iDevelop) budget supplements institutional training by providing funding for external training, coaching and career assessment. The number of iDevelop requests approved in 2017 – 496 from mobile and 1,687 from resident field staff, and 382 from headquarters staff – was higher than in 2016, underscoring the growing interest and engagement of staff in the programme. Approved requests amounted to over CHF 8.1 million. The iDevelop budget is renewed after a set period of four years; the first period closed at year's end.

CENTRES OF EXPERTISE

Compensation and benefits

The centre spearheaded the finalization of the new job-grading and rewards system, defining and evaluating 750 roles that covered activities throughout the organization. In connection with the signing of new collective staff agreements, it worked with the Staff Association (composed of Geneva-contracted staff) to detail new salary scales and compensation and mobility policies.

Framework and compliance

Work continued on implementing an HR compliance strategy under the ICRC's global compliance architecture (see *Office of the Director-General*); such efforts included the designing of a global HR policy framework. The centre conducted field visits to obtain a better understanding of the issues and limitations faced by delegations with regard to compliance and to help define the roles and responsibilities of HR support services in terms of enforcing a more comprehensive and cost-effective compliance structure.

Staff health

The centre continued to carry out the 2015–2018 staff health strategy in the frame of the ICRC's duty of care towards its workforce. For instance, it updated health and social security policies and sought to identify suitable medical screening and emergency evacuation providers, with a view to outsourcing such services. Additional health personnel in the field progressively reinforced the Geneva-based team of doctors and nurses providing preventive and curative health care to all ICRC staff and their families. The centre helped manage several security incidents in the field (see *Operations*) and provided ongoing support to the families of the ICRC staff concerned.

Briefings and information materials helped raise staff awareness of institutional mechanisms for preventing or dealing with harassment and other issues related to the well-being of personnel.

GENDER AND DIVERSITY

The Directorate adopted an institutional framework on diversity and inclusion, which provided guidance on how to optimize the diversity of the organization's workforce – such as through mentoring schemes for field staff – and ensure an inclusive work environment for all. Pilot workshops in three delegations sought to define priorities in implementing the new framework in these delegations; the outcomes of these workshops were set to be customized and launched organization-wide.

The Directorate also adopted a global standard providing a minimum of 16 weeks of maternity leave for all female staff, and introduced reduced working hours for mothers returning from maternity leave.

COOPERATION WITH NATIONAL SOCIETIES

The department streamlined its cooperation with partner National Societies to allow for better recruitment and retention of National Society staff on loan. Three dedicated ICRC recruiters were assigned to the Australian Red Cross, British Red Cross and Canadian Red Cross – the ICRC's largest staff-on-loan partners. The newly designed staff-on-loan policy continued to be introduced to National Society and ICRC staff.

FINANCIAL RESOURCES AND LOGISTICS

The Department of Financial Resources and Logistics supports field operations in terms of finance, administration and logistics, while raising and managing funds for the ICRC as a whole. It works closely with all other departments and maintains close ties with donors to keep them abreast of ICRC operations and financial requirements. The department regularly streamlines its processes to ensure that its support to the field is cost-efficient, effective and responsive to operational needs. It verifies compliance by ICRC headquarters and delegations with financial regulations and institutional procedures. It ensures that the ICRC's working methods integrate the principles of sustainable development.

In 2017, the scale of the ICRC's operations and financial growth again required the Department of Financial Resources and Logistics to step up its efforts to raise funds, manage finances and infrastructure, and purchase and deliver goods and services. The ICRC began the year with an initial budget of CHF 1.82 billion, which rose to CHF 1.98 billion following budget extensions. Thanks to strong donor backing, the ICRC was able to surmount various financial challenges and meet its needs. Contributions had reached CHF 1 billion by May, and some of the ICRC's largest operations – in South Sudan and the Syrian Arab Republic, for example – and its budget extension appeals for Iraq, Nigeria, Somalia and Yemen had been fully financed by the first half of 2017. With a total expenditure of CHF 1.85 billion, the ICRC ended the year with a positive balance of CHF 63.10 million.

The department continued to pursue initiatives to diversify funding sources and to curb the growing tendency of donors to earmark their contributions. The department reorganized its External Resources and Private Fundraising Divisions into a single Resource Mobilization Division, for a more streamlined approach to fundraising. It also participated in initiatives to shape the future of humanitarian funding. For example, it explored innovative funding mechanisms, which have so far yielded the Programme for Humanitarian Impact Investment, signed in July. It took further steps to fulfil the Movement's commitments to the Grand Bargain – a set of proposed reforms put forward by major donor countries and humanitarian organizations – with a view to improving the efficiency and effectiveness of humanitarian financing. These steps included examining the feasibility of adopting certain international standards for aid reporting and exploring multiyear programming and financing with selected donors.

The department remained heavily involved in the launch or expansion of projects to improve institutional efficiency, particularly with regard to financial management and logistical capacity. It rolled out the new Financial Regulatory Framework that was adopted in 2016. It continued to deploy OSCAR (Operational Supply Chain Agile and Reliable), the global supply-chain solution launched in 2014, and to implement the Logistics Transformation Project (LTP)¹, meeting 82% of the project's objectives by the end of the year. As a result of the new financial framework and the deployment of OSCAR, the department redefined procurement

activity and the responsibilities of financial managers in the field, and cascaded the outcome to the personnel concerned.

A study was conducted on the environmental impact of the ICRC's activities, and the results informed the organization's continuing implementation of the Framework for Sustainable Development. About 60% of ICRC delegations participated in sustainability initiatives to reduce their environmental impact, focusing on energy efficiency and waste management.

FINANCE AND ADMINISTRATION FINANCIAL MANAGEMENT

The Finance and Administration Division provided relevant, trustworthy and timely information to ICRC leadership, to aid decision-making, and to donors and partners, for transparency and accountability. For instance, the ICRC's governing and decision-making bodies were provided with a dashboard containing data for the 2018 budgeting process, in line with institutional efforts to employ evidence-based decision-making (see *Office of the Director-General*).

The division continued to provide the Directorate with financial forecasts, helping it to manage financial risks and steer the institution towards meeting its financial needs by year's end. It rolled out, and trained staff in, the new Financial Regulatory Framework, which clearly set out the principles of sound financial management. It redefined the roles and responsibilities of personnel authorized to perform financial transactions on the ICRC's behalf, including in the course of activities undertaken in cooperation with National Societies.

The division created a new financial compliance and risk management unit at the Manila Shared Services Centre (MSSC), which will enable the organization to more effectively respond to donors and regulatory authorities on a range of issues related to transparency, integrity and compliance. The division continued to promote increased efficiency and cost savings and to reduce the ICRC's exposure to risk through process optimization. This involved maintaining the fully virtualized accounts payable and invoice validation functions, and the expense claims process situated within the MSSC, and starting the development of a new budgeting and forecasting tool built on new software. The fraud-management policy was refined and implemented, and aligned with the work of the Global Compliance Office (see *Office of the Director-General*).

Over the past 17 years, the ICRC has disclosed its financial statements in full compliance with the International Financial Reporting Standards. It will continue to adapt its financial statements to new and revised reporting requirements. Its financial statements and internal financial controls are audited on an annual basis by a leading external and independent audit firm and have always received an unrestricted audit opinion. The ICRC deems this to be part of its due-diligence obligation to provide donors with complete, robust and transparent financial information.

1. The project, initiated in 2015, aims to strengthen the services of the Logistics Division by introducing a new organizational model to support a centralized strategy and decentralized procurement, storage, transport and delivery of transactional services. It also seeks to strengthen the ICRC's existing regional logistical hubs.

INFRASTRUCTURE MANAGEMENT

Infrastructure management helps ensure that the ICRC has the requisite office space and sees to the long-term maintenance and physical security of the entire infrastructure at a reasonable cost.

In partnership with the canton of Geneva and with financial support from the Swiss Confederation, the ICRC started the comprehensive renovation of the historical Carlton building at headquarters, with a view to reducing the building's environmental footprint and improving accessibility.

FUNDING²

To meet its objectives, the ICRC seeks the widest possible range of flexible, predictable and sustainable sources of financial support. It guarantees that donor requirements are given due consideration and that contributions are managed in a coordinated way.

Funding continued to be channelled through the External Resources and Private Fundraising Divisions, which obtained the financial resources required by the ICRC to carry out its humanitarian activities.

Late in 2017, the department formalized the reorganization of those two divisions into a single Resource Mobilization Division, to support a more streamlined approach to fundraising. The new approach will be fully implemented in 2018.

Delegations contributed to donor relationship management by sharing their reading of the situation on the ground and their technical expertise. They also played a key role in organizing field visits for donors. Some delegations were also able to capitalize on funding opportunities at field level.

BUDGETS

The ICRC's initial budget for 2017, presented to donors in December 2016, totalled CHF 1,819 million for headquarters and field operations; this was CHF 97 million more than the initial 2016 budget, which had amounted to CHF 1,722 million. The biggest increase was in the Appeals 2017: Operations, which amounted to CHF 1,612 million, compared to CHF 1,525 million in 2016. The Appeals 2017: Headquarters rose from CHF 196.5 million in 2016 to CHF 206.7 million in 2017. There was also an allocation of CHF 2 million for initiatives to foster innovation in the ICRC (see *Office of the Director-General*).

Over the course of the year, the ICRC adopted budget extensions for 12 contexts: Bangladesh (CHF 8.0 million), Brasilia regional delegation (CHF 1.5 million), Iraq (CHF 22.9 million), Libya (CHF 10.5 million), the Lake Chad region (Chad: CHF 0.6 million; Niger: CHF 1.3 million; Nigeria: CHF 23.2 million; and Yaoundé regional: CHF 2.1 million), Myanmar (CHF 17.1 million), Pretoria regional delegation (Mozambique: CHF 5.0 million), Somalia (CHF 21.2 million) and Yemen (CHF 42.4 million). These budget extensions amounted to an additional CHF 155.7 million, raising the field budget to CHF 1,767.8 million. They totaled close to twice the amount of those decided in 2016, and were adopted in response to additional humanitarian needs or shifts in the operational environment.

2. As the figures in this document have been rounded off, adding them up may give a marginally different result from the totals presented. The figures may also vary slightly from the amounts published in other documents.

Budget extensions were also adopted for headquarters activities, which brought the revised headquarters budget to CHF 216.7 million.

EXPENDITURE

Overall expenditure (in cash, kind and services)

CHF 1,851.5 million (including overheads)

Headquarters

CHF 214.4 million

Field operations

CHF 1,637.1 million

Innovation

CHF 0.2 million

The total implementation rate – total expenditure (in cash, kind and services) divided by the total budget – was 93.2%. The field implementation rate – total field expenditure divided by the final field budget – for activities planned in 2017 was 92.6% (2016: 90.6%; 2015: 88.9%). The implementation rate for headquarters was 98.9%.

CONTRIBUTIONS

Total contributions received in 2017: CHF 1,821 million (in cash, kind, assets and services)³

Funding sources were similar to previous years (see also *Diversity in funding sources* below). In 2017, governments accounted for 82.2% (2016: 84.8%; 2015: 84.4%) of total contributions. The proportion of contributions received from the European Commission decreased slightly to 9.1% (2016: 9.7%; 2015: 8.3%), while that from National Societies increased to 2.9% (2016: 1.8%; 2015: 2.2%). Contributions from supranational organizations and international institutions were up from 0.2% in 2016 to 1.3%, while those from other public and private sources rose to 4.5% (2016: 3.6%; 2015: 5.0%).

The United States of America (hereafter United States) remained the ICRC's largest donor, accounting for 22.3% (CHF 406.9 million) of all contributions and 23.6% (CHF 387.0 million) of funding for field operations. The United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom) ranked second, with 11.7% (CHF 213.0 million) of all contributions and 13.0% (CHF 212.8 million) of funding for field operations. Germany was third, with total contributions of CHF 195.6 million, or 10.7% of all contributions and 11.8% of funding for field operations (CHF 193.7 million). The European Commission was fourth, with total contributions of CHF 166.2 million, or 9.1% of all contributions and 10.1% of funding for field operations (CHF 166.2 million). Switzerland had the fifth largest contribution at CHF 150.2 million, or 8.2% of all contributions; it dedicated CHF 80.6 million of its contribution to the headquarters budget, accounting for 45.3% of funding for ICRC headquarters.

The ICRC met its financial objectives at year's end, thanks to the strong support of its donors. Its operational flexibility was also preserved, as a number of governments continued to provide

3. The figure for total contributions received in 2017 does not include donations made to the ICRC MoveAbility Foundation (formerly ICRC Special Fund for the Disabled). It includes a contribution in assets valued at CHF 26.5 million from the canton of Geneva's donation of the Carlton building to the ICRC; please see section C, "Contributions", of the *Financial and statistical tables* annex to the Annual Report for details on adjustments made related to depreciation for the Carlton donation.

non-earmarked, loosely earmarked (region- or programme-earmarked)⁴ or country-earmarked contributions. However, the downward trend in the proportion of non-earmarked funds – which dropped by more than four points between 2015 and 2017 (2017: 21.7% of total funds; 2016: 22.6%; 2015: 26.0%) – remained a pressing concern. The ICRC pursued efforts to reverse this trend, emphasizing the importance of non-earmarked funds in promoting and protecting neutral, impartial and independent humanitarian action (see *Flexibility in funding* below).

The Donor Support Group (DSG)⁵ comprised 20 members in 2017 (based on 2016 contributions; see also *Diversity in funding sources*

below). Germany hosted the DSG annual meeting, which, along with two DSG policy forums, enabled members to share views and discuss topics relevant to humanitarian action.

Donor contributions of more than CHF 10 million made in 2017 are listed in the table below; the 21 donors concerned will constitute the DSG in 2018.

In CHF million						
Name of donor (DSG member)	Cash – headquarters	Cash – field	Total cash	Total kind	Total services	Grand total
Australia	3.0	43.8	46.9			46.9
Austria	0.6	11.2	11.9			11.9
Belgium	0.9	25.0	25.9			25.9
Canada		65.3	65.3			65.3
Denmark	2.9	30.0	32.8			32.8
European Commission		166.2	166.2			166.2
Finland	1.1	10.6	11.8	1.1		12.9
France		19.3	19.3			19.3
Germany	1.9	193.7	195.6			195.6
Ireland		14.2	14.2			14.2
Italy	3.5	13.2	16.7			16.7
Japan		41.2	41.2			41.2
Luxembourg	1.1	9.2	10.2			10.2
Netherlands	6.4	45.6	52.0			52.0
New Zealand		10.3	10.3			10.3
Norway	2.3	67.7	70.0	0.2		70.2
Sweden	12.1	55.0	67.1			67.1
Switzerland	80.4	69.5	149.9	0.1	0.2	150.2
United Kingdom	0.1	212.8	213.0			213.0
United States	19.9	387.0	406.9			406.9
World Bank		19.8	19.8			19.8

CONTRIBUTIONS IN RESPONSE TO THE HEADQUARTERS APPEAL

	Cash component	In-kind component	Services	Assets
2017	CHF 148.5 million	CHF 0.0 million	CHF 3.0 million	CHF 26.5 million
2016	CHF 143.4 million	CHF 0.0 million	CHF 3.0 million	CHF 0.0 million
2015	CHF 144.1 million	CHF 0.0 million	CHF 3.1 million	CHF 0.0 million

Contributions for the headquarters budget totalled CHF 178.0 million⁶: CHF 141.1 million from 64 governments, CHF 2.8 million from 14 National Societies and the International Federation and CHF 34.1 million from private and public sources

(of which CHF 26.5 million was contributed in assets by the canton of Geneva, finalizing the gift of the historical Carlton building, pending since the end of the Second World War).

CONTRIBUTIONS IN RESPONSE TO THE OPERATIONS APPEAL

	Cash component	In-kind component	Services	Assets
2017	CHF 1,630.2 million	CHF 5.6 million	CHF 5.0 million	CHF 0.0 million
2016	CHF 1,500.7 million	CHF 3.8 million	CHF 4.2 million	CHF 0.0 million
2015	CHF 1,340.2 million	CHF 5.0 million	CHF 5.0 million	CHF 0.0 million

4. Contributions allocated for one geographical region (e.g. Near and Middle East); one programme (e.g. Protection); or one programme for one region (e.g. Cooperation activities in the Americas).

5. The ICRC Donor Support Group is made up of governments, supranational organizations and international institutions that contribute a minimum of CHF 10 million in cash annually.

6. This figure does not include other operating income.

In total, CHF 1,640.9 million⁷ was provided for ICRC field operations: CHF 1,355.2 million by 46 governments, CHF 166.2 million by the European Commission, CHF 49.7 million by 48 National Societies, CHF 23.8 million by supranational organizations and international institutions, and CHF 46.0 million by public and private sources. The latter included the canton of Geneva, Mine-Ex Stiftung, the Union of European Football Associations (UEFA), members of the ICRC Corporate Support Group (CSG)⁸, and thousands of other donors – private individuals, foundations and companies.

FLEXIBILITY IN FUNDING

To meet beneficiaries' needs effectively, flexibility in the use of funds remains essential, particularly in relation to earmarking and reporting. The ICRC's operational flexibility decreases as levels of earmarking increase, to the detriment of the people it seeks to help. Earmarked contributions are also often accompanied by rigorous project implementation timetables and stringently specific reporting conditions.

The following table and analysis presents the earmarking levels for cash contributions:

2017 non-earmarked cash contributions
CHF 366.3 million / 20.6% (22.6% in 2016; 26.0% in 2015)
2017 loosely earmarked (region/programme-earmarked) cash contributions
CHF 116.6 million / 6.6% (7.3% in 2016; 8.2% in 2015)
2017 country-earmarked cash contributions
CHF 1,030.7 million / 57.9% (55.1% in 2016; 54.4% in 2015)
2017 tightly earmarked⁹ contributions
CHF 267.3 million / 15.0% (15.0% in 2016; 11.4% in 2015)

At 20.6% in 2017, the proportion of non-earmarked cash contributions ("core funding") was lower than in previous years (2016: 22.6%; 2015: 26.0%). Apart from some private donations, the bulk of non-earmarked funds came from the governments of Australia, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Kuwait, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, the United Kingdom and the United States, and the Norwegian Red Cross.

The ICRC pursued its efforts, including within the framework of the Grand Bargain, to encourage governments to contribute more non-earmarked funding, doing so in its periodic interaction with major donors and by engaging in intensified relationship management with emerging or potential donors.

Non-earmarked funding is crucial to maintaining the ICRC's ability to carry out neutral, impartial and independent humanitarian action worldwide. In particular, it enables the ICRC to:

- ▶ act rapidly to protect and assist people affected by an armed conflict or other situation of violence – including those in contexts that receive little public attention – on the basis of their most urgent needs and vulnerabilities, in ways that are supportive of their early recovery and aim to help contribute to their longer-term welfare in a sustainable manner, with a view to facilitating the conduct of development activities;

- ▶ carry out prevention activities – especially in volatile or fragile contexts – so as to develop emergency preparedness and networks of contacts among all pertinent parties, even before the outbreak of an armed conflict (this allows the organization to immediately implement life-saving measures, including in situations where few or no other humanitarian organizations can operate; and to pursue other prevention activities and maintain or develop networks of contacts outside contexts where it operates – all of which help enhance its capacity to react to breakouts of hostilities and influence the evolution of IHL in general); and
- ▶ cover funding gaps that would otherwise require the ICRC to change its operational approach or to close chronically underfunded operations.

PREDICTABILITY IN FUNDING

The ICRC's funding system does not rely on set (statutory) contributions. Moreover, its programmes are implemented according to needs and are not contingent on the level of contributions pledged or received, although the ICRC does seek to be realistic in terms of its objectives and budgets. The organization relies on donors to provide the funding it needs to achieve its objectives through the programmes it plans to implement in a given year.

It launched a new planning and monitoring tool (see *Office of the Director-General*) to ensure that it was better equipped to adapt in situations of protracted conflict – prevalent in many of the contexts where the ICRC works – and to implement mid- to long-term programmes. This new planning framework will help the ICRC estimate its future needs better and secure longer-term funding commitments from donors.

Discussions with donors about multiyear funding – also undertaken in line with the Grand Bargain – centred on evaluating and improving the delivery of aid, and on the importance of keeping such contributions non-earmarked as much as possible (see above).

DIVERSITY IN FUNDING SOURCES

In 2018, the ICRC will welcome new members to the DSG following their 2017 contributions, namely: Austria, New Zealand and the World Bank (see *Contributions* above). Nevertheless, the ICRC remained reliant on a small number of donors for the bulk of its funding. In view of its universal mandate and worldwide activities, the ICRC continued to seek broader support in Asia, Latin America, Central Europe and the Middle East.

Total contributions
CHF 1,821 million
76 government donors and the European Commission
CHF 1,662.5 million / 91.3% (2016: 94.5%; 2015: 92.6%)
Top 10 government donors, including the European Commission
CHF 1,433.3 million / 78.7% (2016: 82.7%; 2015: 80.5%)
Top 5 government donors, including the European Commission
CHF 1,131.8 million / 62.2% (2016: 64.1%; 2015: 64.6%)

The number of contributing National Societies decreased slightly, to 54 compared to 56 in 2016, however the overall contributions from National Societies increased significantly in 2017 (2017: CHF 52.5 million; 2016: CHF 30.0 million).

7. This figure does not include other operating income.

8. The CSG is made up of private companies and foundations that each provide at least CHF 500,000 yearly to the ICRC or, in some cases, to the Foundation for the ICRC.

9. Tightly earmarked contributions are those restricted for a specific programme or sub-programme within one context (e.g. Assistance activities in the Philippines).

The ICRC sought, and will continue to seek, to raise funds from donor countries' untapped budget lines, implement joint fundraising activities with National Societies, and increase the funding received from private sources.

PRIVATE SECTOR FUNDRAISING AND ENGAGEMENT

Private fundraising efforts brought in CHF 82.0 million in contributions from private and public sources (2016: CHF 59.2 million). The difference was mainly from a contribution in assets from the canton of Geneva: the Carlton building, valued at CHF 26.5 million¹⁰.

Donations from individuals totalled CHF 16.9 million. The ICRC's donor base included 86,000 individual supporters in Switzerland with whom the Private Fundraising Division had contact. Membership in the Friends of the ICRC group¹¹ grew from 173 people in 2016 to 196 in 2017.

The CSG retained most of its core members – ABB, Avina Stiftung, Credit Suisse, Fondation Hans Wilsdorf, Fondation Lombard Odier, Novartis, Philips Foundation, Roche, Swiss Re Foundation, Vontobel, and Zurich Insurance Group. It welcomed the Adecco Group Foundation and the Danish company Novo Nordisk, the latter through a trilateral agreement with the Danish Red Cross. The ICRC's work with the CSG expanded in scope, with a financial value of CHF 17.8 million (CHF 14.0 million in 2016). Contributions from foundations that were not members of the CSG rose from CHF 5.3 million in 2016 to CHF 6.9 million in 2017.

The ICRC strengthened its engagement with the private sector to encourage support for a broader range of ICRC priorities. For instance, in July, it launched the Programme for Humanitarian Impact Investment¹², an innovative funding mechanism inviting private funders to make social investments in the ICRC's programmes. At events such as those of the World Economic Forum and the Bol d'Or Mirabaud sailing regatta, the ICRC partnered with private organizations to highlight the private sector's role in addressing humanitarian concerns. It pursued new avenues of engagement and dialogue in line with growing interest in government-private sector cooperation.

The ICRC continued to work with other Movement components – drawing on the individual capacities and presence of each one – to coordinate Movement-wide fundraising approaches. Coordinated approaches were initiated to support operations of Movement partners to help address humanitarian needs arising in Bangladesh and Myanmar in relation to violence in Rakhine; in the Lake Chad region because of the protracted conflict there; and in Yemen, as hostilities intensified. The ICRC continued to build on common interests and opportunities in its private-sector

fundraising efforts with National Societies; as a result, a British Red Cross-ICRC joint project raised its first funds, and a similar fundraising agreement was established between the ICRC and the Hong Kong Red Cross, Branch of the Red Cross Society of China. At the 2017 Council of Delegates, Movement components adopted common principles for fundraising.

REPORTING TO DONORS

The Resource Mobilization Division continued to produce standard reporting documents for donors.

The ICRC Annual Report for 2016 was released in May 2017, followed shortly by the Special Reports on *Disability and mine action* and *Strengthening the response to sexual violence*.

Donors were informed of the ICRC's objectives and plans of action for the year in the Appeals 2017: Operations, the Appeals 2017: Headquarters (both published in late 2016), the Special Appeals 2017 (*Disability and mine action* and *Addressing sexual violence*), and subsequent budget extension appeals. The ICRC published "mobilization tables" related to the Appeals 2017: Operations, to facilitate in-kind or cash-for-kind contributions from donors. It provided monthly financial updates covering February to November 2017. In September, it issued a Renewed Appeal, which presented the overall funding situation at that time for field operations, including the contexts with the highest outstanding needs.

The Midterm Report 2017 reported on the status – from January to May – of selected field contexts; the reports were produced for a limited number of contexts in order to strike a balance between alleviating the pressure of reporting on field operations and producing quality reports that are in line with donors' interest. The present Annual Report covers the entire year and describes activities carried out in all field contexts and at headquarters, along with standard indicators and financial annexes. Throughout the year, updates on a range of topics kept donors abreast of the main developments in ICRC operations and related humanitarian issues and priorities.

The ICRC's Appeals for its headquarters and field operations in 2018 were launched in December 2017.

The Resource Mobilization Division also produced various documents catering to a range of donor audiences. It updated existing documents to improve their readability and developed new ones to meet donor needs more effectively. The ICRC Extranet for Donors, a password-protected site on which documents issued by the division are posted, was also redesigned to improve its functionality. The overhaul aims to give donors easier access to reports and other funding-related documents, including fundraising policies, facts and figures, briefs and weekly updates drawn from the ICRC's public website.

LOGISTICS A GLOBAL NETWORK

The Logistics Division oversaw the ICRC's supply chain; it managed the delivery of goods and services to the sites of ICRC operations, the organization's transport assets, the safe movement of passengers and cargo, and compliance with procurement and other major processes. Global supply-chain and logistics services were coordinated from headquarters and implemented through the Geneva Logistics Centre, which managed the delivery of centrally procured

10. The figure for total contributions received in 2017 does not include donations made to the ICRC MoveAbility Foundation (formerly ICRC Special Fund for the Disabled). It includes a contribution in assets valued at CHF 26.5 million from the canton of Geneva's donation of the Carlton building to the ICRC; please see section C, "Contributions", of the *Financial and statistical tables* annex to the Annual Report for details on adjustments made related to depreciation for the Carlton donation.

11. The Friends of the ICRC group is made up of individuals who each contribute at least CHF 5,000 to the ICRC in the course of one year.

12. The Programme for Humanitarian Impact Investment is a payment-by-results funding mechanism created to encourage social investment from the private sector, focusing on the ICRC's physical rehabilitation programme. The initial payments by "social investors" will enable the ICRC to build and run three new physical rehabilitation centres in Africa over a five-year period, beginning in 2017. After five years, "outcome funders" will pay the ICRC according to the results achieved. These funds will in turn be used to pay back the social investors in part, in full or with an additional return, depending on how well the ICRC performs in terms of the efficiency of the new centres, according to pre-defined indicators. Independent auditors will verify the ICRC's reported efficiency in comparison to existing centres.

items or services that were high-value, light-weight, or low-volume (mostly pharmaceutical, orthopaedic and engineering materials), and five logistics support centres handling lower-value or heavy items, located in the ICRC regional hubs of Abidjan (Côte d'Ivoire), Amman (Jordan), Kuala Lumpur (Malaysia), Nairobi (Kenya) and Peshawar (Pakistan). The level of activity having fallen, the centre in Panama City (Panama) was closed in 2017 and replaced by more agile solutions arranged with regional vendors.

As the 2017 budget for the Assistance programme grew, so did the activities of the Logistics Division, at a faster rate than in 2016. The division procured CHF 560 million worth of goods and services¹³ – of which CHF 345 million worth of items were distributed to beneficiaries in 82 delegations. It managed a fleet of 25 aircraft, 5,219 other units (cars, trucks, trailers, generators), and over 200,000 square metres of warehouse space with a stock value of CHF 158 million at year's end.

To support this growth, activities continued to be devolved from the Geneva Logistics Centre to the field centres, as planned in the framework of the LTP; 82% of the LTP's planned objectives had been met by the end of the year. The roles and responsibilities of various personnel across the global logistics set-up were redefined accordingly. At headquarters and in the field, the division recruited and managed some 3,350 resident and 180 mobile logistics staff – 49 were new hires, of which 32 filled unforeseen personnel needs – such that all but two critical positions were staffed in a timely manner. It adopted a new Logistics Learning Programme providing training and professional development support to logistical staff. The new programme included e-learning modules and improved curricula and materials for: orienting and mentoring new staff; enterprise resource planning (ERP), in line with the OSCAR project (see below); obtaining certifications; and honing technical and soft skills required by the division, in keeping with the development of a new competency framework.

In line with the OSCAR project, the Oracle/JD Edwards ERP system was reinforced and deployed in seven more delegations and the MSSC; the ERP system was in use in a total of 16 delegations, representing 80% of ICRC global procurement activity. The division worked to establish a long-term operational support structure for the ERP system. Implementation of the OSCAR project was six months ahead of schedule.

Efforts to bolster quality assurance and risk and compliance management across the organization involved the incorporation of a fleet safety management system in day-to-day operations and the full implementation of an air operations safety management system. To achieve the latter, the division published an air safety policy – the implementation of which was monitored by a compliance manager – and launched a software tool for managing safety-related issues. It also continued to monitor the implementation of good distribution practices for pharmaceutical products throughout the global logistics network. The new compliance and risk management unit at the MSSC (see *Financial management* above) worked to support these efforts.

The division undertook initiatives to improve process ownership, change management, internal and external communications, and knowledge management as part of its strategic priorities. In this regard, it applied the principles of Lean Six Sigma and revised the logistics manual into an online “one-stop shop”. It continued to update and document logistics processes and tools, such as those used for the OSCAR project, as well as business intelligence and data management processes and tools (see *Communication and information management*). The division helped enhance the ICRC's access to additional knowledge or resources pertinent to the delivery of humanitarian aid by strengthening partnerships with other Movement components, other humanitarian agencies, private organizations and academic institutions.

Initial steps were taken to review the institutional procurement strategy, with a view to updating it in 2018, and to design a new logistics strategy to complement the next institutional strategy.

SUSTAINABLE DEVELOPMENT

Much of the Sustainable Development Unit's work in 2017 focused on efforts related to the environmental impact of the ICRC's activities globally. A study conducted to that end included how the organization manages the supply chain and end-of-life products. The results of the study – particularly those covering the ICRC's waste management practices, the procurement and food-commodities supply processes, and communication channels – served as the basis for a plan for the organization's continuing implementation of the Framework for Sustainable Development over the period 2018–2022. Founded on a rigorous methodology, the framework more tightly integrates environmental indicators into decision-making, thus paving the way for all delegations to tackle sustainability. It aims, *inter alia*, to help delegations better manage resource consumption and waste generation.

In 2017, 40 delegations (about 60% of all delegations) were committed to the sustainable development programme. They monitored their environment-related data in order to design projects to reduce electricity and water consumption, optimize paper usage, reduce carbon emissions and improve waste-management practices.

The joint project developed with the Kenya Red Cross Society to improve waste management and create livelihood opportunities at one refugee camp by recycling plastic (see *Nairobi*) resulted in the collection of over eight tonnes of plastic in 2017. A micro-grid was commissioned at the ICRC's logistics support centre in Nairobi in late 2017, with a view to supplying the centre with more reliable and renewable electricity.

The ICRC demonstrated its continued commitment to the social dimension of sustainable development, by consistently adhering to ethical standards and codes of conduct for interactions and transactions with beneficiaries and suppliers of goods, and undertaking various initiatives aimed at empowering ICRC staff and fostering their growth (see *Human Resources*). The efficient use of the ICRC's financial resources, for instance through the application of its fraud-management policy (see *Financial management* above), helped the organization meet its economic responsibility.

13. This amount doubled between 2012 and 2017, continuing to grow 25% faster than the ICRC's overall budget over the same period.

OPERATIONS

THE ICRC AROUND THE WORLD

AFRICA

AMERICAS

ASIA AND THE PACIFIC

EUROPE AND CENTRAL ASIA

NEAR AND MIDDLE EAST

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	150,632
RCMs distributed	136,863
Phone calls facilitated between family members	777,261
Tracing cases closed positively (subject located or fate established)	7,958
People reunited with their families	980
<i>of whom unaccompanied minors/separated children</i>	800
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	1,437
Detainees in places of detention visited	940,326
<i>of whom visited and monitored individually</i>	35,274
Visits carried out	4,411
Restoring family links	
RCMs collected	25,997
RCMs distributed	13,759
Phone calls made to families to inform them of the whereabouts of a detained relative	41,127



ICRC headquarters



ICRC delegation



ICRC regional delegation



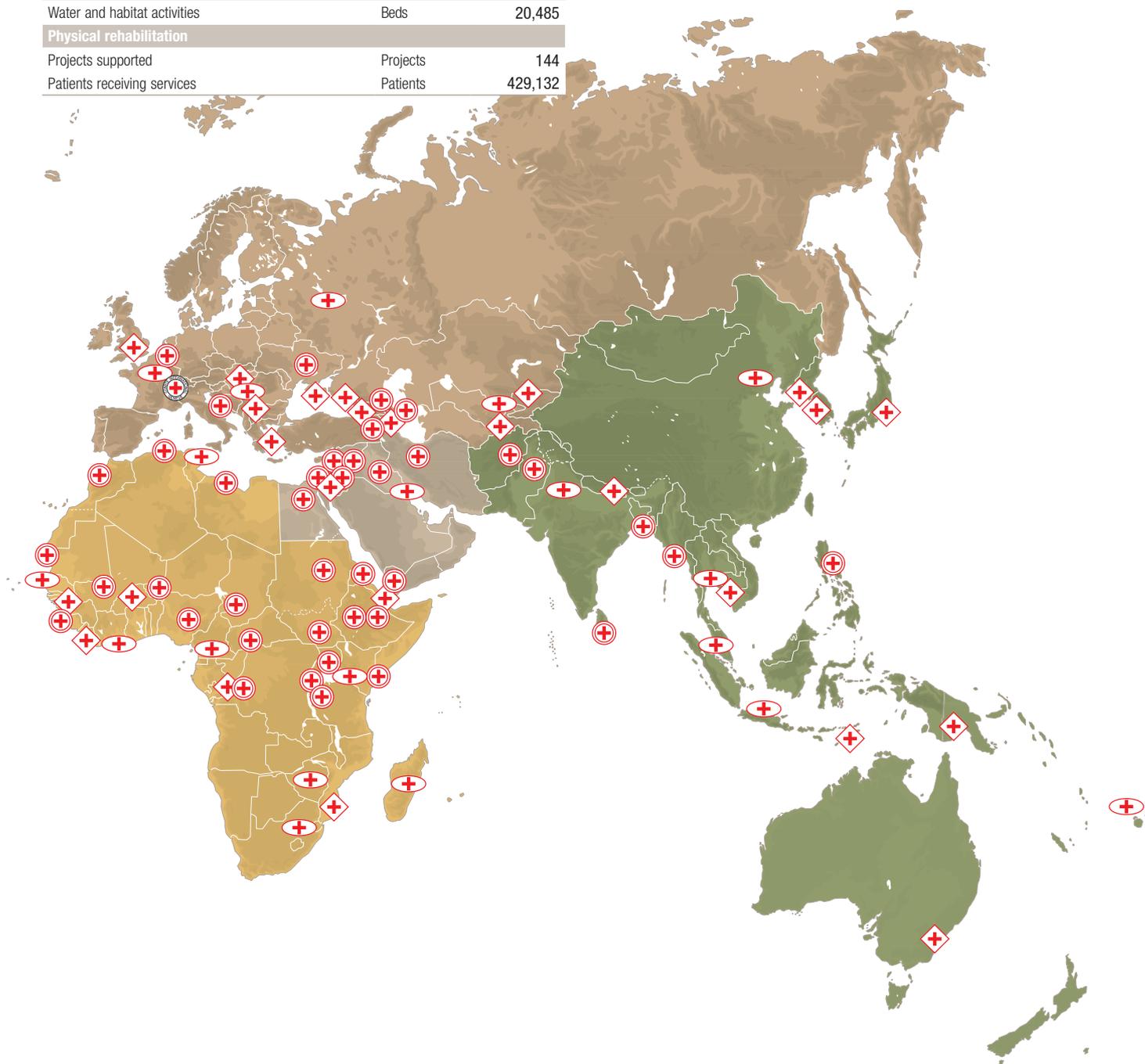
ICRC mission

ASSISTANCE		Total
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	7,722,790
Essential household items	Beneficiaries	4,966,300
Productive inputs	Beneficiaries	3,558,480
Cash	Beneficiaries	1,264,416
Vouchers	Beneficiaries	133,153
Services and training	Beneficiaries	1,645,550
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	35,519,089
Health		
Health centres supported	Structures	386
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	370
Water and habitat		
Water and habitat activities	Beds	20,485
Physical rehabilitation		
Projects supported	Projects	144
Patients receiving services	Patients	429,132

EXPENDITURE IN KCHF	
Protection	249,539
Assistance	1,109,837
Prevention	163,911
Cooperation with National Societies	100,364
General	13,498
Total	1,637,149
<i>Of which: Overheads</i>	<i>99,560</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%

PERSONNEL	
Mobile staff	2,420
Resident staff (daily workers not included)	13,150



OPERATIONAL HIGHLIGHTS



Central African Republic, Kaga Bandoro. An ICRC staff member visits a camp for IDPs. The ICRC provides water to IDPs through trucking activities and pump systems.

CONFLICT ENVIRONMENTS AND CHALLENGES FOR HUMANITARIAN ACTION

Armed conflicts and other situations of violence continued to affect millions of people around the world in 2017, for instance in Iraq, the Lake Chad region, Mexico, Myanmar and South Sudan. While some of these conflicts were in the media spotlight, others were largely forgotten. In all of them, countless lives and livelihoods were destroyed; this continued suffering called for increased humanitarian action.

With parties to conflict unwilling or unable to reach political solutions, protracted conflicts had become the new norm, hampering reconciliation and reconstruction efforts, and social and economic development. These extended wars also damaged or destroyed basic social systems. Vulnerable populations in countries shattered by protracted conflicts found themselves contending with severe food crises and the spread of diseases such as cholera.

The nature of these protracted conflicts meant that humanitarian agencies had to respond to short-term emergencies, brought about by sudden flare-ups of violence, while meeting longer-term needs in places where vital public infrastructure had been seriously affected. They had to move beyond “palliative care” and address critical vulnerabilities that contributed to, or were caused by, prolonged conflict. Among other efforts, this entailed fixing and

installing water supply structures obliterated by war, supporting health infrastructure like hospitals and orthopaedic centres, and enabling people to start sustainable small businesses, thereby contributing to their economic prospects during uncertain times.

Conflicts increasingly affected the stability of neighbouring countries. For instance, violence in northern Nigeria spilled into Cameroon, Chad and Niger. The situation in Syria continued to have consequences for its neighbouring countries, and events in Myanmar affected Bangladesh.

In all armed conflicts, there is a pervading need to improve respect for and implementation of IHL. This has become increasingly challenging because of the complexities arising from, among other factors, asymmetric warfare, the multiplication of parties to conflict, wars waged through proxies, and the regionalization of conflicts. States and armed groups did not always have the political will to ensure respect for basic norms of IHL. Even the most fundamental and unambiguous rules were violated, with devastating consequences for children, women, the elderly and entire communities. While real-time reporting on IHL violations – through social media, for example – offered more visibility to the grim realities of contemporary armed conflict, a sense of prevailing impunity and lack of respect for IHL, and with it indifference towards the plight of victims of war, appeared to be on the rise.

Armed violence continued to ravage a number of cities worldwide. Central America was particularly affected; for example, several states in Mexico faced rising levels of violence and homicide rates. Overcrowding in prisons also had severe consequences in humanitarian terms.

Millions of people worldwide continued to be displaced by armed conflict or other circumstances. IDPs remained the largest group, comprising tens of millions of people. Millions also sought refuge in developing or middle-income countries, which bore the brunt of the burden. To address the specific vulnerabilities of migrants along main transit routes, the ICRC worked with National Societies across borders to ensure that thousands of migrants received support, enabling them to, for example, access health care or restore family links.

OPERATIONS: REVIEW, APPROACH AND THEMATIC CHALLENGES

Together with its partners within the Movement, the ICRC responded to emergencies and ongoing armed conflicts and other situations of violence. It strove to address the needs of millions whose lives were suddenly devastated, or who continued to suffer as a consequence of chronic displacement, lack of basic services, and the loss or detention of their loved ones.

The initial 2017 field budget was CHF 1,612 million. Budget extensions for 12 contexts increased the amount by another CHF 155.7 million, adding up to CHF 1,767.8 million, with a field implementation rate of 92.6%.

It was a particularly difficult year in terms of the security environment. In Afghanistan, in particular, but also in the Central African Republic (hereafter CAR), Mali and South Sudan, the operating environment was characterized by an increasingly fragmented battlefield and a proliferation of armed groups. Eroding respect for IHL and for humanitarian action, and the growing polarization between political and armed actors, had an impact on the security environment.

Overall, the ICRC was able to expand its presence and activities for the people affected in spite of this very difficult and challenging environment. It demonstrated agility and efficiency in its quick response to severe food crises in Nigeria, Somalia, South Sudan and Yemen. In Somalia alone, millions of people received cash, food, or essential household items; in Yemen, the delegation supported health facilities that treated around 86,000 suspected cholera cases. In some contexts, the ICRC remained the only, or one of few, humanitarian agencies on the ground – for example on the front-line areas of the Nagorno-Karabakh conflict, in Crimea, in Marawi in the Philippines, and in northern Rakhine in Myanmar.

It remained vital to the ICRC's operations to maintain relationships with all stakeholders, to forge new ones and to build networks across political, ideological or religious divides. The ICRC thus strove to foster not only acceptance for its activities, but also dialogue on protection and other concerns.

In its response to needs brought about by both acute and protracted crises, the ICRC sought to reinforce and diversify its multidisciplinary approach according to particular vulnerabilities, paying special attention to the specific concerns of children, women,

detainees, persons with disabilities, IDPs and migrants. It stepped up its multifaceted response to the needs of victims of sexual violence, including by providing psychosocial support, medical treatment and referrals, and material assistance. It reinforced these activities by engaging in confidential dialogue with weapon bearers on preventing incidents of sexual violence, and implemented campaigns to broaden awareness of the victims' specific needs. Implementing these programmes in contexts where sexual violence was still a highly sensitive issue remained a challenge.

In 2017, the ICRC was sought out as a neutral intermediary, for instance in the well-publicized evacuation of civilians from Aleppo, in the release of a number of Chibok girls in Nigeria, and in the framework of peace negotiations between the Colombian government and the National Liberation Army (ELN). The ICRC was also, in some contexts, one of the only agencies acting on certain humanitarian issues that were largely overlooked: it gave missing persons a voice through its work in the Balkans, Georgia, Peru and elsewhere; and it pursued its efforts on behalf of detainees, including to prevent their ill-treatment, and in support of prison authorities and their work to ease overcrowding.

Being accountable to people affected by conflict is a key part of the ICRC's identity and operational model. In 2017, the ICRC reinforced the effectiveness of its Accountability to Affected People (AAP) approach; it piloted a self-assessment and commissioned an external evaluation, for example, and created a dedicated staff position for overseeing AAP initiatives. Alongside these efforts, the ICRC strengthened existing contact centres, enhancing its ability to analyse and respond efficiently to beneficiary feedback; this complemented the regular, direct engagement of delegations with violence-affected people, and the organization's communications via social media. The ICRC worked with other Movement components to develop an approach that builds on shared experiences, for example by developing and publishing a guide on community engagement and accountability.

Recent years have seen a growing need to support education, which is frequently disrupted by conflict and other violence, often for long periods of time. Following a year-long consultation period, in July 2017, the ICRC approved a formal policy guiding its operational response on ensuring or enhancing access to education. Both large and small delegations launched new activities in this regard, or continued existing projects. As a key element of this initiative, the ICRC worked closely with Movement partners and others; a resolution adopted by the Council of Delegates in November 2017 called on the Movement to engage more substantively in this field.

Partnerships – with Movement components and with local organizations – played an increasingly important part in the design and implementation of humanitarian programmes. The International Federation, the National Societies and the ICRC improved their coordination, strengthening the Movement's response in many contexts affected by conflict and other forms of violence.

The ICRC streamlined its operations in certain contexts, enabling it to step up its activities to respond to new developments elsewhere. For example, it opened new offices in the Democratic Republic of the Congo (hereafter DRC) when fresh fighting broke out in the country, and in Mozambique, where tensions between the government and the Mozambican National Resistance had humanitarian consequences. At the same time, it closed its

delegation in Haiti, converted the delegation in Liberia into an office reporting to the Abidjan regional delegation, and prepared to convert the delegation in Guinea into a mission also reporting to the Abidjan regional delegation in 2018.

AFRICA

Across a large part of the African continent, stability remained the exception. The ICRC maintained or stepped up large-scale operations in countries such as the CAR, the DRC, Mali, Niger and Somalia, and responded to urgent needs in others; for instance, it expanded its operations in Libya. It also sought to address the effects of ongoing conflicts on neighbouring countries. For example, while communities in Nigeria bore the brunt, those in Cameroon, Chad and Niger were also affected by attacks and had to cope with the arrival of hundreds of thousands of refugees. In response, the ICRC scaled up its operations in all four countries and coordinated regional action with the pertinent National Societies. In the Sahel region, as needs mounted as a result of spillover from the situation in Mali, the ICRC assisted those affected in the border area of Burkina Faso and Niger.

Many people in South Sudan have lived the past few years on the run. Clashes continued, despite the peace agreement, and nearly 4 million people were reportedly displaced within South Sudan or in neighbouring countries. Food shortages also continued to inflict suffering on hundreds of thousands of people. South Sudan was one of the ICRC's largest operations in 2017; key activities included the provision of food and health-care services, the implementation of projects to ensure access to water and proper sanitation, and visits to detainees.

As an official observer to the African Union, the ICRC worked to highlight issues of humanitarian concern, foster support for Movement operations across Africa and promote greater recognition of IHL and its integration into African Union decisions and policies, while building relations with NGOs and UN agencies based in Addis Ababa, Ethiopia.

AMERICAS

The ICRC's operations in Colombia focused on addressing the consequences of ongoing and past armed conflict and other situations of violence. The government and the Fuerza Alternativa Revolucionaria del Común (FARC) continued to implement their final peace agreement. The ICRC had acted as a neutral intermediary in connection with the peace talks; it also continued to play the same role in, for example, the release of people held by armed groups. As the situation remained precarious for millions of people amid ongoing violence involving other groups, the ICRC continued to respond to the needs of the most vulnerable populations in violence-affected regions.

In the Bolivarian Republic of Venezuela, alongside activities aimed at mitigating the effects of violence in certain areas, the ICRC helped the Venezuelan Red Cross bolster its capacity to respond to medical emergencies, providing support for National Society branches located along the border with Colombia.

In Mexico and in Central and South America, the ICRC – often with the corresponding National Society and local authorities – developed programmes to protect and assist people affected by the consequences of armed violence, which included sexual violence and the disruption of essential public services such as health care and education. In El Salvador, Guatemala and Honduras, it

worked with specific communities to alleviate the consequences of violence; whenever possible and appropriate, it engaged in dialogue with the authorities on the use of force by military and security forces. In Brazil, the authorities and the ICRC worked to strengthen the availability of health and education services by implementing safer access tools which were developed as part of the “Rio Project”, which concluded in 2013.

Across Mexico and Central America, support was given to tens of thousands of migrants who risked their lives on the dangerous journey north, and to the families of missing migrants. The ICRC and the National Societies in Guatemala, Honduras and Mexico encouraged migrants to take measures to reduce safety risks, and provided emergency aid and family-links services along the migration route.

In 14 countries across the Americas, the ICRC regularly visited detainees and supported the authorities' efforts to improve prison conditions and ease overcrowding.

As mandated by the authorities of Argentina and the United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom), the ICRC exhumed and identified the remains of Argentine soldiers who had perished during the 1982 conflict between Argentina and the United Kingdom; it handed over the results to the authorities for informing the families concerned.

ASIA AND THE PACIFIC

ICRC operations in the vast Asia and the Pacific region faced several exceptional events and challenges. In Afghanistan, a series of serious security incidents prompted the ICRC to scale back its presence and restructure its operations. Although this meant that it assisted fewer people than planned, the organization nevertheless worked to address humanitarian needs brought on by the conflict, providing medical support, clean water and other assistance to those most in need, visiting thousands of detainees and engaging parties to the fighting in dialogue on IHL.

The ICRC also worked to assist those affected by increased violence in the Rakhine state of Myanmar. Together with the Bangladesh Red Crescent Society, it assisted people who had fled the violence and were stranded near or along the Bangladesh–Myanmar border, providing them with emergency aid, medical assistance and family-links services. In Myanmar, the Myanmar Red Cross Society, the International Federation and the ICRC scaled up humanitarian aid for people affected by the crisis. The ICRC visited detainees in both countries and engaged in dialogue with the authorities on the detainees' welfare.

The ICRC kept up activities in the Philippines to assist detainees and conflict-affected communities, while ramping up emergency aid for those affected by the Marawi crisis. It helped evacuate people stranded owing to the violence, supported those displaced by it, and engaged in dialogue with all parties involved in the fighting.

The ICRC enhanced its cooperation with Movement partners, strengthening its response to urgent humanitarian needs and boosting emergency preparedness, which was especially important given political tensions in Asia and the risk of natural disasters.

Hundreds of thousands of migrants across the region, including asylum seekers, faced terrible conditions and lost contact with their relatives; the ICRC and National Societies did their best to reconnect and reunite them with each other.

In Australia, Indonesia, Japan, New Zealand and Republic of Korea, the ICRC worked to maintain its dialogue with the authorities – as well as with the Association of Southeast Asian Nations and other multilateral organizations – on humanitarian priorities and approaches. In China, it continued to build its relationship with the authorities.

EUROPE AND CENTRAL ASIA

The conflict in eastern Ukraine continued to have a severe impact in humanitarian terms: some 2.8 million people had reportedly been displaced and over 10,000 killed since the beginning of the crisis in 2014. The ICRC continued to work in proximity to those affected: in some areas it was one of the few humanitarian agencies with a significant operational presence and in a position to act as a neutral intermediary between the parties to the conflict. It addressed emergency needs – for instance, in terms of food, housing, and necessities to get through the winter – while continuing to implement longer-term activities related to recovery, such as the protection and repair of critical infrastructure.

The ICRC also continued to respond to the needs arising from the Nagorno-Karabakh conflict and other unresolved disputes in the region. Its close proximity to the most affected communities enabled it to deliver a timely response. In several contexts, for instance in the southern Caucasus and the western Balkans, the ICRC sustained long-term efforts to address the issue of missing persons and the consequences for their families. In Kyrgyzstan and a number of other countries throughout the region, it visited detainees and supported the authorities' efforts to improve detention conditions.

The ICRC consolidated its activities for vulnerable migrants, notably through its operations in Athens, Greece, and Budapest, Hungary, and by backing National Society efforts in countries hosting migrants, such as in Western Europe and the Balkans. It remained focused on its key areas of expertise: monitoring treatment and living conditions in migrant detention centres and strengthening protection for migrants with specific vulnerabilities, such as minors; restoring family links; and helping clarify the fate of missing persons by, for example, providing forensic support.

The ICRC delegations in Brussels (Belgium), London (United Kingdom), Moscow (Russian Federation) and Paris (France) provided essential forums for dialogue and cooperation, particularly on addressing humanitarian concerns relating to major crises and with bodies of regional or international influence, including the Commonwealth of Independent States, the Collective Security Treaty Organization, the European Union and NATO.

NEAR AND MIDDLE EAST

In 2017, much of the world's attention focused on the Middle East, where relentless hostilities and unimaginable atrocities subjected millions of people to enormous hardship and suffering. The ICRC helped provide support for those who remained in the countries concerned, or had fled to neighbouring countries.

The ICRC's operations in the Syrian Arab Republic remained its largest worldwide. From its bases in Aleppo, Damascus, Hassakeh, Homs and Tartus, the ICRC worked closely with the Syrian Arab Red Crescent to respond to needs in government- and opposition-controlled areas: millions of people received food and household essentials and/or benefited from projects improving access to water. ICRC delegates visited detainees in central prisons.

Following four years of intense fighting in Iraq, all territories formerly held by the Islamic State group were retaken by government forces, backed by an international coalition; however, while roughly 3 million people reportedly returned home to retaken territories, some 2.6 million people remained displaced at the end of the year. Across the country, the ICRC assisted more than a million of those most affected by the violence by distributing food and essential items, and facilitating access to health care. It also visited places of detention holding tens of thousands of detainees, including foreign nationals, and increased its support for government health projects. In addition to helping families dispersed by the conflict to reconnect, the ICRC continued its work related to people missing in connection with past conflicts involving Iraq.

In Yemen, intensified hostilities led to a sharp deterioration in the humanitarian situation. Indiscriminate attacks were reported on health-care facilities and civilian property, and millions of civilians struggled to obtain basic services and goods; these circumstances contributed to an outbreak of cholera. In response, the ICRC ramped up its operations in the country, providing emergency support to treat tens of thousands of cholera cases and, where possible, scaling up its distributions of emergency assistance. The ICRC continued to engage the different parties to the fighting in dialogue on the conduct of the hostilities and on detention-related issues.

In Israel and the occupied territories, the ICRC continued to support livelihood recovery for people in the Gaza Strip and the West Bank, and helped strengthen emergency preparedness. It visited people in detention and pursued its dialogue with all weapon bearers on IHL and other applicable norms.

The delegations in Egypt, the Islamic Republic of Iran, and Kuwait sought deeper dialogue on humanitarian priorities and approaches with stakeholders in the region.

ICRC OPERATIONS IN 2017 – FACTS AND FIGURES

PRESENCE

In 2017, the ICRC was present in more than **80 countries** through delegations, sub-delegations, offices and missions. Its delegations and missions were distributed as follows:

Africa	34
Americas	14
Asia and the Pacific	20
Europe and Central Asia	20
Near and the Middle East	10

FINANCE

ICRC expenditure in 2017			
In millions	CHF	USD	EUR
Headquarters	214.4	217.3	193.5
Field	1,637.1	1,659.6	1,477.7
The sub-total comes to CHF 1,851.5 million, from which field overheads (CHF 99.6 million) must be deducted in order to reach the final total.			
Final total	1,752.0	1,776.0	1,581.4

Exchange rates: USD 1.00 = CHF 0.9865; EUR 1.00 = CHF 1.1079

15 largest operations in 2017 in terms of expenditure			
In millions	CHF	USD	EUR
1 Syrian Arab Republic	177.8	180.2	160.4
2 Iraq	128.0	129.8	115.6
3 South Sudan	116.1	117.7	104.8
4 Nigeria	95.4	96.7	86.1
5 Somalia	92.9	94.2	83.8
6 Yemen	77.9	79.0	70.3
7 Afghanistan	75.1	76.1	67.8
8 Congo, Democratic Republic of the	66.8	67.7	60.3
9 Ukraine	53.1	53.8	47.9
10 Israel and the Occupied Territories	49.5	50.2	44.7
11 Lebanon	43.8	44.4	39.6
12 Central African Republic	43.2	43.8	39.0
13 Mali	40.1	40.6	36.2
14 Myanmar	39.5	40.0	35.6
15 Libya	33.6	34.0	30.3

Exchange rates: USD 1.00 = CHF 0.9865; EUR 1.00 = CHF 1.1079

PROTECTION

VISITS TO DETAINEES

ICRC delegates visited **1,437 places of detention**, which held a total of 940,326 detainees; they included detainees held by or in relation to the decisions of international courts/tribunals. A total of 35,274 detainees were monitored individually (2,262 women; 2,322 minors); among them, 19,941 detainees (1,776 women; 1,840 minors) were registered and visited for the first time in 2017.

In all, 12,105 people received detention attestations.

RESTORING FAMILY LINKS

The ICRC collected **176,629** and distributed **150,622 RCMs**, enabling members of families separated as a result of armed conflict, unrest, migration or other circumstances to exchange news. Of these messages, 25,997 were collected from and 13,759 distributed to detainees.

PERSONNEL

The average number of ICRC staff in 2017 was as follows:

Headquarters	1,016
Field: mobile staff	2,420
<i>of whom National Society staff</i>	116
Field: resident staff	13,150
Field: total	15,570
Final total	16,586

The ICRC facilitated **777,261 phone and video calls** between family members, and made **41,127 phone calls** to families to inform them of the whereabouts of a detained relative visited by its delegates. With support provided by the ICRC, **16,792 detainees** received visits from their families.

The ICRC established the **fate or whereabouts of 7,958 people** for whom tracing requests had been filed by their families. Its family-links website (familylinks.icrc.org) listed the **names of 15,928 people** in a bid to reconnect them with their relatives. A total of **980 people** (including minors – see below) **were reunited** with their families. At the end of the year, the ICRC was still taking action to locate 99,342 people (8,657 women; 19,291 minors at the time of disappearance) at the request of their families.

The ICRC and/or the National Societies concerned registered **3,045 unaccompanied or separated minors** (1,228 girls), including 311 demobilized children (72 girls). Once their families had been located and with the agreement of the children and their

relatives, **800 children** (291 girls) were reunited with their families. By the end of the year, the cases of 5,511 unaccompanied minors/separated children (including 253 demobilized children) were still being handled, which involved tracing their relatives, maintaining contacts between the children and their families, organizing family reunification and/or identifying other long-term solutions for the children concerned.

As a neutral intermediary, the ICRC facilitated the **transfer or repatriation of 1,559 people**, including 273 detainees after their release, and the **remains of 1,351 people**. It relayed **1,006 official documents** of various types across borders and front lines. ICRC-issued **travel documents** enabled **1,204 people** to return to their home countries or to settle in a host country.

A total of **842,571 people** contacted ICRC offices worldwide for family-links services or other related concerns.

FORENSICS

The ICRC carried out forensic activities in some **70 contexts** to ensure the proper and dignified management of human remains and to help prevent and resolve cases of missing persons. Activities consisted primarily of promoting best practices in collecting, analysing and managing forensic data, and for the recovery, management and identification of human remains in the context of armed conflict, other situations of violence, natural disasters or other circumstances, such as shipwrecks involving migrants. Training and dissemination activities helped build local and regional forensic capacities.

ASSISTANCE ASSISTANCE SUPPLIES

In 2017, the ICRC delivered the following assistance supplies (purchased or received as in-kind contributions)		
Relief items		CHF 246 million
Top 10 distributed items		
Food parcels (5 people/1 month)	2,156,424 parcels	
Food parcels (1 person/1 month)	547,545 parcels	
Hygiene parcels (5 people/1 month)	862,711 parcels	
Kitchen sets	376,865 sets	
Blankets	2,478,714 units	
Tarpaulins	669,430 units	
Matting	553,811 units	
Rice	65,585,515 kilograms	
Beans	12,530,121 kilograms	
Oil	4,961,119 litres	
Medical and physical rehabilitation items		CHF 48 million
Water and habitat items		CHF 36 million
	TOTAL	CHF 330 million
		USD 335 million
		EUR 298 million

Exchange rates: USD 1.00 = CHF 0.9865; EUR 1.00 = CHF 1.1079

ECONOMIC SECURITY

The ICRC, often in cooperation with National Societies, worked to enhance the economic security of vulnerable individuals, households and communities. **7,794,788 people** (residents, IDPs, returnees, refugees – in many cases, people living in rural areas and/or areas difficult to reach owing to insecurity and/or lack of infrastructure – and people deprived of their freedom) received aid in the form of **food**, and **5,375,228** in the form of **essential household items**. Approximately **64%** of the beneficiaries of food and essential household items were **IDPs**. A total of **133,153 people** were given **vouchers** that they could exchange for basic commodities or services, and **1,270,811 people** received **cash**, mostly for launching micro-economic initiatives, in exchange for their work on community projects, or as relief assistance. **3,573,222 people** benefited from **productive inputs**, such as seed, tools or equipment, which they used to spur food production or income generation. Assistance in the form of **services and training** – for instance, animal vaccination campaigns and skills training – helped **1,646,433 people** boost their livelihoods or employment opportunities.

WATER AND HABITAT

ICRC engineers and technicians, often with local authorities and communities, built or rehabilitated water-supply, sanitation and other infrastructure. This resulted in clean water for drinking or

irrigation, reduced health risks or generally better living conditions for **35,519,089 civilians** (residents, IDPs, returnees, refugees) and **336,626 detainees**.

Infrastructural repairs also contributed to improving services at health facilities with a total capacity of **20,485 beds**.

HEALTH

During the year, the ICRC supported – regularly or on an ad hoc basis – **370 hospitals**. ICRC personnel provided support or directly monitored activities at **66** of these hospitals, where **24,689 surgical admissions for weapon wounds** were registered, and **136,394 operations** were performed. Admissions for women or girls receiving **gynaecological/obstetric care** totalled to **41,808**.

The ICRC conducted **5,736 first-aid training sessions** for **134,528 people**, including National Society volunteers.

The ICRC also implemented community health programmes, in many cases with the help of National Societies. It supported **386 primary-health-care centres** (covering an estimated population of **335,116 people**, on average), where **4,201,600 curative consultations** (children: 30%; women: 23%) and **412,282 ante-natal consultations** were carried out.

ICRC staff checked on the health situation of detainees in **535** places of detention and supported **185** health facilities in these places.

PHYSICAL REHABILITATION

People with physical disabilities received good-quality physical rehabilitation services through **144 projects** – including physical rehabilitation centres, component factories and training institutions – supported by the ICRC. A total of **12,742 new patients** were fitted with **prostheses**, and **54,382** with **orthoses**. ICRC-supported projects produced and delivered **26,291 prostheses** (of which 6,033 were for mine victims) and **103,995 orthoses** (of which 373 were for mine victims). In addition, **7,201 wheelchairs or tricycles** were distributed, most of them locally manufactured. Vocational training, sporting events and other activities for disabled persons promoted their social inclusion, while training for local technicians aimed to ensure sustainable service delivery.

WEAPON CONTAMINATION

The ICRC carried out activities for people living in weapon-contaminated areas in **33 contexts**. These included mine-risk education sessions, collecting and analysing data on mine-related incidents and contaminated areas, clearance activities and training for local actors. The ICRC also worked with the UN and NGOs to further develop and strengthen international mine-action standards and coordination.

COOPERATION WITH NATIONAL SOCIETIES

ICRC delegations implemented wide-ranging activities in cooperation with National Red Cross and Red Crescent Societies. An important dimension of the ICRC's collaboration with National Societies aimed to strengthen the latter's capacities to carry out their mandates and activities either independently or jointly with the ICRC.

In 2017, the total expenses devoted to cooperation with National Societies in the field amounted to **CHF 100 million**. These activities were implemented in close coordination with the International Federation of Red Cross and Red Crescent Societies and with National Societies working internationally.

PREVENTION

STATE PARTICIPATION IN IHL TREATIES AND DOMESTIC IMPLEMENTATION

The ICRC continued to pursue active dialogue with national authorities worldwide in order to promote ratification of or accession to IHL treaties and their domestic implementation. It provided legal and technical advice to governments and supported them in their endeavours to establish interministerial committees entrusted with the national implementation of IHL. At the end of 2017, there were **111 national IHL committees** worldwide.

The ICRC organized or contributed to **35 regional events** related to IHL and its implementation in domestic law and policy. Representatives of governments, academic institutions and civil society from over **154 countries** attended these events.

This work contributed to **45 ratifications of or accessions to IHL-related treaties** or other instruments by 22 States. In addition, 22 countries adopted **31 domestic statutes**, and a number of countries prepared draft legislation to implement IHL and other relevant instruments.

RELATIONS WITH WEAPON BEARERS

Throughout the year, ICRC delegates engaged in dialogue with weapon bearers – including State forces, peacekeeping troops and members of non-State armed groups or coalitions of armed groups – with a view to promoting respect for IHL and other applicable norms, broadening understanding of the ICRC's mandate and activities, and facilitating safe passage for ICRC staff in the field.

Specialized ICRC delegates also conducted or took part in courses, workshops, round-tables and exercises involving military, security and police personnel in various countries.

Notably:

- ▶ **High-ranking officers from 68 countries and several organizations** attended the Senior Workshop on International Rules governing Military Operations, held in Mexico City, Mexico.
- ▶ A total of **105 military officers from 45 countries** around the world received ICRC scholarships to attend IHL courses in San Remo, Italy.
- ▶ **30 senior police officers and experts from more than 20 countries** exchanged good practices with regard to the treatment of people held in police custody at a round-table held at ICRC headquarters.

RELATIONS WITH ACADEMIC CIRCLES

Through seminars and other events held locally or at the regional or international level, the ICRC stimulated academic debate on humanitarian law, policy and related issues. It worked with various universities, organizing IHL competitions and providing support for IHL teaching and research. Outside the classroom, individual professors participated in the development, implementation and promotion of IHL.

Academic events organized, co-organized or supported by the ICRC included:

- ▶ **14 regional and international IHL training seminars and round-tables**, involving professors, experts, lecturers and graduate students;
- ▶ **7 regional IHL competitions**, involving students and lecturers; and
- ▶ the annual Jean-Pictet Competition on IHL, involving over **140 students from 27 countries**.

About 180 groups comprising some **4,600 people**, including university students, from over 30 countries learnt more about IHL and the ICRC during information sessions organized by the Visitors Service at ICRC headquarters.

The three latest issues of the *International Review of the Red Cross*, a peer-reviewed academic journal produced by the ICRC and published by Cambridge University Press, focused on subjects such as war in cities, war and security operations at sea, and detention. The main readership of the journal included lawyers, military experts, academics, humanitarian practitioners and policy-makers. Selected offprints on various topics from previous and forthcoming issues were distributed to targeted audiences and served to enhance dialogue with stakeholders.

Two interactive e-briefings, entitled “Generating respect for the law” and “Humanitarian perspectives on the changing faces of war”, were published on the ICRC's website, with content drawn from the *International Review*.

LAW AND POLICY CONFERENCES AND OUTREACH

The ICRC acted as a convener of public debates and conferences on IHL and humanitarian policy, at which Movement components and members of aid, diplomatic and academic circles reflected on solutions to current challenges and sought to identify ways to improve humanitarian action.

- ▶ The Humanitarian Law and Policy Conference at the ICRC's headquarters in Geneva, Switzerland, hosted **15 public conferences** on international law and policy, bringing together **2,300 diplomats, humanitarians and academics**.
- ▶ With various partners, the ICRC organized a conference cycle on "War in Cities", comprising **ten high-level public events and expert meetings in seven countries**. **Ten public conferences** in Geneva addressed other pressing humanitarian topics.

These events reached a global audience through live webcasts, video summaries, conference reports, blog posts and other online resources.

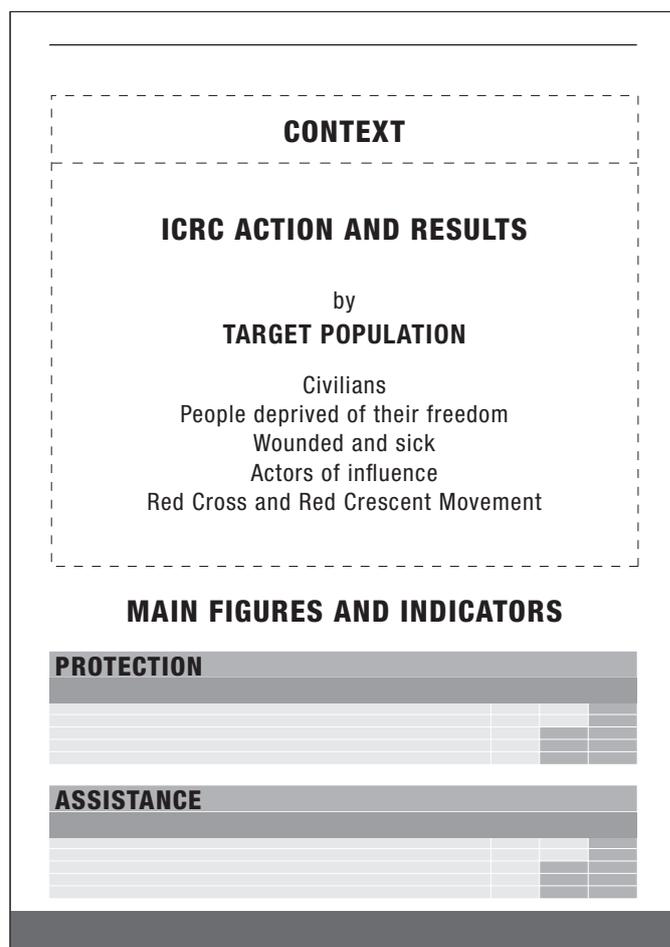
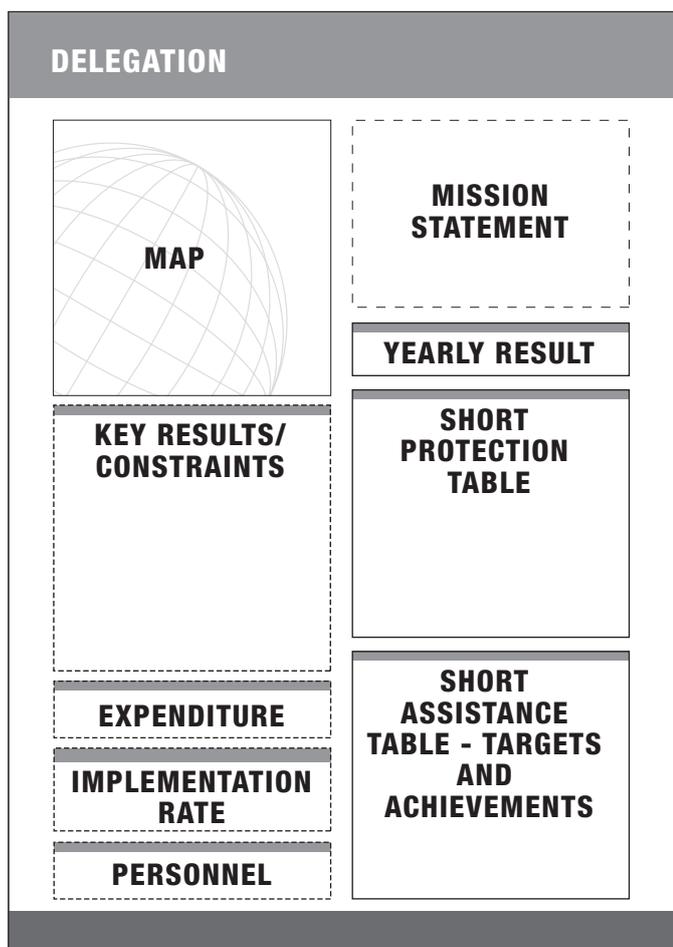
The ICRC's Humanitarian Law and Policy blog showcased analyses and debates on IHL and policies that shape humanitarian action and the interplay between these areas; it generated 65,189 unique visits.

PUBLIC COMMUNICATION

The ICRC's humanitarian concerns and activities were widely covered by the media. The ICRC was mentioned some **20,000** times in traditional and online media, over **5,200** of which were on major media outlets and news agencies such as AFP, Al Jazeera, BBC News, CNN, Deutsche Welle, Le Monde, Reuters, The New York Times, The Guardian and Xinhua. Over **1,000 channels** edited ICRC footage into some **6,400 broadcasts**; the most popular, covering the cholera crisis in Yemen, was featured on 198 broadcasts on 43 channels. Footage of ICRC operations in Somalia and South Sudan, where journalists struggled to get access, was also widely used.

The ICRC's main website (icrc.org) generated over **500,000 visits**. Updates posted on social media helped spread further awareness of humanitarian issues. The ICRC's English-language Twitter account and Facebook page had **2.2 million** and **1.2 million followers**, respectively; these, and social media accounts in other languages, provided opportunities for the organization to engage directly with stakeholders and the wider public.

USER GUIDE: LAYOUT OF DELEGATION SECTIONS



Each chapter on the ICRC's field delegations and missions comprises the following elements:

1. **Delegation:** the State(s), geographical areas and/or political entities covered by the ICRC's presence
2. **Map:** the country or region showing the ICRC's presence at the end of the year; the maps in this publication are for information purposes only and have no political significance
3. **Mission statement:** the ICRC's reasons for being in the country or region and its main activities there
4. **Yearly result:** the level of achievement of the ICRC's objectives and plans of action
5. **Key results/constraints:** up to six major achievements or examples of progress made by the ICRC – or constraints it faced – in meeting its humanitarian objectives in a given context
6. **Short Protection table:** a table providing key indicators regarding activities for restoring or maintaining family links and for people deprived of their freedom
7. **Short Assistance table – targets and achievements:** a table juxtaposing targeted beneficiary numbers or other result indicators (as presented in ICRC appeals) against those achieved during the reporting period
8. **Expenditure:** total, and by programme
9. **Implementation rate:** expenditure divided by yearly budget multiplied by 100 (indicator)
10. **Personnel:** the average number of mobile and resident staff employed over the course of the year
11. **Context:** the main developments in a given context and how these have affected people of concern to the ICRC; this segment highlights the elements that the ICRC took into consideration when analysing the situation to carry out its humanitarian action
12. **ICRC action and results:** an executive summary of the ICRC's action and results in the given context
13. **ICRC action and results – by target population:** a description of the ICRC's action and the results for each main target population; this section reports on the objectives and plans of action in yearly appeals and budget extension appeals, includes qualitative and quantitative results (output, outcome and contribution to impact), and combines activities carried out in the four ICRC programmes, thus illustrating the ICRC's multidisciplinary approach
14. **Main figures and indicators:** two tables providing key output and outcome figures for the delegation's protection and assistance programmes

USER GUIDE: YEARLY RESULT

The ICRC aims to ensure that people affected by armed conflict and other situations of violence receive effective and relevant support, in fulfilment of the organization's mandate and its responsibility to use donor funds optimally. It employs result-based management, a structured approach that focuses on the desired and expected results for the beneficiaries throughout the management cycle.¹ A central element of this approach is the ICRC's yearly planning process and continuous monitoring of its activities; where necessary, it re-assesses the needs of the people affected to ensure that its response is adapted to their circumstances. Each year, specialists and managers in the field and at headquarters assess and analyse all ICRC operations, reviewing the progress made in terms of project implementation and the results achieved against

the objectives defined during the planning process. On this basis, and in line with its corporate management framework², the ICRC appraises its performance in each operation and defines new plans for the year to come.

The present report provides the outcomes of these appraisals, made exclusively according to the objectives and plans of action defined for each context.

The “yearly result” indicates the level of success in achieving these objectives and plans of action, using the scale below:



The rating for each context's yearly result is based on the response to these questions: **What is the level of achievement of the ICRC's objectives and plans of action for the given year? To what extent did the ICRC implement its plans of action as defined in its appeals?** These objectives and plans of action are presented in

the yearly appeals and budget extension appeals issued to donors. Scores are not based on the overall humanitarian situation in the context or on the institutional ambition the ICRC may have in that context.

¹ See *The ICRC's operational approach to result-based management: improving humanitarian action*
² See *ICRC management framework and descriptions of programmes*

USER GUIDE: FIGURES AND INDICATORS – EXPLANATIONS

INTRODUCTION

Each context chapter of the Annual Report presents numerical data for a set of standard indicators for the ICRC's protection and assistance programmes. Where relevant, these figures are presented in the report's narrative and in tables:

- short tables of key figures for each programme, on the front page;
- main tables of standard figures by programme, at the end of the section; and
- additional tables within the report, with specific disaggregated indicators relevant to the operations in that context.

It must be noted that these figures do not always capture the extent of the ICRC's action, results and priorities. Collecting, interpreting and managing data in contexts as diverse and volatile as those the ICRC is active in is particularly difficult to prioritize, if not impossible to undertake. Factors such as cultural and/or State-imposed restrictions (e.g. government policies against providing data on health-care activities or gender-specific breakdowns of beneficiaries); inaccessibility due to conflict or other crises; adverse environmental conditions; and internal constraints may be barriers to such efforts.

Moreover, other types of support and results are simply impossible to quantify; however, their relevance should not be discounted: for example, the precise impact of dialogue with different authorities or weapon bearers or the multiplier effect of training initiatives cannot be reflected in numbers.

The standard indicators and their definitions are listed below.

PROTECTION FIGURES AND INDICATORS

GENERAL

Child or minor

A person under 18 or under the legal age of majority¹

Girl

A female person under 18 or under the legal age of majority

Woman

A female person aged 18 or above the legal age of majority

Basis for the figures

All figures – except for *detainees in places of detention visited* – are precise and are based on registrations, counting or recorded activities carried out by the ICRC or the ICRC's partners, mainly National Societies. Figures for *detainees in places of detention visited* are based on figures provided by the detaining authorities.

RESTORING FAMILY LINKS

RED CROSS MESSAGES (RCMS)

RCMs collected

The number of RCMs collected, regardless of their destination, during the reporting period

RCMs distributed

The number of RCMs distributed, regardless of their origin, during the reporting period

OTHER MEANS OF FAMILY CONTACT

Phone calls facilitated between family members

The number of calls, including those made via cellular or satellite phone, facilitated by the ICRC between family members

Phone calls made to families to inform them of the whereabouts of a detained relative

The number of calls made by the ICRC to inform families of the whereabouts of a detained relative

Names published in the media

The number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published in the media (e.g. newspaper or radio broadcast)

Names published on the ICRC family-links website

The number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published on the ICRC's family-links website (familylinks.icrc.org)

REUNIFICATIONS, TRANSFERS AND REPATRIATIONS

People reunited with their families

The number of people reunited with their families under the auspices of the ICRC and the National Society during the reporting period

People transferred or repatriated

The number of people transferred or repatriated under the auspices of the ICRC during the reporting period (not including those in the context of detention)

Human remains transferred or repatriated

The number of people whose remains were transferred or repatriated under the auspices of the ICRC during the reporting period (not including those in the context of detention)

TRACING REQUESTS

Tracing requests

All cases of people whose fates are unknown either to their families or to the ICRC, and for whom the ICRC is going to undertake efforts to clarify their fate or to confirm their alleged fate; these can include allegations of arrest and co-detention, and tracing requests collected following unsuccessful attempts to restore family links by other means

People for whom a tracing request was newly registered

The number of people for whom tracing requests were initiated by their families during the reporting period, for instance, because there had been no news of them, they could not be located using RCMs, or they were presumed to have been arrested and/or detained

1. Based on the definition of a "child" in the 1990 Convention on the Rights of the Child (See at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>)

Tracing cases closed positively

The number of people for whom tracing requests had been initiated and who were located or whose fates were established during the reporting period

Tracing cases still being handled at the end of the reporting period

The number of people for whom tracing requests were still open and pending at the end of the reporting period

UNACCOMPANIED MINORS, SEPARATED CHILDREN AND DEMOBILIZED CHILD SOLDIERS

Unaccompanied minors (UAMs)

A person under 18 or under the legal age of majority separated from both parents and from all other relatives and not being cared for by an adult who, by law or custom, is responsible for doing so

Separated children (SC)

A person under 18 or under the legal age of majority separated from both parents or from his or her previous legal caregiver but accompanied by another adult relative

UAMs/SC/demobilized child soldiers newly registered by the ICRC/National Society

The number of UAMs/SC/demobilized child soldiers registered by the ICRC or the National Society during the reporting period, and whose data are centralized by the ICRC

UAMs/SC/demobilized child soldiers reunited with their families by the ICRC/National Society

The number of UAMs/SC/demobilized child soldiers reunited with their families by the ICRC or the National Society

UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period

The number of UAMs/SC/demobilized child soldiers whose cases were opened but who had not yet been reunited with their families – by the ICRC or the National Society concerned, or by another organization – during the reporting period; these include cases concerning children whose parents were being sought or had been found but with whom the children had not yet been reunited

DOCUMENTS

People to whom travel documents were issued

The number of individuals to whom the ICRC issued travel documents during the reporting period

Official documents delivered across borders/front lines

The number of documents – e.g. passports, power of attorney documents, death certificates, birth certificates, marriage certificates – forwarded or transmitted during the reporting period

People to whom a detention attestation was issued

The number of people who received documents testifying to their detention, according to ICRC records of visits, during the reporting period

PEOPLE DEPRIVED OF THEIR FREEDOM

Places of detention visited

The number of places of detention visited, including places that were found empty when visited, during the reporting period

Detainees in places of detention visited

The total number of detainees, according to the detaining authorities, in places of detention visited by the ICRC

Visits carried out

The number of visits made, including those to places found empty when visited, during the reporting period

Detainees visited and monitored individually

The number of detainees visited and monitored individually – those seen and registered for the first time and those registered previously and visited again during the reporting period

Detainees newly registered

The number of detainees visited for the first time since their arrest and registered during the reporting period

Detainees visited by their relatives with ICRC/National Society support

The number of detainees who received at least one family visit that was organized or financed by the ICRC, often in coordination with the National Society

Detainees released and transferred/repatriated by/via the ICRC

The number of detainees who were released and whose transfer or repatriation was facilitated by the ICRC

ASSISTANCE FIGURES AND INDICATORS

GENERAL

Woman

Female person aged 15 and above

Man

Male person aged 15 and above

Girl

Female person under the age of 15

Boy

Male person under the age of 15

Basis for the figures

- ▶ Depending on the environment and circumstances of the context concerned, the activities implemented, or the services delivered or supported, beneficiary figures are based either on ICRC-monitored registrations (of individuals or households) or on estimates made by the ICRC or provided by credible secondary sources (e.g. the communities, authorities, published official figures, other humanitarian organizations). Whenever possible, triangulations are used when the figures are based on estimates and secondary sources.
- ▶ In some cases, operational constraints may hamper the collection of disaggregated figures for women, children and IDPs. For example, not all hospitals supported are able to provide precise figures for women and children; this may result in understated figures for these groups. Estimated figures for IDPs are provided whenever possible.
- ▶ In the field of *economic security*, beneficiary numbers are based on the documentation of field distributions and/or on the ICRC's calculated estimates of the number of people who benefited from each commodity type at least once during

the year. Particular effort is taken to avoid double-counting beneficiaries.

- ▶ In the field of *water and habitat*, beneficiary numbers are based mainly on ICRC estimates and credible secondary sources.
- ▶ In the field of *health*, beneficiary numbers are based mainly on figures provided by local health authorities and health teams in charge of health facilities.
- ▶ In the field of *physical rehabilitation*, the numbers of beneficiaries and devices are based on the registration of individuals and the number of devices (units) provided.

Target figures

For each context, a table juxtaposes the achieved beneficiary numbers or other result indicators for the target populations *Civilians* and *Wounded and sick* against the initial targets set by delegations for the whole year; these targets are determined during the planning process undertaken in the middle of the previous calendar year or, in emergency cases, ad hoc planning processes during the year itself.

Targets are indicated in short summary tables in the ICRC's appeals to donors and in budget extension appeals. These figures include only what can be defined in advance.

During the planning process, delegations use standard averages for the number of individuals per household; these figures may be found to be higher or lower than the actual household sizes once the activities are implemented. Delegations also cannot specifically predetermine the number of health facilities that will receive medical materials on an ad hoc basis, in response to emergencies; hence, targets only include regularly supported health centres and hospitals. However, achieved figures in Midterm and Annual Reports include figures for ad hoc support.

Similarly, delegations face limitations in precisely classifying beneficiaries or the exact type of assistance they will receive. For example, they may establish targets for emergency relief, such as *food* or *essential household items*, and record beneficiaries accordingly during their planning. However, the circumstances during the delivery of the assistance could make it more appropriate to provide the relief through *cash* or *vouchers*, with which these commodities may be procured. Moreover, while delegations may count beneficiaries under *productive inputs* during their planning, beneficiaries may instead receive livelihood support by way of *cash* or *services and training* during project implementation, according to what best suits their needs and capacities, and the situation. Even then, some eventual beneficiaries of *cash* or *services and training* are not always included in the targets defined for those categories. This may be because cash allowances and training are often provided as complements to *productive inputs* (e.g. beneficiaries of farming equipment will also receive training on how to operate them; donations of livestock may come with financial support for veterinary services). Despite efforts to harmonize definitions and data entry, operational constraints or differences in the interpretation of indicators may also affect the results presented.

Major differences between targets and achievements – both when targets are not met or are exceeded – highlight the difficulty of precisely foreseeing needs and implementing humanitarian responses, as the dynamics of instability, security and access, as well as operational capacities, can shift very rapidly during the year. These changes may prompt delegations to adapt their approaches

– initiating, rescaling, or cancelling certain activities, as appropriate – to the prevailing conditions. The narrative report provides, explicitly or implicitly, information explaining major differences.

ECONOMIC SECURITY BENEFICIARIES

The number of beneficiaries of each type of commodity or service cannot be cumulated, as some people may have benefited from more than one type of commodity or service during the reporting period. This is typically the case with beneficiaries of microeconomic initiatives, who usually receive a combination of different commodities.

Food commodities

Per population group, the number of individuals who have received one or more food items at least once during the reporting period. This includes people who have benefited from food as compensation for work they carried out, for example, on community projects. Food items distributed typically include rice, wheat flour, maize, beans, oil, sugar, salt and, sometimes, canned food and ready-to-use therapeutic or supplementary food.

Essential household items

Per population group, the number of individuals who have received one or more essential household items or similar commodities at least once during the reporting period; items distributed typically include tarpaulins, blankets, basic clothing, kitchen sets, hygiene kits, soap, jerrycans and mosquito nets

Productive inputs

Per population group, the number of individuals who have, at least once during the reporting period, benefited from at least one form of livelihood input (e.g. fertilizer, animal vaccines, seed, tools, fishing boats, equipment) or other type of material assistance (for instance, for microeconomic initiatives such as carpentry, welding, food processing, trade)

Cash

Per population group, the number of individuals who have benefited from cash assistance at least once during the reporting period; this includes those who have received cash either as a form of relief assistance or for launching microeconomic initiatives, and those who have received cash in exchange for work they carried out, for example, on community projects

Vouchers

Per population group, the number of individuals who have benefited from vouchers to be exchanged for specified commodities, services or training, at least once during the reporting period

Services and training

Per population group, the number of individuals who have benefited at least once during the reporting period from services (e.g. agricultural services, such as tractor ploughing, or veterinary support, such as animal vaccinations) or training that helped them pursue their livelihoods or address other related needs

WATER AND HABITAT

One beneficiary is one person who has benefited from a water and habitat project at least once over the course of the reporting period. A person who has benefited from a project several times is counted only once.

For recurrent projects like water-trucking or the regular provision of materials (chlorine, spare parts, etc.), beneficiaries are counted only once.

Civilians

The number of people – residents, IDPs, returnees and, in some cases, refugees – who have benefited from a water and habitat project at least once during the reporting period; projects include the repair or construction of wells, boreholes, springs, dams, water-treatment plants, latrines, septic tanks or sewage plants; shelter provision or repair; hygiene promotion; and vector-control activities

People deprived of their freedom

The number of detainees in places of detention where the ICRC has undertaken water and habitat projects (e.g. rehabilitation of detention centres, repairs to water-supply, sanitation and kitchen facilities serving detainees, hygiene promotion, vector-control activities)

Wounded and sick

The number of beds in the structures supported; projects include the construction or rehabilitation of hospitals and physical rehabilitation centres

HEALTH

It should be noted that in a number of contexts, data about patients and health activities cannot be provided or are only provided in part. The main reasons include the lack of proper data collection systems at facility level and difficulties in transmitting information from the facility to the central level and/or the ICRC – both of which result in incomplete information. For regularly supported facilities, the ICRC endeavours to help local teams establish data management systems to address these deficiencies. In some cases, restrictions by the authorities may limit the types of data made available to the ICRC or the organization's ability to make further use of the information.

PRIMARY HEALTH CARE

The beneficiaries of primary-health-care activities are registered and tallied based on the particular service they have received (e.g. antenatal consultation, curative consultation, immunization, referral).

Health centres supported

The total number of health facilities supported (target figures include only regularly supported health facilities)

Average catchment population

The estimated number of people covered by ICRC-supported health centres, on average, per month

Consultations

The number of consultations carried out at ICRC-supported health centres, further broken down by type of consultation (curative or antenatal)

Immunizations

The number of patients who benefited from immunization activities; this includes children aged five or under who were vaccinated against polio

Referrals to a second level of care

The number of patients who were referred to other health facilities or service providers for further care

HEALTH ACTIVITIES FOR PEOPLE DEPRIVED OF THEIR FREEDOM

Places of detention visited by health staff

The number of places of detention visited by health staff – as part of an ICRC team during a standard visit, or to address specific medical issues

Health facilities supported in places of detention visited by health staff

The number of health facilities supported in places of detention visited by ICRC health staff

HOSPITAL SUPPORT

Hospitals supported

The total number of hospitals supported, including hospitals reinforced with or monitored by ICRC staff, and those that were given supplies on an ad hoc basis

Hospitals reinforced with or monitored by ICRC staff

The number of ICRC-supported hospitals where ICRC doctors or other staff are managing operations, providing care to patients, assisting local personnel and/or monitoring activities. The ICRC's support can target specific departments or services in these hospitals.

SERVICES AT HOSPITALS REINFORCED WITH OR MONITORED BY ICRC STAFF

Surgical admissions²

WEAPON-WOUND CASES

The number of weapon-wound cases among surgical admissions, including cases of injuries due to mines or explosive remnants of war

NON-WEAPON-WOUND CASES

The number of surgical admissions that are not associated with weapon wounds

Medical (non-surgical) admissions

The number of admissions at the medical department of ICRC-supported hospitals; these include internal medicine and other non-surgical cases

Operations performed

The number of surgical procedures performed on weapon-wounded and non-weapon-wounded patients; more than one procedure can be performed per patient

Gynaecological/obstetric admissions

The number of admissions for gynaecological/obstetric conditions

Consultations

The number of consultations recorded at outpatient departments or emergency rooms at hospitals supported by the ICRC

2. An "admission" refers to an instance of a patient being admitted into an ICRC-supported hospital. A patient may be admitted into an ICRC-supported hospital more than once during the reporting period.

Patients whose treatment was paid for by the ICRC

The number of patients whose consultation, admission and/or treatment fees were regularly or occasionally paid for by the ICRC

SERVICES AT HOSPITALS NOT MONITORED DIRECTLY BY ICRC STAFF

Surgical admissions (weapon-wound and non-weapon-wound admissions)

The total number of surgical admissions, including weapon-wound and non-weapon-wound admissions

Weapon-wound admissions (surgical and non-surgical admissions)

The total number of weapon-wound admissions, including surgical and non-surgical admissions

Weapon-wound surgeries performed

The total number of surgeries performed on weapon-wounded patients; more than one procedure can be performed per patient

FIRST AID

First aid training sessions

The number of first-aid training sessions carried out by the ICRC during the reporting period

Participants

The total number of participants in first-aid training sessions carried out by the ICRC during the reporting period; these participants can include community members, weapon bearers, ambulance-service providers, staff of public agencies, health-care personnel of public or private institutions, first-aid trainers, National Society volunteers or staff, or others

PHYSICAL REHABILITATION

Projects supported

The number of projects, including centres, component factories and training institutions, receiving ICRC support or managed by the ICRC

Patients receiving services (sum of monthly data)

The sum of monthly data for patients (amputees and non-amputees) who received services from ICRC-supported projects – both new and former patients who came for new devices, repairs (to prostheses, orthoses, wheelchairs, walking aids) or physiotherapy

New patients fitted with prostheses

The number of new patients (new to the ICRC) who received prostheses during the reporting period – both those fitted for the first time and patients who had previously received prostheses from a centre not assisted by the ICRC

Prostheses delivered

The total number of prostheses delivered during the reporting period, including for victims of mines or explosive remnants of war

New patients fitted with orthoses

The number of new patients (new to the ICRC) who received orthoses during the reporting period – both those fitted for the first time and patients who had previously received orthoses from a centre not assisted by the ICRC

Orthoses delivered

The total number of orthoses delivered during the reporting period, including for victims of mines or explosive remnants of war

Patients receiving physiotherapy

The number of patients who received physiotherapy services during the reporting period

Walking aids delivered

The number of crutches and sticks (units, not pairs) delivered during the reporting period

Wheelchairs or tricycles delivered

The number of wheelchairs or tricycles delivered during the reporting period

AFRICA

KEY RESULTS/CONSTRAINTS IN 2017

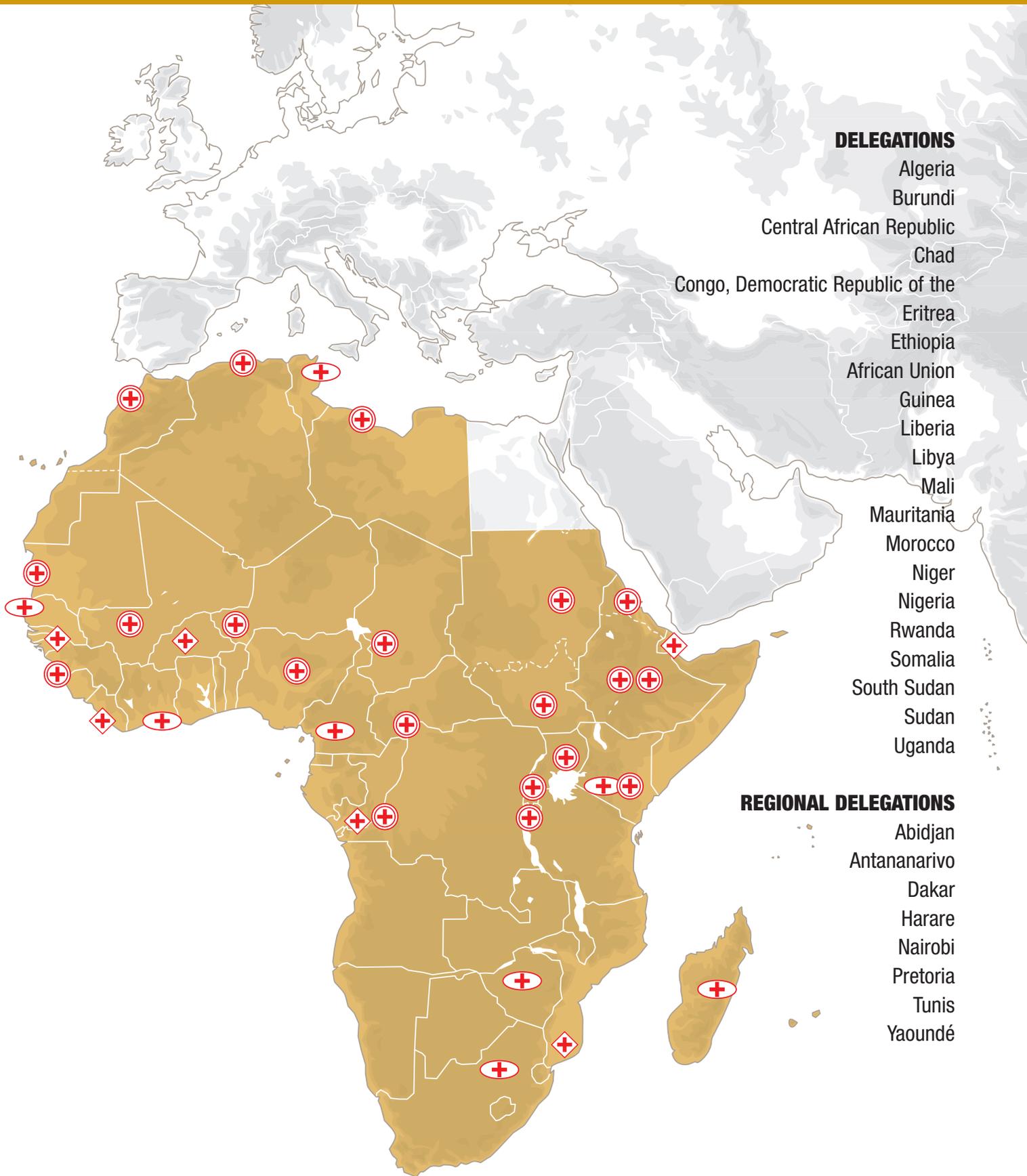
- ▶ The ICRC reminded parties to conflicts of their obligations under IHL to respect and protect civilians, and to facilitate ICRC access to beneficiaries, particularly in areas not accessible to other humanitarian organizations.
- ▶ In response to outbreaks of clashes and new waves of displacement or return, the ICRC scaled up its emergency response for the people affected, reaching more beneficiaries with food and household essentials than initially planned.
- ▶ Farmers and herders – including IDPs, residents and returnees – resumed, maintained or improved food production, thanks to ICRC-provided seed and tools and ICRC-supported local animal-health services and fodder banks.
- ▶ Weapon-wounded people were treated by ICRC surgical teams and staff at ICRC-supported facilities. Malnourished children received specialized treatment, and victims of sexual violence, medical services and psychosocial support.
- ▶ Detainees – including people held by national and international forces in relation to armed conflict – received ICRC visits. With ICRC support, the authorities worked to improve detainees' living conditions.
- ▶ With ICRC encouragement and/or support, several States advanced the implementation of the Convention on Cluster Munitions, the Convention on Enforced Disappearance, and the Treaty on the Prohibition of Nuclear Weapons.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	139,058
RCMs distributed	121,881
Phone calls facilitated between family members	624,398
Tracing cases closed positively (subject located or fate established)	2,898
People reunited with their families	959
<i>of whom unaccompanied minors/separated children</i>	791
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	531
Detainees in places of detention visited	340,705
<i>of whom visited and monitored individually</i>	20,456
Visits carried out	1,870
Restoring family links	
RCMs collected	8,492
RCMs distributed	4,659
Phone calls made to families to inform them of the whereabouts of a detained relative	4,813

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	1,578,500	2,180,482
Essential household items	Beneficiaries	1,052,700	1,216,485
Productive inputs	Beneficiaries	2,387,850	3,104,199
Cash	Beneficiaries	600,470	996,582
Vouchers	Beneficiaries	71,500	39,986
Services and training	Beneficiaries	1,280,990	1,395,608
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	5,887,174	5,192,863
Health			
Health centres supported	Structures	113	122
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	30	126
Water and habitat			
Water and habitat activities	Beds	2,474	3,156
Physical rehabilitation			
Projects supported	Projects	41	44
Patients receiving services	Patients	15,900	38,085

EXPENDITURE IN KCHF	
Protection	93,781
Assistance	480,606
Prevention	58,132
Cooperation with National Societies	39,918
General	4,590
Total	677,027
<i>Of which: Overheads</i>	<i>41,095</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%
PERSONNEL	
Mobile staff	1,042
Resident staff (daily workers not included)	5,092



DELEGATIONS

- Algeria
- Burundi
- Central African Republic
- Chad
- Congo, Democratic Republic of the
- Eritrea
- Ethiopia
- African Union
- Guinea
- Liberia
- Libya
- Mali
- Mauritania
- Morocco
- Niger
- Nigeria
- Rwanda
- Somalia
- South Sudan
- Sudan
- Uganda

REGIONAL DELEGATIONS

- Abidjan
- Antananarivo
- Dakar
- Harare
- Nairobi
- Pretoria
- Tunis
- Yaoundé

 ICRC delegation
  ICRC regional delegation
  ICRC mission



Nigeria, Maiduguri. A widow receives ICRC cash assistance – as many other female breadwinners have, in urban areas in north-eastern Nigeria – for setting up a small business.

HUMANITARIAN NEEDS AND RESPONSES

In 2017, the ICRC worked throughout Africa to address the protection concerns and material needs of people affected by armed conflict and other situations of violence, many of whom were also suffering the effects of severe droughts, extreme poverty, and limited resources and infrastructure. It launched emergency responses to outbreaks of violence, and sustained or expanded its activities addressing the consequences of protracted conflicts and the spillover effects of violence in certain countries. Its operations in the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), Mali, Nigeria, Somalia and South Sudan remained some of its largest worldwide.

The ICRC continually adapted its operations to its dynamic working environment. It scaled up its activities in the Lake Chad region, to address the increased humanitarian needs brought about by the conflict there. These activities benefited, among others, people in isolated, previously inaccessible areas in Nigeria, and IDPs and refugees in Cameroon, Chad and Niger. This expansion, and increases in activities in Libya, Mozambique and Somalia, were supported by budget extension appeals. The ICRC also maintained a region-oriented approach in responding to the conflict in Mali and its spillover effects on neighbouring countries in the Sahel region, particularly Burkina Faso and Niger. It upgraded its office in Mopti, in central Mali, to a sub-delegation, and opened a new office in Kananga, Kasai-Central, DRC, to support its stepped-up activities for people affected by outbreaks of violence. Its operations in Liberia were integrated into the work of its regional delegation in Abidjan, Côte d'Ivoire.

Various constraints – such as security concerns in the DRC and logistical challenges in South Sudan – hampered the implementation

of some projects. The ICRC adjusted its working methods to overcome these challenges and sustain its assistance to violence-affected people, especially in areas not accessible to other humanitarian organizations. In South Sudan, it again used aircraft to reach people in isolated communities, airdropping food supplies that were collected and distributed by National Society and ICRC teams stationed at designated sites.

Across the region, the ICRC engaged in dialogue with parties to conflicts and interacted with community leaders and members, to secure their acceptance for its neutral, impartial and independent humanitarian action. It urged parties to conflicts to comply with IHL and other applicable law, emphasizing the need to protect civilians, facilitate people's access to essential services and humanitarian assistance, and safeguard medical personnel and facilities. It monitored the situation of vulnerable people and documented their concerns, including reported abuses; when possible, it shared these allegations with the parties concerned, with a view to preventing their recurrence. The ICRC complemented such dialogue with IHL information sessions, and briefings about its work and mandate, for weapon bearers, local authorities and community leaders capable of influencing parties to conflicts. Such interactions – along with the help of National Societies working in the region – enabled the ICRC to maintain or improve its proximity to vulnerable people.

The ICRC responded to the emergency needs of people affected by fresh outbreaks of violence, particularly those newly displaced, and of IDPs who had been displaced for some time, people who had recently returned to their places of origin, and those grappling with the combined effects of violence and drought. Over 2 million people across the region benefited from food, and over 1 million from household essentials, distributed by National Societies and

the ICRC. These relief items helped tide people in drought-affected areas over until the next harvest and enabled newly displaced people to set up temporary shelters. People who had access to functioning markets – for instance, in Burundi, the DRC and Nigeria – used ICRC-provided cash or vouchers to buy essential supplies. IDPs and other vulnerable people were provided with clean water for drinking.

The ICRC supplemented its relief efforts with initiatives that helped vulnerable people – particularly in areas where subsistence agriculture was the main means of survival – to maintain or bolster food production. Farmers resumed or sustained agricultural activities with the help of ICRC-provided seed and tools, and/or training. Herders maintained the health and market value of their livestock, using ICRC-supported fodder banks and local animal-health services; some benefited from destocking initiatives, whereby the ICRC purchased weak animals so that the herders could avoid further losses. Among these farmers and herders were IDPs, residents, returnees, refugees and drought-affected people. Households who had access to rivers and other bodies of water received fishing kits; in South Sudan, the kits distributed were designed to be easily carried by people needing to flee for safety. Other groups of particularly vulnerable people – such as victims of abuse, including sexual violence; relatives of missing persons; and female breadwinners – received ICRC cash grants, training and other support to secure their food supply or supplement their income.

Over 5 million people across Africa obtained access to water and other basic services thanks to ICRC projects, which were often undertaken with local entities. Agro-pastoralists obtained water for personal consumption and for their crops and livestock from ICRC-built or -repaired water points; some of these projects also sought to ease tensions arising from competition over limited resources. In urban areas, IDPs and residents had a supply of clean water after the ICRC upgraded key infrastructure, carried out training for maintenance and other staff, and/or donated equipment, tools or water-treatment chemicals. The ICRC also helped stem the spread of cholera in vulnerable areas, by digging wells, chlorinating water and promoting good hygiene practices, as in South Sudan, and by building sanitation facilities, including showers and latrines in IDP camps, settlements and rural areas.

People in conflict-affected areas had access to basic preventive and curative care – including vaccinations, and ante- and post-natal consultations – at primary-health-care centres that the ICRC supported with supplies, staff training and/or infrastructure upgrades. At some centres, malnourished children benefited from therapeutic feeding programmes, and victims of trauma received specialized care. Victims of sexual violence had access to medical services, including post-exposure prophylaxis, and psychosocial care. In Somalia, the ICRC supported or set up additional facilities offering specialized treatment, as malnutrition and cholera rates spiked owing to the combined effects of drought and violence.

Across the region, weapon-wounded people, including casualties of bombings and other emergencies, were given first aid on site and/or evacuated to hospital by ICRC-trained emergency responders, including National Society volunteers, community members and weapon bearers. In South Sudan, hundreds of people were airlifted by the ICRC to facilities providing higher-level care. The ICRC sustained its support to hospitals across the region, especially to those that received influxes of patients following surges in violence, and to facilities that were the only providers

of hospital-level services in their areas. Thus, seriously injured people and others in need of medical care received treatment at hospitals that maintained their services with supplies donated by and/or facilities upgraded or built by the ICRC. ICRC medical teams – deployed in some hospitals in the CAR, the DRC, Mali, Niger, Nigeria and South Sudan – continued to treat critically ill and injured patients and/or provide training for medical staff. Doctors and other medical professionals added to their technical capabilities during ICRC-organized war-surgery courses. The ICRC expanded its support for Libyan health services.

People with physical disabilities obtained rehabilitative care at ICRC-supported centres in Algeria, Burundi, the DRC, Ethiopia, Guinea-Bissau, Libya, Mali, Niger, South Sudan and Sudan. Training sessions, scholarships and other support were provided for local specialists and/or students, to help ensure the sustainability of these services. The ICRC promoted the social reintegration of people with physical disabilities, by providing them with psychosocial or livelihood support and/or facilitating their participation in sports. To help prevent further casualties in weapon-contaminated areas, the Moroccan Red Crescent conducted mine-risk education sessions for people in the Moroccan-administered parts of Western Sahara, with ICRC support. In Zimbabwe, mine-action authorities sought the ICRC's help to strengthen their capacities in such areas as mine-clearance training and quality control.

Across the continent, family members separated by violence, migration and other circumstances reconnected using Movement family-links services. IDPs, people who had fled violence in their home countries and were staying in neighboring countries, and migrants seeking passage to Europe made use of RCMs and phone call services to restore or maintain contact with their relatives; these services were facilitated by strong regional coordination between National Societies in the host and home countries and the ICRC. Unaccompanied minors across the region, including those formerly associated with weapon bearers, rejoined their families with ICRC support; where possible, their reintegration was monitored by ICRC delegates. Acting as a neutral intermediary, the ICRC facilitated the repatriation of 125 people released in South Sudan by an armed group to Sudan; it also assisted in the handover to the authorities of 82 girls who had been kidnapped in Nigeria in 2014.

The ICRC encouraged local efforts to help families ascertain the fate of relatives missing in relation to ongoing or past conflicts, or to migration. For example, the ICRC delegations in Morocco and Tunisia continued to coordinate discussions with the Moroccan authorities and Sahrawi/Polisario Front bodies/organizations on the fate of people missing since the Western Sahara conflict. With ICRC technical support, the Burundian authorities exhumed dozens of remains from past conflicts, after mass graves were discovered in two provinces.

In accordance with its standard procedures, the ICRC visited detainees, including people being held in relation to armed conflict and other violence, or by international forces and armed groups. It monitored the situation of particularly vulnerable people, including migrants, women and children. Based on its visits, the ICRC confidentially shared its findings, recommendations and other technical input with the detaining authorities, to help them improve detainees' living conditions and treatment, particularly in relation to respect for judicial guarantees and procedural safeguards. In Burundi, Madagascar and elsewhere, the ICRC drew the

authorities' attention to cases of people in prolonged pre-trial detention, with a view to speeding up their sentencing.

Drawing on various forms of ICRC support, the authorities worked to improve penitentiary services to better address issues related to detainees' living conditions, especially with regard to food supply and access to health care. Various training initiatives – for instance, an international seminar on prison management held in Dakar, Senegal – helped penitentiary officials in the region to improve their managerial skills, particularly regarding food services and infrastructure maintenance. In places with high malnutrition rates, the ICRC supported the authorities' efforts to improve prison food supply and health care. For instance, it helped them implement standardized menus, and provided technical, financial and material support for prison farms, where detainees grew crops to supplement their diets. Where gaps occurred, the ICRC provided sick and malnourished detainees with food supplements, and supplied facilities facing food shortages with contingency stocks. In many countries, the penitentiary authorities worked with the ICRC to upgrade water and sanitation, cooking and living facilities, and to conduct pest-control and hygiene campaigns.

With the National Societies concerned, the ICRC maintained – through dialogue and at various events – its interaction with government officials, diplomats and representatives of international/multilateral organizations, including the African Union (AU) and regional economic communities, to promote understanding of humanitarian issues and IHL, and to foster support for the Movement's work. Directly or with the AU, the ICRC encouraged State authorities to implement IHL provisions domestically, and offered its expertise in this regard. With the help of such efforts, Madagascar ratified the Convention on Cluster Munitions; the Seychelles became party and Gambia a signatory to the Convention on Enforced Disappearance; and Algeria, Comoros and Madagascar signed the Treaty on the Prohibition of Nuclear Weapons. At the first conference of States party to the African Union Convention on IDPs, organized by the AU, the ICRC presented the findings of a 2016 study that looked into the progress made by States to incorporate the Convention into domestic law.

Across the region, military and security forces, including troops bound for deployment in third countries or participating in AU and UN peace-support operations, reinforced their understanding of their responsibilities under IHL, international human rights law and other applicable international norms, at information sessions held by the ICRC and advanced courses abroad. Acting on ICRC technical advice, military commands furthered the integration of IHL into their operations and training.

At various ICRC-facilitated activities, religious and community leaders examined points of correspondence between Islamic law and IHL, journalists enhanced their understanding of humanitarian action, and students honed their proficiency in IHL.

PROTECTION MAIN FIGURES AND INDICATORS

AFRICA															
	CIVILIANS														
	RCMIs collected	RCMIs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	of whom UAMs/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred or repatriated	Human remains transferred or repatriated	Tracing cases closed positively (subject located or fate established)	People to whom travel documents were issued	Places of detention visited	Detainees in places of detention visited	of whom women
Algeria	14	12	9							10		32	20,542	252	
Burundi	13,140	15,619	201			5	4	13	3	119		35	12,571	722	
Central African Republic	213	240	373			26	20	52	1	250		21	1,409	81	
Chad	612	624	47,504			34	34	155		115		11	4,180	95	
Congo, Democratic Republic of the	32,736	26,415	1,057	96		175	159	983	166	188		48	26,514	573	
Eritrea	445	1,706								43	1				
Ethiopia	3,229	2,431	72,145	584	589	4	3	26	1	245	6	32	49,098	1,888	
Guinea	16	25	36			1	1			17		13	3,531	158	
Liberia	44	23	670			15	13				15				
Libya		20	715					30		22	262	4	4,657	935	
Mali	303	183	5,967			14	14	11		57		29	4,253	127	
Mauritania	27	31	195					1		6		11	2,100	37	
Niger	404	343	17,290			58	57	64	56	162		19	4,978	188	
Nigeria	416	451	2,139			31	25	456	87	193		33	28,021	1,037	
Rwanda	3,560	3,858	69,513	204		42	42	1,115	18	97	3	30	70,529	4,591	
Somalia	37,766	33,547	49,375	7,812	4,390			1		465	20	21	2,842	57	
South Sudan	2,814	2,142	66,198		1,158	73	47	52	56	231		39	5,053	267	
Sudan	794	347	5,675			2	2	28		132					
Uganda	3,480	2,150	68,810			136	115	505	4	43	15	15	12,650	648	
Abidjan (regional)	289	162	841					14		24		27	17,554	439	
Antananarivo (regional)	22	24								1		25	15,504	891	
Dakar (regional)	10	115	2							8		8	3,092	63	
Harare (regional)	780	532	114					165		12	2	38	20,371	448	
Nairobi (regional)	36,950	30,227	209,678			329	241	1,118		89		6	1,109	45	
Pretoria (regional)	334	192	5,392					11		47	99	5	6,061	105	
Tunis (regional)	86	172	477					2		35		13	13,842	453	
Yaoundé (regional)	574	290	22			14	14	436		287	2	16	10,244	237	
Total	139,058	121,881	624,398	8,696	6,137	959	791	5,238	392	25	2,898	425	531	340,705	14,337

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

<i>of whom minors</i>	Visits carried out	Detainees visited and monitored individually	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
67	32	184	13	1	3	134	12	1	2	34	4	281				Algeria
190	154	1,677	37	4	23	496	16	3	19	469	380	270			94	Burundi
64	107	104	1		7	65			7	166	73	76			1	Central African Republic
159	65	575	16	1	44	207	2		37	664	426	83			2	Chad
936	246	2,876	23	4	103	1,937	18	4	79	2,933	1,397	213			34	Congo, Democratic Republic of the
															3	Eritrea
1,603	53	271	22	5	10	192	18	5	8	248	211	480			51	Ethiopia
338	55	21	2		1	16	1			65	13	19				Guinea
																Liberia
234	12	304	43	1	17	294	34		17	159	58	38	6		3	Libya
197	265	859	10		45	673	9		40	158	48	721		1	1	Mali
95	16	34	1			21	1			14		11				Mauritania
266	106	1,846	37	14	68	447	14	10	21	358	120	273				Niger
827	92	8,071	477	70	493	3,312	332	56	299	256	81	35				Nigeria
404	78	163	13		4	83	10		3	1,640	1,151	390			319	Rwanda
270	43	45	1	1	2	29			1	15	2	18		10		Somalia
311	130	316	3		6	202	3		6	201	51	41		127	131	South Sudan
														125	48	Sudan
67	44	174	14		1	67	8		1	500	425	285	55		2	Uganda
481	78	308	14		2	174	11		2	170	80	201				Abidjan (regional)
865	56	124	9		13	77	6		13	53	5	347				Antananarivo (regional)
19	12	47	3			47	3			11	4	3			3	Dakar (regional)
120	117	80	1		3	20				6		71				Harare (regional)
46	15	31	2							154	38	639	36			Nairobi (regional)
4	17	21				16				7	2	1				Pretoria (regional)
39	32	630	53		2	371	26		2	150	61	158	5		1	Tunis (regional)
361	45	1,695	71	6	140	967	35	4	109	61	29	159	67		1	Yaoundé (regional)
7,963	1,870	20,456	866	107	987	9,847	559	83	666	8,492	4,659	4,813	169	263	694	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

AFRICA														
	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM		
	CIVILIANS - BENEFICIARIES						HEALTH CENTRES							
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations	Immunizations (patients)	Food commodities	Essential household items	Water and habitat activities
Burundi		900	10,518	8,400			64,298	4	127,385	32,699	14,627	10,560		10,378
Central African Republic	39,995	35,724	171,497	12,728		18	990,456	4	60,303	79,588	79,548		1,281	1,037
Chad	35,982	12,636	222,903	240		100	20,302					2,740		4,000
Congo, Democratic Republic of the	120,353	142,644	92,002	64,934	14,530	23,808	590,762	18	126,426	90,481	49,557	5,710	24,993	17,155
Eritrea			414,135	5,304			95,868							
Ethiopia	890	144,170	55,506	2,184			9,801						29,089	34,594
Guinea													1,149	3,200
Libya	275,536	283,680					63,417						189	
Mali	103,344	34,410	112,302	64,440		488,456	220,198	11	64,155	51,116	155,506	183	11,910	2,919
Mauritania							21,566					1,626	2,627	2,000
Niger	99,478	15,466	22,608	5,676		479,179	154,729	5	75,460	46,973	13,896	5,204		3,599
Nigeria	407,388	70,860	503,250	175,818		45	1,080,569	31	753,311	710,364	1,056,748	10,325	21,287	14,000
Rwanda	51	280		15										35,000
Somalia	510,643	110,729	547,068	584,632		349,023	1,296,530	32	725,536	528,193	207,678	5,805	5,476	7,580
South Sudan	511,847	226,857	816,750	573	16,800	564	383,787	12	149,387	87,424	34,840	3,559	1,488	3,248
Sudan	31	9,031		3,471	2,950									242
Uganda	43	4,400	4,721	56								5,150	12,413	
Abidjan (regional)		6,328			5,706	26,574	54,427						21,013	11,578
Antananarivo (regional)												2,340	1,962	12,225
Dakar (regional)	9	3,386	10,659	2,039		19,886	7,158							
Harare (regional)												17,037	13,691	7,400
Nairobi (regional)	8,370		7,380	50,844		7,919	18,963							350
Pretoria (regional)		72,852	84,616				36,072					8	8	
Tunis (regional)							810							10,102
Yaoundé (regional)	66,522	42,132	28,284	15,228		36	83,150	5	94,175	61,330	167,646	1,745		4,524
Total	2,180,482	1,216,485	3,104,199	996,582	39,986	1,395,608	5,192,863	122	2,176,138	1,688,168	1,780,046	71,992	148,818	184,889
<i>of whom women</i>	670,724	434,411	1,161,757	245,521	13,673	426,747	1,763,350					5,131	8,874	10,187
<i>of whom children</i>	1,023,655	479,517	1,104,471	548,664	18,152	587,494	2,306,088					2,300	2,898	3,383
<i>of whom IDPs</i>	1,006,538	765,480	633,067	351,950	14,037	20,747	340,332							

WOUNDED AND SICK

FIRST AID		HOSPITALS					PHYSICAL REHABILITATION							
Sessions	Participants (sum of monthly data)	Hospitals supported	including hospitals reinforced with or monitored by ICRC staff	SURGICAL ADMISSIONS			Projects supported	Patients receiving services (sum of monthly data)	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
				Weapon-wound admissions	Non-weapon-wound admissions	Operations performed								
		6					1	4,694	27	735	36	1,221	4,763	Burundi
48	1,644	2	2	330	356	1,049	1	900	43	77	108	301	500	Central African Republic
														Chad
42	713	32	11	1,116	521	4,774	4	1,209	223	110	441	183	459	Congo, Democratic Republic of the
														Eritrea
		4					9	6,479	703	690	1,400	2,081	2,496	Ethiopia
														Guinea
58	1,156	47					2	594	230	237	224	270	251	Libya
		2	2	270	628	1,693	7	10,711	100	84	329	508	9,265	Mali
														Mauritania
		1	1	189	315	791	3	987	168	523	152	414	247	Niger
146	3,546	11	2	662	25	2,871	1	215	192	2	190	2		Nigeria
														Rwanda
58	1,274	7	4	4,445	5,152	21,789								Somalia
167	3,983	10	8	1,436	249	4,308	3	3,156	165	166	525	305	877	South Sudan
							11	5,878	678	638	1,494	1,478	5,748	Sudan
														Uganda
		3												Abidjan (regional)
														Antananarivo (regional)
							1	2,397	44	55	59	66	1,842	Dakar (regional)
														Harare (regional)
														Nairobi (regional)
														Pretoria (regional)
							1	865		22	19	89	662	Tunis (regional)
		1												Yaoundé (regional)
519	12,316	126	30	8,448	7,246	37,275	44	38,085	2,573	3,339	4,977	6,918	27,110	Total
								7,692	506	469	1,014	998	4,928	<i>of whom women</i>
								14,517	194	2,008	395	4,408	14,416	<i>of whom children</i>
														<i>of whom IDPs</i>

ALGERIA



ICRC/AR_2017
 + ICRC delegation + ICRC presence
 *Activities in Tindouf are run under the supervision of the Tunis regional delegation

The ICRC has been working in Algeria, with some interruptions, since the 1954–1962 Algerian war of independence. Aside from visiting people held in places of detention run by the Ministry of Justice and people remanded in police stations and *gendarmeries*, it supports the authorities in strengthening national legislation with regard to people deprived of their freedom and promotes IHL. The ICRC supports the Algerian Red Crescent in its reforms process and partners it in restoring links between separated family members.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Prison authorities continued to draw on ICRC support to improve detainees’ treatment and living conditions; they issued new guidelines, based on ICRC recommendations, for maintaining a hygienic food-supply system.
- ▶ People reconnected with their families using Movement family-links services. The cases of vulnerable migrants were referred to the appropriate services for assistance.
- ▶ The defence ministry and the ICRC organized a workshop for military medical personnel on the management of weapon wounds, as part of activities carried out under an agreement to cooperate in improving military education.
- ▶ Influential actors contributed to discussions of humanitarian issues and learnt more about the ICRC at various meetings and events, such as the screening of a film on the ICRC’s role during the Algerian war of independence.
- ▶ The Algerian Red Crescent and the ICRC signed a partnership agreement defining future cooperation in public communication, promotion of IHL, first aid and restoring family links.
- ▶ Algeria signed the Treaty on the Prohibition of Nuclear Weapons.

EXPENDITURE IN KCHF

Protection	1,359
Assistance	323
Prevention	767
Cooperation with National Societies	421
General	35
Total	2,905
<i>Of which: Overheads</i>	<i>177</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	18

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	14
RCMs distributed	12
Phone calls facilitated between family members	9
Tracing cases closed positively (subject located or fate established)	14
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	32
Detainees in places of detention visited	20,542
<i>of whom visited and monitored individually</i>	184
Visits carried out	32
Restoring family links	
RCMs collected	34
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	281

CONTEXT

Despite regional insecurity, and some degree of political and economic uncertainty within its own borders, Algeria remained relatively stable. It kept its borders closed – excluding that with Tunisia – and its military and security forces continued their operations against groups suspected of endangering the State, or of being associated with unregulated trade in various goods. These operations were said to result in arrests and casualties.

Migrants, including refugees and asylum seekers, continued to arrive in Algeria or pass through it on their way to other destinations; reportedly, more people were attempting to reach Italy or Spain by crossing the Mediterranean Sea from Algeria. State services and the Algerian Red Crescent helped some of the people who had fled violence in Mali or the Syrian Arab Republic to meet their immediate needs. There was no framework to regularize the status of migrants; many of them – reportedly thousands – were sent to neighbouring countries within the year, mostly to Mali and Niger.

Algeria continued to play an active role in multilateral forums, notably through its membership of the African Union Peace and Security Council and the UN Human Rights Council.

ICRC ACTION AND RESULTS

The ICRC's delegation in Algeria continued to visit detainees in prisons run by the police or the *gendarmérie*; it conducted these visits in accordance with its standard procedures. Foreign nationals, minors, vulnerable women, people in solitary confinement and other inmates with specific needs were monitored individually. After these visits, the ICRC communicated its findings and recommendations confidentially to the detaining authorities, to help them improve detainees' living conditions and treatment, within the context of Algeria's overall penitentiary reform. The authorities drew on these findings and recommendations to draft and issue new guidelines for ensuring a hygienic food-supply system in prisons.

Penitentiary and health authorities became more capable of addressing humanitarian issues related to detention after attending, with ICRC support, information sessions, workshops and conferences in Algeria and elsewhere. These included: a study visit to Switzerland, where they discussed with their counterparts ways to ensure respect for international human rights law in judicial police practice; and a series of workshops covering health issues in detention, such as the role of doctors in dealing with cases of solitary confinement.

RCMs, brief oral messages and other family-links services helped foreign detainees, and inmates held far from their homes, to stay in touch with their families. People separated from their relatives by migration or other circumstances also made use of the family-links services provided by the Algerian Red Crescent and the ICRC. Some families who had lodged tracing requests with the ICRC received news of their relatives. In coordination with other organizations concerned, the cases of vulnerable migrants were referred to appropriate services for assistance. The ICRC discussed migration-related issues with the consular offices of some migrants' countries of origin.

The ICRC continued to work with the authorities and others to increase understanding of IHL and other applicable norms and

standards and help ensure respect for them. The defence ministry and the ICRC carried out activities in fulfilment of an agreement signed in 2016 to cooperate in improving military education: for instance, they organized a workshop for military medical personnel on the management of weapon wounds. Other events organized by the ICRC – some with the national IHL committee – helped magistrates and other government officials strengthen their grasp of IHL and norms protecting vulnerable people, and more fully understand their role in promoting and ensuring compliance with these legal regimes. The national IHL committee used the ICRC's recommendations to draft its 2018 action plan; this was part of the effort to expand cooperation between the committee and the ICRC. ICRC support enabled Algerian officials to participate in a round-table on Africa's contribution to the Treaty on the Prohibition of Nuclear Weapons; Algeria signed the treaty in September.

The ICRC was in regular contact with persons and organizations facilitating humanitarian action – or wielding influence in these matters – in Algeria and elsewhere: for instance, the foreign ministry, the national human rights council, forensic institutions, and religious organizations. This helped to advance understanding of the ICRC's working methods and to promote its positions on various humanitarian issues. Government and military officials, and representatives from the private sector and civil society, learnt more about the ICRC's activities during Algeria's war of independence from an ICRC-produced film. Islamic scholars, university students and academics strengthened their grasp of IHL through courses, conferences and competitions organized by the ICRC.

The National Society reinforced its capacities in first aid and restoring family links, with the ICRC's financial and technical support. It continued to draw on the ICRC for guidance in such matters as observing the Fundamental Principles and coordinating with other Movement components. The National Society and the ICRC signed a partnership agreement defining future cooperation in first aid, restoring family links, promoting IHL, and public communication.

CIVILIANS

Members of separated families reconnect through Movement services

People separated from their families by armed conflict, migration, detention or other circumstances were able to restore contact with their relatives through RCMs, brief oral messages and other family-links services offered by the Algerian Red Crescent with the ICRC's technical support. One family sent parcels and made video calls every month to a relative held at the US internment facility at Guantanamo Bay Naval Station in Cuba. Other families were able to contact relatives detained in Iraq, Libya, Mali, Niger or Tunisia. The National Society and the ICRC dealt with tracing requests jointly; there were 38 new requests. Some requests were from National Societies assisting the families of foreigners in Algeria. Fourteen people were located and their families informed. An Ivorian migrant living in Algeria was able to talk to his mother for the first time in almost five years, after she had been located in a refugee camp in Guinea through the efforts of the ICRC delegations in Algeria and Guinea.

The National Society and the ICRC met regularly to discuss such matters as the difficulties the National Society had in delivering family-links services. They drafted a joint action plan to tackle those difficulties and improve the National Society's family-links services.

The National Society's coordinator for family-links services discussed various matters of common interest with colleagues from other National Societies at a regional meeting (see *Dakar*).

As part of Movement-wide efforts to improve family-links services for migrants in the region, an Algerian Red Crescent official attended ICRC workshops (for example, see *Abidjan*) and shared the organization's experiences.

Regular coordination between them enabled local associations, international organizations, and the ICRC and other humanitarian actors to develop a fuller understanding of the specific needs of migrants and other vulnerable foreigners in Algeria. It also facilitated the referral of vulnerable people to appropriate assistance services. For instance, several foreigners at risk of *refoulement*, having been released from detention after serving their sentences, had their cases forwarded, at their request, to the UNHCR. The ICRC met with the consular representatives of several migrants' countries of origin to discuss migration-related issues, such as the necessity of visiting those who had been detained and ensuring that they were able to communicate with their families. The consular representatives were also briefed on the ICRC's activities throughout the world in the areas of migration, detention and restoration of family links.

The ICRC remained ready to support the authorities in responding to the needs of the families of people missing in connection with past internal violence. Algerian authorities and the ICRC met to discuss how the ICRC could act as a neutral intermediary in the repatriation of Algerian nationals' remains. Despite the ICRC's invitations, no representative from Algerian organizations participated in ICRC forensic seminars outside Algeria.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison authorities issue new guidelines for maintaining a hygienic food supply

The ICRC visited places of detention, in accordance with its standard procedures, to monitor detainees' treatment and living conditions. It focused on 32 facilities – including 18 prisons run by the police or the *gendarmérie* – holding over 20,500 people. Some 180 detainees with specific needs – foreign nationals, minors, vulnerable women and people in solitary confinement – were monitored individually.

After these visits, the ICRC communicated its findings and recommendations confidentially to the detaining authorities, to help them improve detainees' living conditions and treatment, within the context of Algeria's overall penitentiary reform. The ICRC also discussed a number of issues with the authorities, such as solitary confinement and the importance of ensuring that detainees can contact their families. The national authorities, drawing in part on the ICRC's recommendations, drafted and issued new guidelines for maintaining a hygienic food-supply system in prisons.

Police and prison officials strengthen their grasp of international law and detention standards

With ICRC support, detaining authorities attended workshops, briefings and other events that helped them reinforce respect for international law and standards and learn more about best practices in prison management. The ICRC held several workshops on internationally recognized standards for detention, and briefings on its work, for some 500 students at the national prison administration school; instructors and school managers also attended these

sessions. During a study trip to Switzerland, ten Algerian representatives – police officials, including members of the judicial police, *gendarmérie* personnel, and civilian and military magistrates – discussed various subjects with their Swiss counterparts, such as: ensuring respect for international human rights law in judicial police practice, the treatment of vulnerable groups such as children and migrants, and incorporating the teaching of applicable norms and best practices in their training programmes. Staff and officers from national penitentiary and judicial agencies learnt more about internationally recognized standards for the treatment of prisoners at an event organized by the national prison administration and the ICRC.

In order to advance understanding of its work for detainees, and foster acceptance for these activities (see also *Actors of influence*), the ICRC organized briefings for staff members and officers at the places of detention that it visited, and distributed pertinent ICRC publications to them. The ICRC also conducted an information session on its activities for prison chaplains who regularly visited detainees, including foreign inmates.

Health and penitentiary officials learn more about handling medical issues in prisons

During its visits to detention facilities, the ICRC took note of inmates needing medical follow-up and referred them to the authorities concerned.

At a series of workshops organized by the national prison administration and the ICRC, about 90 people – officials from the justice ministry, prison directors, doctors, psychologists and dentists – learnt more about handling medical issues in places of detention. The workshops covered three main topics: documentation and management of incidents of violence; medical cases incompatible with detention; and the role of doctors in dealing with cases of solitary confinement. During the workshops, officials from the national prison administration shared their views on a number of matters, such as the importance of reviewing the law on the role of doctors with regard to cases of solitary confinement. Officials from the prison administration and the health ministry attended an ICRC seminar on health, held abroad (see *Jordan*): they discussed various aspects of their work, such as abiding by medical ethics and improving detainees' access to good-quality health care.

Foreigners and others detained far from home contact their families

People held far from their homes, or whose families were abroad, exchanged news with their relatives through RCMs and brief oral messages relayed by the Algerian Red Crescent and the ICRC, in coordination with the authorities. The ICRC helped over 80 detained foreigners to notify their consular representatives of their situation.

ACTORS OF INFLUENCE

The defence ministry and the ICRC act jointly to improve military education

The defence ministry and the ICRC carried out activities in fulfilment of an agreement reached in 2016 to cooperate in improving military education. Twenty-five doctors, surgeons and other medical professionals from various branches of the military updated their skills in the surgical management of weapon wounds at a workshop conducted by ICRC experts. The workshop also covered the issue of protection for medical services. The ICRC sponsored a number of army officers to attend workshops abroad,

such as one on international rules for military operations (see *International law and policy*) and another on teaching IHL (see *Morocco*).

Police authorities postponed most of their planned training activities with the ICRC to 2018.

Judges and other participants in past IHL-related training pass on their knowledge to others

The national IHL committee used the ICRC's recommendations to draft its 2018 action plan. This was part of the effort to expand cooperation between the committee and the ICRC. Together with the national training institute for magistrates, they also held a seminar, at which some 30 judges from across the country strengthened their grasp of IHL and other norms and standards, and of their role in ensuring respect for them. ICRC-trained Algerian judges helped facilitate the seminar. Other past participants in IHL courses – a judge, an army officer, and the legal adviser to the Algerian Red Crescent – were recruited to assist in a training seminar for IHL instructors, held in Morocco.

Government officials, including diplomats, learnt more about IHL at panel discussions organized by their training institutes and the ICRC, and at courses abroad (see *Lebanon* and *Tunis*).

Algeria signs treaty prohibiting nuclear weapons

The ICRC maintained regular contact with the government committee following up implementation of the Anti-Personnel Mine Ban Convention. It enabled Algerian officials to attend a conference on the updated Commentary on the First Geneva Convention (see *Brussels*) and a round-table on Africa's contribution to the Treaty on the Prohibition of Nuclear Weapons (see *Pretoria*), at which they discussed IHL and IHL-related treaties with their counterparts from other countries. Algeria signed the Treaty on the Prohibition of Nuclear Weapons in September.

Influential actors learn more about the ICRC, including its role in the Algerian war of independence

The ICRC was in regular contact with persons and organizations facilitating humanitarian action – or wielding influence in these matters – in Algeria and elsewhere: for instance, the foreign ministry, the national human rights council, forensic institutions, and religious organizations. This helped to advance understanding of the ICRC's working methods and to promote its positions on various humanitarian issues.

Some 250 government and military officials, and representatives from the private sector and civil society, learnt more about the ICRC's activities during Algeria's war of independence from an ICRC-produced film, and from other events connected to the film's release. The national archives and the ICRC made their final preparations for the public release – scheduled for 2018 – of ICRC documents pertaining to Algeria's war of independence.

Islamic leaders and scholars advanced their understanding of the points of correspondence between IHL and Islamic law at courses and conferences held in Algeria – including one organized with the national reference institution for Islam-related issues – and elsewhere (see *Lebanon* and *Niger*).

Students, teachers and scholars expanded their knowledge of IHL through study sessions and moot court competitions, including regional contests (see *Egypt*).

RED CROSS AND RED CRESCENT MOVEMENT

ICRC financial and technical support helped the Algerian Red Crescent to strengthen its organizational structure and its capacities in various areas. Staff and volunteers gained more skills and knowledge through local and overseas training sessions in restoring family links (see *Civilians*), doing their work in safety in line with the Safer Access Framework, and IHL promotion. The National Society drew on ICRC expertise to revise its first-aid manual, for instance by incorporating new internationally recognized standards for first aid in it; the National Society used the manual to train new first-aiders and first-aid instructors.

The leaders of 20 National Society branches added to their knowledge of IHL at a seminar organized by the National Society and the ICRC.

The ICRC continued to provide guidance to the National Society in such matters as observing the Fundamental Principles and coordinating with other Movement components. In December, the National Society and the ICRC signed a partnership agreement defining future cooperation in helping the National Society to expand its capacities and develop activities in the areas of first aid, promotion of IHL, public communication and restoring family links.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		14			
RCMs distributed		12			
Phone calls facilitated between family members		9			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		38	10	3	3
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases closed positively (subject located or fate established)		14			
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases still being handled at the end of the reporting period (people)		80	17	8	6
<i>including people for whom tracing requests were registered by another delegation</i>		14			
Documents					
Official documents delivered across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		32			
Detainees in places of detention visited		20,542	252	67	
Visits carried out		32			
			Women	Girls	Boys
Detainees visited and monitored individually		184	13	1	3
<i>of whom newly registered</i>		134	12	1	2
RCMs and other means of family contact					
RCMs collected		34			
RCMs distributed		4			
Phone calls made to families to inform them of the whereabouts of a detained relative		281			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Places of detention visited by health staff	Structures	8		

BURUNDI



ICRC delegation

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Some detainees, including the malnourished, had improved access to food thanks to produce grown on prison farms. Judicial authorities expedited the cases of some people in pre-trial detention, with technical support from the ICRC.
- ▶ IDPs and returnees received aid – from the ICRC or through the Burundi Red Cross – which helped them cope with their situation. In Bujumbura, people received money via ICRC cash-transfer or cash-for-work programmes.
- ▶ People in one area of Bujumbura had better access to safe drinking water, and were less at risk from water-borne diseases, after the local water authorities and the ICRC finished renovating their water-supply system.
- ▶ Victims of sexual violence received medical care and/or psychosocial support at four primary-health-care centres that the ICRC began supporting in August. Health staff were trained to provide integrated care for the victims.
- ▶ Burundian authorities sought to improve their ability to manage human remains. With ICRC technical support, they exhumed dozens of sets of remains from mass graves that were discovered in the provinces of Mwaro and Makamba.
- ▶ Authorities, weapon bearers and other actors learnt about the Movement at ICRC events aimed at facilitating the delivery of humanitarian aid. The National Society strove to enhance its capacity to respond to emergencies.

EXPENDITURE IN KCHF

Protection	2,970
Assistance	5,243
Prevention	1,058
Cooperation with National Societies	583
General	110
Total	9,964
<i>Of which: Overheads</i>	<i>608</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	25
Resident staff (daily workers not included)	85

The ICRC has been present in Burundi since 1962, opening its delegation there in 1992 to help people overcome the humanitarian consequences of armed conflict. It focuses on working with prison authorities to ensure that detainees' treatment and living conditions accord with internationally recognized standards, and on assisting violence-affected civilians. It reinforces local efforts to improve the quality and sustainability of physical rehabilitation services. It helps the Burundi Red Cross bolster its work, notably in terms of emergency preparedness and restoring links between separated family members, including refugees. It supports the armed forces in training their members in IHL.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	13,140
RCMs distributed	15,619
Phone calls facilitated between family members	201
Tracing cases closed positively (subject located or fate established)	125
People reunited with their families	6
<i>of whom unaccompanied minors/separated children</i>	5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	35
Detainees in places of detention visited	12,571
<i>of whom visited and monitored individually</i>	1,677
Visits carried out	154
Restoring family links	
RCMs collected	469
RCMs distributed	380
Phone calls made to families to inform them of the whereabouts of a detained relative	270

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Essential household items	Beneficiaries	900	
Productive inputs	Beneficiaries	10,518	
Cash	Beneficiaries	10,750	8,400
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	89,000	64,298
Health			
Health centres supported	Structures	5	4
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	6	
Physical rehabilitation			
Projects supported	Projects	1	1
Patients receiving services	Patients	100	4,694

CONTEXT

Relative calm was marked by isolated instances of violence, including grenade attacks in the capital, Bujumbura. Police and military personnel were deployed to maintain public order. Political tensions, connected to the 2015 presidential elections, persisted. The process of amending the constitution, to eliminate limits to presidential terms, was set in motion.

The European Union and its Member States continued to withhold direct financial aid from Burundi, owing to reports of human rights violations. Cuts in the national budget continued, and some delays in disbursing funds were reported, which affected the delivery of basic services, including in prisons. Food scarcity brought on by drought in early 2017, fuel shortages, and difficulties in importing and exporting goods exacerbated the situation for the general population.

Hundreds of thousands of people, most of whom had fled Burundi in 2015, remained in neighbouring countries (see, for example, *Nairobi* and *Rwanda*). The scarcity of resources made it difficult for returnees, and people in communities receiving them, to meet their needs. Many people left the country in pursuit of better economic opportunities.

Burundi continued to contribute troops to the African Union Mission in Somalia and the UN Multidimensional Integrated Stabilization Mission in the Central African Republic.

ICRC ACTION AND RESULTS

Despite some constraints – including increasing scrutiny of humanitarian actors in Burundi – the ICRC intensified its efforts to assist detainees and people suffering the consequences of unrest. It worked to expand its assistance activities, often with the Burundi Red Cross, in priority zones identified outside of Bujumbura.

The ICRC continued to visit places of detention throughout the country, to monitor detainees' treatment and living conditions. The cases of some people in pre-trial detention were expedited after the ICRC gave technical advice to the judicial authorities at local and national levels. The ICRC provided material and other support to penitentiary authorities to help them address food shortages in prisons. Malnourished detainees received supplementary rations – produce cultivated in prison gardens – and therapeutic food, which helped them regain their health. The ICRC renovated detention facilities to improve detainees' living conditions. People held in places of temporary detention gained access to health-care services after the ICRC helped set up a referral system between police authorities and district hospitals.

Members of families separated by unrest, armed conflicts in neighbouring countries, and detention reconnected through the Movement's family-links services. People who had filed tracing requests were informed of their missing relatives' fate and, where possible, reconnected with them. Some unaccompanied and separated minors were reunited with their families, in Burundi and elsewhere. The authorities concerned and the ICRC resumed their discussion on how to go about reuniting demobilized children with their relatives.

Burundian authorities strove to improve their ability to manage human remains. With ICRC technical support, they exhumed dozens of sets of remains from mass graves, from past armed

conflict, that were discovered in the provinces of Makamba and Mwaro.

The ICRC distributed household essentials to some IDPs. It also gave the National Society food and household essentials for distribution to returnees without means to go back to their places of origin. The ICRC, with the National Society's help, provided people with livelihood support, enabling them to earn money: female heads of households used cash grants to restart small businesses, and other breadwinners worked on community projects in exchange for cash. Some households cultivated crops with seed from the ICRC. Local water authorities and the ICRC renovated the water-supply system in one commune in Bujumbura, improving people's access to potable water and reducing their exposure to health risks. The National Society helped contain cholera outbreaks, using ICRC-supplied water-treatment chemicals.

The ICRC gave hospitals medical supplies and training to prepare them in the event of a mass influx of patients. In August, the ICRC began supporting four primary-health-care centres, where victims of violence, including sexual violence, were able to get suitable medical care and psychosocial support. It trained medical personnel in integrated care for such victims. People with physical disabilities recovered or improved their mobility at the ICRC-supported Saint Kizito Institute in Bujumbura. The ICRC helped the institute prepare for the withdrawal of ICRC support at the end of the year.

The ICRC maintained regular dialogue with members of the military and security forces, to foster respect for IHL, international human rights law and/or other norms applicable to their duties. At dissemination sessions, key members of civil society and other influential parties advanced their understanding of the Movement and its activities. All these efforts were aimed at facilitating the delivery of humanitarian aid, particularly in view of the ICRC's plans to expand its activities in the country (see above).

The Burundi Red Cross continued to assist people in need. It strengthened its capacity to respond to emergencies, with financial, material and technical support, and training, from the ICRC. Movement components in Burundi met regularly to coordinate their activities.

CIVILIANS

People receive news from relatives who had fled Burundi

The ICRC monitored the situation in Burundi, and maintained dialogue with authorities, and military and security forces, on the ICRC's mandate and on specific humanitarian issues.

Members of families separated by unrest in Burundi, armed conflict or other violence in neighbouring countries, detention, or other circumstances restored and maintained contact through the Movement's family-links services. Some 120 tracing requests, opened in Burundi or filed with other ICRC delegations, were resolved: families were informed of the fate of their missing relatives and, where possible, were put in touch with them.

The Burundi Red Cross and the ICRC registered nine unaccompanied and separated minors, and helped them address their specific needs. Five children, including two from Rwanda, were reunited with their families. The authorities concerned and the ICRC began once more to discuss how to reunite demobilized children with their relatives.

First responders learn to manage human remains

Having included human remains management in the national emergency plan, and having created an emergency coordination mechanism at the end of 2016, Burundian authorities strove to develop their ability to manage human remains, with ICRC support. Notably, after the discovery of mass graves in Makamba and Mwaro (see *ICRC action and results*), the Truth and Reconciliation Commission (TRC) initiated the exhumation of dozens of sets of human remains. Exhumations were carried out by the emergency coordination mechanism, with guidance and oversight from ICRC forensic experts.

Roughly 100 first responders, representing various provincial authorities, attended an ICRC workshop on managing human remains during emergencies, which was held for the first time outside Bujumbura. Two police officials attended a course – with ICRC financial assistance – held in Islamabad, Pakistan (see *Pakistan*), at which they exchanged best practices in managing human remains with their peers. Members of the TRC participated at an annual conference organized by the African Society of Forensic Medicine in Bloemfontein, South Africa (see *Pretoria*).

Victims of violence receive psychosocial support

In August, the health ministry and the ICRC signed a memorandum of understanding, marking the start of ICRC support to four primary-health-care centres in Bujumbura. At these centres, some 590 vulnerable people were treated for common diseases. Around 120 victims of violence, including sexual violence, received suitable medical services and/or psychosocial support; 14 of them obtained post-exposure prophylactic treatment within 72 hours. The ICRC helped the centres recruit psychologists, and trained health staff in integrated care for victims of violence.

ICRC-trained National Society volunteers organized information sessions for community members, to prevent the stigmatization of victims of sexual violence and raise awareness of the services available to them.

Owing to various reasons, a referral programme, for helping wounded people in the provinces obtain medical services in Bujumbura, was cancelled. Funds allocated for this were redirected to finance repairs at the four centres mentioned earlier: triage areas, sanitation facilities, and refrigeration systems for ensuring the appropriate storage of medicines were renovated. Two centres received generators, to ensure that their refrigeration systems had a reliable supply of electrical power. Hygienists were recruited to improve sanitation in the centres.

Breadwinners are able to cover their families' needs

In Bubanza province, some 900 IDPs (150 households) received ICRC-supplied household essentials that the National Society distributed. The ICRC also gave the National Society food and household essentials for distribution to returnees stuck in border areas while the pertinent authorities sought means to send them back to their places of origin.

In Bujumbura, the ICRC and the National Society gave conditional cash grants to 400 displaced and other vulnerable households headed by women; 2,400 people benefited. Some 1,000 breadwinners (supporting about 6,000 people) received cash in exchange for their work on community projects. Such support enabled the recipients to pay off debts, restart small businesses and/or earn enough money to cover their families' basic expenses. Some 1,700 households (around 10,500 people) received seed to grow food.

People have better access to potable water

The ICRC sought to strengthen the National Society's ability to respond to water- and sanitation-related emergencies, through material support and by conducting workshops on specific subjects. Using ICRC-donated water and water-treatment chemicals, the National Society helped contain cholera outbreaks in Nyanza Lac, Makamba, and Rugombo, Cibitoke.

Despite delays caused by poor soil conditions and administrative difficulties, local water authorities and the ICRC completed a water project in the Musaga commune in Bujumbura. The project linked the area's water-supply system to a reservoir on the outskirts of the city; because of it, roughly 56,700 people had better access to clean water and were less at risk from water-borne diseases. In a rural area of Kirundo, some 7,500 people benefited from repairs to spring-water catchment systems and wells, carried out by the National Society with ICRC financial, material and technical support. Two similar projects were ongoing.

PEOPLE DEPRIVED OF THEIR FREEDOM

People in pre-trial detention receive help to expedite their cases

The ICRC visited, in accordance with its standard procedures, 11 prisons, 22 places of temporary detention and two re-education centres for minors, where it checked on detainees' living conditions and treatment, including respect for judicial guarantees. Particular attention was paid to vulnerable groups, including security detainees, women, minors and the sick. The ICRC also followed the situation of detainees transferred to Burundi from neighbouring countries. After these visits, it shared its findings and recommendations confidentially with the authorities concerned.

The ICRC referred the cases of some 80 people in pre-trial detention to judicial authorities at local and national levels, to help expedite their sentencing or release. A newly established commission under the justice ministry inspected places of detention throughout the country. The ministry welcomed the ICRC's referrals as useful and complementary to its ongoing endeavours.

In May, the legal departments of two provincial prisons finished systematizing the registration, archival and follow-up of detainees' files, with ICRC support. The ICRC gave the justice ministry and the directorate for prison affairs technical advice on prison management; it helped them install new registration software for the country's penitentiary system.

Some 4,300 detainees participated in sports and other activities, during events organized jointly by the NGO, Right to Play, and the ICRC. These events aimed to foster better relations among detainees and promote their social reintegration once released.

Some detainees reconnected with their relatives, in Burundi and elsewhere, using the Movement's family-links services.

Detainees have access to health-care services

The penitentiary authorities struggled to meet detainees' needs owing to financial constraints and a general lack of available goods. The ICRC gave them contingency stocks – beans, maize flour and cooking oil – to help them tackle food shortages in 11 prisons. Some 1,500 moderately and severely malnourished detainees received supplementary rations – produce from the vegetable gardens at four prisons that detainees and penitentiary authorities had planted, using supplies and tools from the ICRC;

the penitentiary authorities assumed responsibility for the gardens at the end of the year. Malnourished detainees were also given therapeutic food to help them regain their health. The ICRC assessed the prevalence of malnutrition at the 11 prisons; it trained some 30 health-service providers and prison social workers to help them tackle this issue in places of detention.

Dispensaries at 14 detention facilities were stocked with drugs and other medical supplies, and maintained acceptable working conditions, as the ICRC continued to provide help to prison authorities. Detainees with chronic diseases obtained suitable health-care services from health staff receiving ICRC financial and material support and training. Those in need of specialized care were referred to hospitals.

People held in places of temporary detention in the provinces gained access to medical services, after the ICRC helped set up a referral system between police authorities and district hospitals.

Detainees have improved living conditions after ICRC repairs to prison infrastructure

The penitentiary authorities identified issues in prison infrastructure, and, when necessary, worked with the ICRC to renovate facilities. Thus, some 5,800 people in six detention facilities had better living conditions and reduced exposure to health risks. Most renovation projects focused on ensuring that men, women and minors had separate quarters. Others aimed to improve vital infrastructure: kitchens and food storage areas, clinics, sanitation and water facilities, and family-visit areas. Sustainable rainwater-harvesting systems were installed to help irrigate the vegetable gardens at three prisons.

Extremely poor conditions at two detention facilities – holding some 650 people – prompted ICRC emergency assistance: reconstruction of one place of temporary detention and repairs to the sanitation system of one prison.

Inmates at the 11 prisons – which held roughly 10,200 people – received ICRC-supplied hygiene items and cleaning materials that the penitentiary authorities distributed. They learnt good hygiene practices at information sessions.

WOUNDED AND SICK

Hospital staff learn more about managing mass-casualty situations

Through ICRC technical support and training, staff at two hospitals in the communes of Kamenge and Kinindo, in Bujumbura, learnt more about managing emergency-room trauma cases, and how to properly maintain sterilization equipment provided by the ICRC. To prepare them in the event of a mass influx of patients, the two hospitals were given medical supplies, including kits for treating wounded people. The ICRC also gave such kits to a hospital in Kayanza and an MSF hospital in Bujumbura. A one-off distribution of medical supplies was made to two other hospitals – in Bujumbura and Ngozi province – which often received detainees as patients.

People with physical disabilities have access to good-quality physical rehabilitation services

Disabled people – most of them children – recovered or improved their mobility through physical rehabilitation services at the ICRC-supported Saint Kizito Institute, in Bujumbura.

Activities were undertaken to improve the institute's services for disabled people. With ICRC sponsorship, some staff participated in a pan-African meeting for prosthetists and orthotists in Cape Town, South Africa. A physiotherapy student was able to finish his studies at the University of Abomey-Calavi, in Benin, with ICRC support; the start of his employment at the institute was delayed owing to pending requirements at the university.

The ICRC gave the Saint Kizito Institute financial support for buying equipment for producing mobility devices. The institute's managers strengthened their ability to sustain operations, with ICRC training in fundraising and assistance in organizing awareness-raising activities to attract potential donors. This helped prepare them for the ICRC's withdrawal of support at the end of the year.

The health ministry signed a document elaborating the standards for accrediting physical rehabilitation centres in Burundi; in previous years, the ICRC had provided technical and financial support for the preparation and validation of this document.

ACTORS OF INFLUENCE

Weapon bearers learn more about rules and norms applicable to their duties

Members of the armed forces attended dissemination sessions, conducted by military instructors with ICRC support, where they reinforced their understanding of the differences between IHL and international human rights law; these sessions helped them determine the legal framework applicable to a given situation. Some 100 military officers, whose troops often lend support to police forces in maintaining public order, received training in the role of the military in law enforcement operations. They were reminded of their responsibility to protect civilians, and to ensure access to health services. Similar training sessions were organized for cadets at military academies.

Troops bound for peace-support operations (see *Context*) were briefed on IHL before their deployment. Training videos and brochures, translated into the local language, were shared with them to boost their understanding of the subject.

Police authorities in charge of places of temporary detention, prison administrators, judicial police officers, and candidates at police academies attended ICRC courses, where they were encouraged to meet internationally recognized standards of detention. Other topics covered by these courses included the use of force during arrests, the treatment of detainees, prison security and sexual violence.

Authorities are urged to respect the red cross emblem

The ICRC maintained regular contact with various authorities. Dialogue with them focused on the ICRC's mandate and on specific humanitarian issues (see *Civilians, People deprived of their freedom and Wounded and sick*).

Police and administrative authorities learnt more, at information sessions, about the necessity of respecting the red cross emblem. A bill, drafted by the National Society with ICRC technical advice, on the emblems protected by IHL was submitted to the authorities concerned.

Members of civil society advance their understanding of the ICRC and its work

Dissemination sessions, conducted in partnership with the National Society and reinforced by public-communication initiatives, helped

roughly 600 key members of civil society – local officials, members of youth groups, religious leaders and diplomats – and other influential parties to increase their understanding of the Movement and the ICRC's activities in Burundi. These efforts were aimed at facilitating the delivery of humanitarian aid, particularly in view of the ICRC's plans to expand its activities in the country, especially outside Bujumbura.

Media coverage of the ICRC's work – the inauguration of the capital's new water-supply system and the handover of responsibility for prison gardens to the local authorities (see *Civilians* and *People deprived of their freedom*) – increased the ICRC's visibility and broadened awareness of its activities in Burundi.

To stimulate academic interest in IHL, the ICRC donated reference materials to selected universities, and helped some students prepare dissertations on subjects of interest to the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society develops its ability to respond to emergencies

The Burundi Red Cross and the ICRC renewed their annual partnership agreement. With support from the ICRC and other

Movement partners, the National Society prepared a new strategic plan for 2018–2021, and strove to improve its organizational structure, management of finances, and public communication (see *Actors of influence*).

The National Society made use of various forms of ICRC support to strengthen its ability to respond to emergencies (see also *Civilians*). At training sessions, volunteers and staff improved their ability to administer first aid and manage stress associated with their work; others developed their ability to assess people's needs quickly, and to manage and coordinate humanitarian activities, specifically in case of mass displacement. The ICRC urged the National Society to apply the Safer Access Framework when carrying out its activities, especially in violence-prone areas.

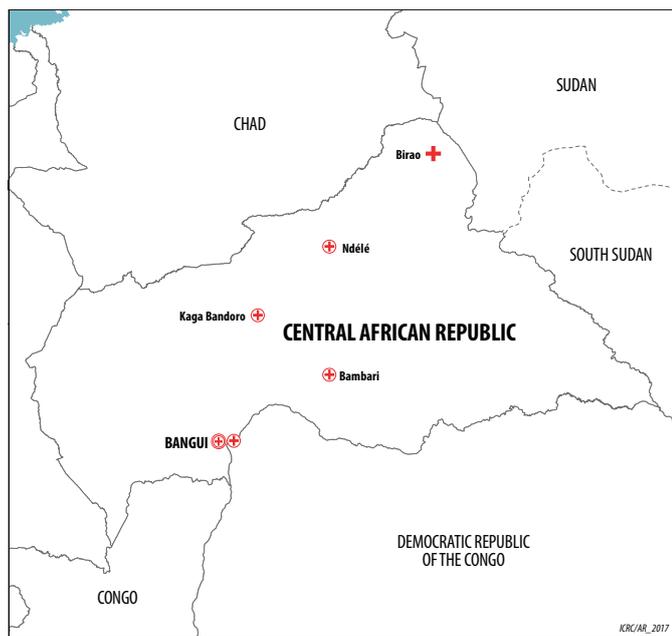
The National Society distributed relief items to IDPs at three camps. Volunteers continued to help the ICRC implement certain projects: for instance, the cash-transfer programme in Bujumbura and support for victims of violence (see *Civilians*).

With ICRC sponsorship, National Society representatives attended meetings and conferences, in Burundi and elsewhere. Movement components in the country met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	13,140	352		
RCMs distributed	15,619	407		
Phone calls facilitated between family members	201			
Reunifications, transfers and repatriations				
People reunited with their families	6			
<i>including people registered by another delegation</i>	1			
People transferred or repatriated	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	152	25	35	18
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases closed positively (subject located or fate established)	125			
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases still being handled at the end of the reporting period (people)	207	60	49	29
<i>including people for whom tracing requests were registered by another delegation</i>	38			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	9	3		
UAMs/SC reunited with their families by the ICRC/National Society	5	1		
<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	13	6		
Documents				
Official documents delivered across borders/front lines	44			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Places of detention visited	35			
Detainees in places of detention visited	12,571	722	190	
Visits carried out	154			
		Women	Girls	Boys
Detainees visited and monitored individually	1,677	37	4	23
<i>of whom newly registered</i>	496	16	3	19
RCMs and other means of family contact				
RCMs collected	469			
RCMs distributed	380			
Phone calls made to families to inform them of the whereabouts of a detained relative	270			
People to whom a detention attestation was issued	94			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	900	675	90
	<i>of whom IDPs</i>	900	675	90
Productive inputs	Beneficiaries	10,518	7,363	
Cash	Beneficiaries	8,400	6,900	
	<i>of whom IDPs</i>	4,440	3,690	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	64,298	19,289	25,719
Health				
Health centres supported	Structures	4		
Average catchment population		127,385		
Consultations		32,699		
	<i>of which curative</i>	27,346	5,726	16,274
	<i>of which antenatal</i>	5,353		
Immunizations	Patients	14,627		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	9,227		
Referrals to a second level of care	Patients	66		
	<i>of whom gynaecological/obstetric cases</i>	16		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	10,560	3,056	56
Productive inputs	Beneficiaries	3,884	32	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	10,378	726	104
Health				
Places of detention visited by health staff	Structures	14		
Health facilities supported in places of detention visited by health staff	Structures	14		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	6		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		4,694	211	4,169
New patients fitted with prostheses	Patients	27	10	8
Prostheses delivered	Units	36	14	13
	<i>of which for victims of mines or explosive remnants of war</i>	3		
New patients fitted with orthoses	Patients	735	39	603
Orthoses delivered	Units	1,221	28	1,106
	<i>of which for victims of mines or explosive remnants of war</i>	4		
Patients receiving physiotherapy	Patients	4,763	199	4,332
Walking aids delivered	Units	148	36	86
Wheelchairs or tricycles delivered	Units	2		

CENTRAL AFRICAN REPUBLIC



⊕ ICRC delegation
 ⊕ ICRC sub-delegation
 + ICRC office

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Wounded and critically ill people were treated at hospitals supported by the ICRC, including a surgical team assigned to Bangui; people in violence-affected areas obtained health-care services at ICRC-backed facilities.
- ▶ IDPs met their immediate needs for food and temporary shelter with ICRC emergency aid; IDPs and returnees sought to resume their livelihoods with ICRC assistance: seed and tools, and through various cash-for-work projects.
- ▶ People in rural and semi-urban violence-affected areas had better access to safe water after ICRC-backed infrastructural upgrades; IDPs in camps benefited from newly constructed sanitation facilities and water-trucking activities.
- ▶ The volatile security situation occasionally hampered the ICRC's ability to operate; for instance, owing to incidents of violence, it had, in some areas, to temporarily restrict the movement of staff and suspend its activities.
- ▶ Authorities and weapon bearers, during confidential dialogue with the ICRC, were reminded of their obligations under IHL, particularly to protect civilians, and safeguard their access to medical care and humanitarian aid.
- ▶ Detainees accessed medical care at prison clinics that received ICRC technical and material support; at one prison, malnourished detainees received specialized treatment under a programme set up by the ICRC.

EXPENDITURE IN KCHF

Protection	4,399
Assistance	34,138
Prevention	2,773
Cooperation with National Societies	1,560
General	332
Total	43,201
<i>Of which: Overheads</i>	<i>2,631</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	93
Resident staff (daily workers not included)	422

The ICRC opened a delegation in the Central African Republic in 2007, but has conducted activities in the country since 1983. It seeks to protect and assist people affected by armed conflict and other situations of violence, providing emergency relief and medical and psychological care, helping people restore their livelihoods and rehabilitating water and sanitation facilities. It visits detainees, restores links between separated relatives, promotes IHL and humanitarian principles among the authorities, armed forces, armed groups and civil society, and, with Movement partners, supports the Central African Red Cross Society's development.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	213
RCMs distributed	240
Phone calls facilitated between family members	373
Tracing cases closed positively (subject located or fate established)	498
People reunited with their families	52
<i>of whom unaccompanied minors/separated children</i>	44
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	21
Detainees in places of detention visited	1,409
<i>of whom visited and monitored individually</i>	104
Visits carried out	107
Restoring family links	
RCMs collected	166
RCMs distributed	73
Phone calls made to families to inform them of the whereabouts of a detained relative	76

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	20,700	39,995
Essential household items	Beneficiaries	20,000	35,724
Productive inputs	Beneficiaries	175,000	171,497
Cash	Beneficiaries	7,500	12,728
Services and training	Beneficiaries		18
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	754,130	990,456
Health			
Health centres supported	Structures	4	4
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	3	2
Water and habitat			
Water and habitat activities	Beds	70	731
Physical rehabilitation			
Projects supported	Projects	1	1
Patients receiving services	Patients		900

CONTEXT

In the Central African Republic (hereafter CAR), insecurity and socio-political tensions persisted in some regions; particularly in the south-east and in rural areas, violent clashes between armed groups and episodes of communal violence occurred more frequently than in the previous year.

Some of the hundreds of thousands of families displaced within and beyond the country began to return to their places of origin. However, hundreds of thousands more fled their homes because of renewed violence, straining resources in host communities. Access to health care, water and other public services continued to be limited. Attacks on medical personnel and humanitarian workers were reported.

The UN Multidisciplinary Integrated Stabilization Mission in the CAR (MINUSCA), whose mandate was extended to November 2018, remained operational throughout the country. Some French troops were still stationed in Bangui.

ICRC ACTION AND RESULTS

The ICRC endeavoured to help people in the CAR cope with the effects of armed conflict and other situations of violence; however, security and other constraints affected the implementation of some activities. Whenever possible, it worked with the Central African Red Cross Society. The ICRC sustained its dialogue with the parties to the conflict, with a view to maintaining access to communities in need.

The ICRC kept up its efforts to prevent violations of IHL. To that end, it promoted and urged respect for IHL and for international standards applicable to law enforcement, and strove to foster support for its humanitarian activities, among CAR soldiers, members of armed groups, and personnel attached to international forces. It reminded these groups of their obligation to protect civilians and medical services. The ICRC documented allegations of abuse reported to it and, whenever possible, shared these with parties concerned; it urged these parties to take measures to prevent the recurrence of such abuses.

The ICRC helped health-care providers ensure the continuity of their services, particularly in violence-affected areas. People obtained primary-health-care services at ICRC-supported centres; two additional health centres began receiving assistance. Wounded and critically ill people, including malnourished children, were treated at ICRC-backed hospitals and other facilities; some patients were transported to the hospitals, including by plane, with ICRC assistance. The ICRC surgical team assigned to the community hospital in Bangui continued to treat critically ill and wounded people; the ICRC increased support for the hospital in Kaga Bando. People suffering from violence-related trauma, including in relation to sexual violence, received appropriate care and psychosocial support at facilities supported by the ICRC. ICRC information sessions helped communities learn more about the importance of ensuring that victims of sexual violence received prompt and appropriate care. Displaced children shared their experiences at therapeutic group sessions, helping them manage their emotional distress. People with physical disabilities benefited from physiotherapy services at Bangui hospital and the services of a workshop – run by a local organization producing prostheses/orthoses – renovated by the ICRC.

The ICRC distributed household essentials, shelter materials, food and water to people displaced by violence, to help them meet their basic needs. Violence-affected people – particularly people who had returned to their places of origin – were given support for strengthening their resilience to the effects of violence: the ICRC helped them restore their livelihoods and rebuild their homes. Vulnerable farming households received plant cuttings, seed and tools to increase their harvests; livestock owned by herding households were vaccinated; and money earned through cash-for-work projects helped some households cover their expenses. In rural and urban areas, infrastructural improvements carried out by local authorities and the ICRC improved sanitation and gave people more reliable access to safe water and sanitation facilities.

National Society and ICRC family-links services helped members of dispersed families restore or maintain contact with each other. Unaccompanied minors, some of whom were formerly associated with armed groups, were reunited with their families. National Society volunteers received training in delivering family-links services, particularly in areas to which the ICRC had limited access.

During information sessions and other ICRC-organized activities, community members and local leaders learnt more about their role in protecting people affected by conflict and other violence. Members of the media, representatives of international organizations, and others were regularly updated on the ICRC's activities.

The ICRC visited detainees, in accordance with its standard procedures, and monitored their treatment and living conditions. It conveyed its findings and when necessary, its recommendations, confidentially to the detaining authorities. It supported the authorities' efforts to improve detainees' living conditions, including access to health care; at one prison, it set up a treatment programme for malnourished detainees.

The ICRC gave the National Society support for strengthening its ability to restore family links and respond to emergencies, and to help enhance its coordination with Movement partners.

CIVILIANS

The ICRC reminded the authorities and other weapon bearers, through confidential dialogue and briefings, of their obligations under IHL and other applicable law, particularly to protect civilians and medical services (see also *Actors of influence*). It documented allegations of abuses and, when appropriate, discussed these confidentially with the parties concerned; it urged them to take measures to prevent the occurrence of such misconduct. The ICRC urged the authorities to facilitate safe passage for IDPs wishing to return home.

Owing to the security situation and violent attacks on humanitarian personnel, the ICRC temporarily restricted the movement of staff and suspended its activities in certain areas; this affected the implementation of its activities.

Violence-affected people obtain health care at ICRC-supported clinics

To help ensure the continuity of primary-health-care services, particularly in violence-affected areas, the ICRC continued to provide two health-care centres with various forms of support – medical supplies, staff support and infrastructural upgrades – and began to support two more centres. These facilities gave 79,588 consultations

in all; 698 patients were referred to an ICRC-supported hospital for higher-level care (see *Wounded and sick*).

In Nana-Grébizi, young children were vaccinated under an ICRC-backed national programme. Children were also screened for malnutrition; therapeutic feeding was provided for the severely malnourished, including at an ICRC-supported facility in Bambari and a therapeutic feeding unit in Kaga Bandoro (see *Wounded and sick*). These children and their families were given financial assistance and food.

People, including children, availed themselves of free malaria testing under a national health programme; 14,989 people were treated for malaria by ICRC-trained community health workers. Diarrhoea treatment was incorporated in this programme, with ICRC support.

Victims of sexual violence receive appropriate care within 72 hours of their assault

Victims of sexual violence obtained suitable care at three of the health centres mentioned above; plans to provide the same services at a centre in Nana-Grébizi were cancelled because of security constraints. At these three centres, and at a counselling centre in Kaga Bandoro, victims of sexual violence received psychosocial support from ICRC-trained counsellors.

During ICRC-facilitated information sessions, community members deepened their awareness of the consequences of violence. The sessions aimed to prevent the stigmatization of victims of sexual violence and to encourage their referral for suitable care; they also highlighted the importance of post-exposure prophylactic treatment for such victims within 72 hours of an assault. Partly as a result of these efforts, 86% of the victims of sexual violence who sought treatment at ICRC-supported facilities received it within 72 hours of being assaulted, from an average of 78% in 2016.

Some 180 displaced children in Kaga Bandoro shared their experiences with their peers during therapeutic group sessions, which helped them cope with their emotional distress.

IDPs meet their immediate needs with help from ICRC emergency aid

Amid intensified violence, the ICRC stepped up its emergency-relief efforts. Some 30,000 IDPs (around 6,000 households) used hygiene kits, blankets, tarpaulins and other essential items to set up temporary shelters or help improve their living conditions. Some 27,670 people (5,500 vulnerable households) – including IDPs and residents in violence-affected areas – received food from the ICRC.

Some 5,700 people (around 1,140 households), originally displaced by violence, who had returned to their places of origin received shelter materials and tools to rebuild their homes.

Households in violence-affected areas grow more food

In violence-affected areas, some 28,200 farming households (around 139,000 people) – returnees and residents – used ICRC-provided tools, seed and disease-resistant cassava cuttings (see below) to grow more food. Around 6,500 herding households (some 32,500 people) maintained the health and market value of their livestock by having more than 158,200 of their animals vaccinated against disease, under a campaign organized by the

authorities and the ICRC. Eighteen National Society staff bolstered their abilities to carry out livelihood-support activities during ICRC training sessions.

Over 1,900 households in all (some 9,800 people) covered some of their expenses with money from cash-for-work activities: cultivating cassava cuttings, helping to renovate marketplaces, and building structures used during vaccination activities.

IDPs in camps have access to clean water and renovated sanitation facilities

Some 836,000 people in urban areas such as Bangui had broader access to safe water, after local water authorities repaired or constructed infrastructure with ICRC assistance and donated equipment; the ICRC also provided water-treatment chemicals.

Some 74,700 people staying in rural and semi-urban areas, including IDPs, had more water for household and livelihood purposes through water points constructed or refurbished by the ICRC, or maintained by the Central African Red Cross Society.

At IDP camps, some 75,000 people had better access to clean water and to sanitation facilities following water-trucking activities and ICRC infrastructure upgrades. People learnt more about disease-prevention measures through the National Society's hygiene-promotion activities.

Unaccompanied minors formerly associated with armed groups rejoin their families

Members of families separated by conflict or other violence, or detention, reconnected through RCMs and phone calls facilitated by the Central African Red Cross, National Societies in neighbouring countries, and the ICRC. In all, 44 unaccompanied minors, some of whom were formerly associated with armed groups, were reunited with their families in the CAR; 498 tracing cases were resolved. The National Society briefed people in violence-affected communities on ways to avoid losing contact with their relatives.

National Society volunteers received training and other support (see *Red Cross and Red Crescent Movement*) that helped them offer family-links services in areas to which the ICRC had limited access.

The ICRC engaged the authorities in dialogue on their role and responsibilities in providing answers to the families of missing persons, and in strengthening national forensic capacities. At training sessions, police officers and *gendarmes*, and morgue staff in Bangui, familiarized themselves with internationally recognized standards for managing human remains.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives through family-links services

The ICRC visited, in accordance with its standard procedures, places of detention run by the authorities, by armed groups and by MINUSCA; these places held some 1,400 people. Close attention was paid to 104 particularly vulnerable detainees, including those who were ill or held in relation to the conflict. After its visits, the ICRC communicated its findings and, as necessary, its recommendations for improving detainees' living conditions and treatment, confidentially to the authorities. The ICRC sought access to all detainees, including people held by armed groups.

Detainees exchanged messages with relatives using RCMs and oral messages relayed by ICRC delegates. With ICRC help, 28 foreign detainees notified their embassies or the UNHCR of their detention.

Malnourished detainees obtain appropriate treatment under an ICRC programme

The ICRC continued to make oral and written representations to draw the authorities' attention to matters pertaining to detainees' nutrition and their access to health care. Notably, it lobbied for detainees to be included in a national vaccination campaign.

The ICRC supported prison authorities' efforts to ensure detainees' access to health care, by providing them with medical supplies and equipment, and by giving prison medical staff expert advice; it also renovated an infirmary at one prison. Under an ICRC nutritional programme, 250 malnourished detainees at one prison received suitable care.

At workshops, detainees at the Bangui central prison learnt how to make liquid soap, which was distributed within the prison. Detainees at several prisons benefited from hygiene items provided by the ICRC, and had better sanitation conditions after the ICRC renovated their facilities.

WOUNDED AND SICK

The National Society and the ICRC conducted first-aid training sessions for some 7,600 people – including community members and weapon bearers – to help ensure that people requiring urgent treatment, such as those wounded in clashes, were stabilized until they could receive hospital care.

In August, the ICRC began providing support to a National Society health facility that stabilized patients needing emergency treatment and referred them for higher-level care; it helped renovate the facility with a view to ensuring that these services were available on a 24-hour basis.

Weapon-wounded people receive surgical care at the Bangui hospital

Critically wounded and seriously ill people were treated at the Bangui community hospital, where an ICRC surgical team performed 1,049 operations. Of these patients, 330 were weapon-wounded, and 176 were evacuated to the hospital on an ICRC aircraft. From January onwards, some patients at the hospital began to undergo physiotherapy (see below).

The hospital enhanced its services with ICRC technical and material assistance. Upgrades to the hospital's electrical and water-supply systems, trauma room, kitchen and laundry facilities helped improve conditions for staff and patients.

Some 690 patients – and their caretakers – received meals supplemented with ICRC-donated food items to help ensure these patients' recovery.

Hospital patients and their caretakers familiarized themselves with topics related to the protection of wounded and sick people (see *Actors of influence*).

Severely malnourished children are treated at an ICRC-run therapeutic feeding unit

After signing an agreement with the authorities at the Kaga Bandoro hospital in May, the ICRC expanded its support for the hospital; the

maternity and paediatric departments began to receive assistance. The ICRC upgraded infrastructure at the hospital, donated medical supplies, provided technical advice and training, and covered staff incentives and other costs; all these activities aimed to guarantee free health care for patients.

Malnourished children were treated at an ICRC-run temporary therapeutic feeding unit, while the hospital underwent renovations to expand its capacity.

Students in prosthetics and physiotherapy continue their education

People received physiotherapy at the Bangui hospital. Persons with disabilities also benefited from the services of a prosthesis/orthosis workshop – run by the Association Nationale de Rééducation et d'Appareillage de Centrafrique – renovated by the ICRC.

Eight students continued their studies in physiotherapy and prosthetics/orthotics, with ICRC assistance. Discussions with the authorities, on the possibility of constructing a new physical rehabilitation centre, continued.

ACTORS OF INFLUENCE

Weapon bearers familiarize themselves with their obligations under IHL

Some 340 members of the armed forces and international peace-keeping contingents, and almost 670 members of armed groups, advanced their understanding of IHL and other applicable law, and their obligations under them, during ICRC training sessions and briefings. At ICRC-facilitated training sessions, over 600 police officers, *gendarmes* and security forces personnel learnt more about internationally recognized standards pertinent to law enforcement. All the sessions and briefings emphasized the necessity of facilitating safe access to medical and humanitarian aid, and of protecting civilians – including from sexual violence – during armed conflict and other violence.

Officers from the armed forces learnt how to incorporate IHL more fully in their training and operations during an ICRC train-the-trainer session.

Eighteen people who had taken part in ICRC seminars and training held abroad, including justice ministry officials and academics, participated in a round-table on the challenges in IHL implementation. Ten members of a committee in charge of establishing a national IHL commission met to define the roles of the commission's members.

Communities learn more about their role in protecting violence-affected people

Dialogue with the authorities, weapon bearers, traditional leaders and community members focused on the humanitarian consequences of armed conflict and other violence, the necessity of protecting civilians, and the Movement's neutral, impartial and independent humanitarian action. Notably, local government officials in Bangui learnt more about the Movement's activities in their city and about protecting medical services. Members of the media, representatives of international organizations and others were regularly updated on the ICRC's activities.

Meetings and information sessions, and other dissemination activities, helped strengthen acceptance for the ICRC among communities – and facilitate its humanitarian activities – and

broaden awareness of the services available to violence-affected communities. Some 2,700 people including community and religious leaders, university students, and members of women's associations and youth groups – learnt more about the ICRC's work in the CAR and how they could contribute to ensuring the protection of people affected by violence and the safety of humanitarian personnel. Almost 4,300 patients at the Bangui community hospital, and the people accompanying them, learnt about issues related to the protection of people seeking or providing medical assistance.

Law students learnt about IHL and the ICRC's activities at an information session and during a workshop, and law professors developed their ability to teach IHL, and discussed IHL in relation to local circumstances amongst each other.

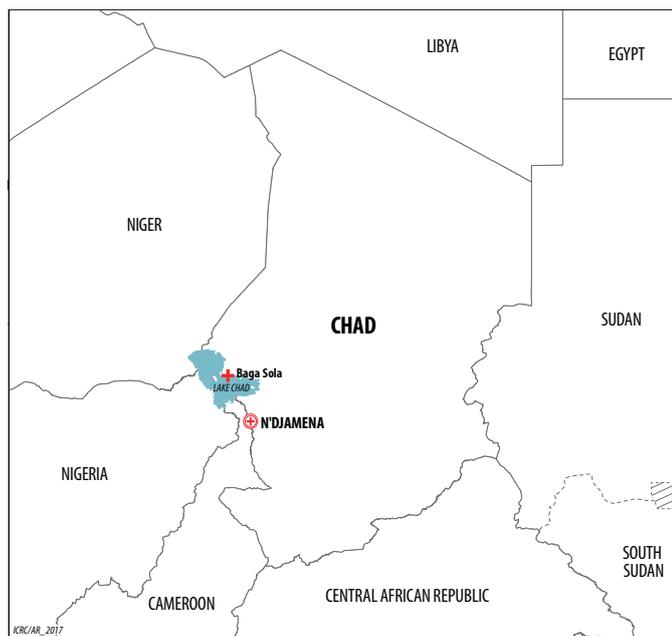
RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross Society continued to carry out its work, and to develop its operational and managerial capacities, with material, financial and technical support from the ICRC; its staff members and volunteers strengthened their readiness to respond to emergencies, and their capacities in restoring family links. Following a 2016 workshop on the Safer Access Framework, the National Society set up a steering group to oversee the development of projects in line with the framework.

During the first half of the year, the ICRC and the National Society reviewed their joint activities, and developed a plan of action that defined their roles and responsibilities. Regular meetings and bilateral dialogue helped ensure more effective coordination and collaboration between Movement components.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	213	54		
RCMs distributed	240	61		
Phone calls facilitated between family members	373			
Reunifications, transfers and repatriations				
People reunited with their families	52			
<i>including people registered by another delegation</i>	26			
People transferred or repatriated	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	176	14	57	63
<i>including people for whom tracing requests were registered by another delegation</i>	95			
Tracing cases closed positively (subject located or fate established)	498			
<i>including people for whom tracing requests were registered by another delegation</i>	248			
Tracing cases still being handled at the end of the reporting period (people)	748	127	171	165
<i>including people for whom tracing requests were registered by another delegation</i>	303			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	21	8		
UAMs/SC reunited with their families by the ICRC/National Society	44	16		17
<i>including UAMs/SC registered by another delegation</i>	24			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	52	23		11
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Places of detention visited	21			
Detainees in places of detention visited	1,409	81	64	
Visits carried out	107			
Detainees visited and monitored individually		Women	Girls	Boys
	104	1		7
<i>of whom newly registered</i>	65			7
RCMs and other means of family contact				
RCMs collected	166			
RCMs distributed	73			
Phone calls made to families to inform them of the whereabouts of a detained relative	76			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	39,995	21,114	9,001
	<i>of whom IDPs</i>	26,492	11,738	7,770
Essential household items	Beneficiaries	35,724	14,885	9,587
	<i>of whom IDPs</i>	30,030	12,041	8,695
Productive inputs	Beneficiaries	171,497	68,358	23,193
Cash	Beneficiaries	12,728	4,770	2,040
	<i>of whom IDPs</i>	978	159	348
Services and training	Beneficiaries	18	7	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	990,456	297,137	396,182
	<i>of whom IDPs</i>	99,045	29,713	39,618
Health				
Health centres supported	Structures	4		
Average catchment population		60,303		
Consultations		79,588		
	<i>of which curative</i>	72,786	13,728	49,585
	<i>of which antenatal</i>	6,802		
Immunizations	Patients	79,548		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	11,473		
Referrals to a second level of care	Patients	698		
	<i>of whom gynaecological/obstetric cases</i>	75		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	1,281	53	33
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,037	73	
Health				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	330	34	6
	Non-weapon-wound admissions	356		
	Operations performed	1,049		
Gynaecological/obstetric admissions		1,883	1,829	54
Consultations		35,978		
Patients whose hospital treatment was paid for by the ICRC		12,583		
First aid				
First-aid training				
	Sessions	48		
	Participants (sum of monthly data)	1,644		
Water and habitat				
Water and habitat activities	Beds	731		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		900	182	217
New patients fitted with prostheses	Patients	43	4	
Prostheses delivered	Units	108	23	5
	<i>of which for victims of mines or explosive remnants of war</i>	11		
New patients fitted with orthoses	Patients	77	13	43
Orthoses delivered	Units	301	54	155
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	500	115	272
Walking aids delivered	Units	979	200	126
Wheelchairs or tricycles delivered	Units	5		3



The ICRC has worked in Chad since 1978. It seeks to protect and assist people suffering the consequences of armed conflict in the region, follows up on the treatment and living conditions of detainees, and restores links between separated family members, including refugees from neighbouring countries. It also pursues longstanding programmes to promote IHL among the authorities, armed forces and civil society. It supports the Red Cross of Chad.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The ICRC stepped up its efforts to document allegations of abuse in connection with the conflict in the wider Lake Chad region; it sought to discuss these with the parties concerned, in order to prevent their recurrence.
- ▶ The ICRC gained access to some communities in the Lac region unreachable by other humanitarian actors. It helped people resume their livelihoods by distributing seed and tools, and vaccinating livestock.
- ▶ People separated from their relatives by violence in neighbouring countries reconnected with them via the Movement's family-links services; two new phone sites were opened in camps for Sudanese refugees.
- ▶ Prison staff were trained in prison management, especially in areas related to improving health care and nutrition for detainees. Ailing and malnourished inmates were treated with medicines and therapeutic food from the ICRC.
- ▶ Military and security forces in Chad, including members of multinational forces and troops bound for peacekeeping missions abroad, learnt more about IHL and other applicable norms at ICRC briefings.

EXPENDITURE IN KCHF

Protection	2,732
Assistance	5,861
Prevention	1,595
Cooperation with National Societies	751
General	80
Total	11,018
<i>Of which: Overheads</i>	<i>672</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	87

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	612
RCMs distributed	624
Phone calls facilitated between family members	47,504
Tracing cases closed positively (subject located or fate established)	218
People reunited with their families	39
<i>of whom unaccompanied minors/separated children</i>	38
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	11
Detainees in places of detention visited	4,180
<i>of whom visited and monitored individually</i>	575
Visits carried out	65
Restoring family links	
RCMs collected	664
RCMs distributed	426
Phone calls made to families to inform them of the whereabouts of a detained relative	83

ASSISTANCE

	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	35,982
Essential household items	Beneficiaries	14,400
Productive inputs	Beneficiaries	186,000
Cash	Beneficiaries	240
Services and training	Beneficiaries	100
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	39,500
		20,302

CONTEXT

Chad – together with Cameroon, Niger, and Nigeria – intensified its military operations against factions of the Nigeria-based armed group known as Boko Haram. The security situation improved somewhat in early 2017, but it remained generally precarious, as the group continued to raid Chadian territory intermittently, particularly the Lac region and surrounding areas. Many IDPs and Nigerian refugees remained unable to return home, which added to the strain on their hosts' already scarce resources. Insecurity in neighbouring countries, including the Central African Republic (hereafter CAR) and Sudan, brought more refugees and returnees to Chad, or kept them there.

To prevent incursions by other armed groups, Chad closed its borders with the CAR, Libya and Nigeria, disrupting trade and exacerbating underlying economic difficulties. Criminality and social unrest caused by economic frustrations increased. Former combatants, including minors, surrendered and returned home; protecting and reintegrating them became issues of concern.

N'Djamena, the capital, hosted the headquarters of the Multinational Joint Task Force (MNJTF) responding to conflict in the Lake Chad region, and that of Operation Barkhane, a French military response to armed groups in the Sahel region. Chad helped form the G5 Sahel Force, another military initiative against these groups.

Chadian troops remained in Mali. The joint Chadian-Sudanese force and the tripartite CAR-Chadian-Sudanese force were stationed along the countries' common borders.

ICRC ACTION AND RESULTS

Having opened an office in Baga Sola the previous year, in 2017 the ICRC stepped up its assistance and protection activities for people affected by the conflict in the Lake Chad region (see also *Niger, Nigeria and Yaoundé*); in June, it launched a budget extension appeal.¹ Intensified networking enabled the ICRC to gain access to some areas near Lake Chad that other humanitarian actors could not reach.

The ICRC monitored the condition of people affected by armed conflict and other situations of violence in neighbouring countries. The arrival of additional staff members helped it to step up its efforts to document civilians' allegations of abuse: IHL violations related to the conduct of hostilities, arrests and detention, and sexual violence. Based on these allegations, the ICRC made confidential representations to the authorities and weapon bearers concerned, with a view to preventing the recurrence of abuse. This was supplemented by dissemination sessions for armed forces and security forces personnel in Chad, including multinational and French military personnel, and peacekeepers bound for missions abroad.

In the Lac region, the ICRC sought to help displaced people and members of their host communities resume or improve their livelihoods. Some households began farming again with ICRC-supplied seed and tools. They were also given food to help them get through the lean season; women and children received nutritional supplements. Livestock owned by pastoral households were vaccinated and given treatment when required; the ICRC provided these services in cooperation with the livestock ministry and the Red Cross

of Chad. Together with the National Society, the ICRC also supplied household essentials to victims of fires and floods, and conducted hygiene-promotion sessions and distributed hygiene kits in areas vulnerable to the spread of disease. People had better access to water after the ICRC upgraded or built water points.

People separated from their relatives by conflict and other violence in the region reconnected with them through the Movement's family-links services. More were able to do so in 2017, partly because of the opening of new phone sites in camps for Sudanese refugees. The ICRC continued to process tracing requests, and helped unaccompanied children rejoin their families in Chad or Nigeria.

The ICRC continued to seek access to all detainees, especially security detainees; the growing number of arrests linked to the conflict lent particular urgency to its efforts. It visited people in 11 places of detention, in order to check on their treatment and living conditions, paying particular attention to security detainees and other extremely vulnerable groups. Confidential discussions between the ICRC and the authorities focused on challenges related to food security, access to health care and sanitation. Prison health staff strengthened their ability to deal with issues related to the health and nutrition of detainees; the ICRC provided training and other assistance to this end. Malnourished detainees were given therapeutic and supplementary food, and prison dispensaries received medicines and other supplies for treating ailing inmates. Detainees were able to protect their health more effectively after hygiene-promotion sessions organized by the ICRC, which also gave them hygiene kits.

Despite various organizational difficulties, the National Society was able to assist people in need. With Movement support, it bolstered its capacities in emergency response, first aid, restoration of family links and public communication. Movement partners met regularly to coordinate activities and avoid duplication of effort.

CIVILIANS

The ICRC monitored the situation of IDPs, returnees, refugees and members of host communities affected by the conflict in the Lake Chad region and other violence in neighbouring countries such as the CAR and Sudan. The arrival of additional staff members helped it to step up its efforts to document civilians' allegations of abuse: IHL violations related to the conduct of hostilities, arrests and detention, and sexual violence. On the basis of these allegations, the ICRC made confidential representations to the authorities and weapon bearers concerned, with a view to preventing the recurrence of abuse. It also reminded these parties to respect IHL and other applicable norms, particularly those concerning the protection due to people who were not, or were no longer, participating in fighting.

The ICRC also expanded its assistance activities for people in the Lac region. Intensified networking enabled it to gain access to areas unreachable by other humanitarian actors. It worked with the Red Cross of Chad whenever possible, and coordinated with other humanitarian actors.

Conflict-affected people resume farming and other livelihood activities

Displaced people and host communities sought to regain self-sufficiency with livelihood support from the National Society and the ICRC. Nearly 6,000 farming households (about 36,000 people) started growing crops – both for personal consumption and for

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/\\$File/PA2017_LakeChad_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/$File/PA2017_LakeChad_Final.pdf)

sale – using seed and agricultural tools donated by the ICRC. They were also provided with food to help tide them over during the lean season, and to obviate the necessity of consuming seed meant for planting; children and pregnant or lactating women were also given nutritional supplements. Another 500 households (3,000 people) started small vegetable gardens with similar support, and 300 more (1,800 people) received other forms of livelihood support, such as sheep for rearing and equipment for fishing. Some 40 households (240 people) got cash for working on small infrastructure projects.

In cooperation with the livestock ministry and the National Society, the ICRC vaccinated and/or treated the livestock of around 30,300 pastoral households (182,100 people) to improve their health and productivity; 100 community animal-health workers were equipped with veterinary kits and trained in disease-prevention and treatment techniques. The ICRC also built a modern slaughterhouse in Baga Sola, which served 40 villages in that area.

Some 2,100 households (12,600 people) affected by fires and floods obtained soap, jerrycans, tarpaulins, mosquito nets and other items from the ICRC and the National Society. This enabled them to cook, maintain personal hygiene, and protect themselves from the elements.

Roughly 20,300 people benefited from the ICRC's water and habitat initiatives. These included the upgrading of water points, and hygiene-promotion campaigns – conducted with the National Society, in some cases – in areas vulnerable to the spread of disease. They also received hygiene kits during these sessions. A few water and habitat projects were not implemented because of operational constraints.

Members of dispersed families reconnect through Movement family-links services

As violence continued to disperse families, efforts were made to improve the family-links services available in the Lake Chad region; to that end, the ICRC provided the National Society with material and technical support, and training.

Members of separated families reconnected through family-links services, such as phone calls and RCMs, offered at sites managed by the National Society and the ICRC. Refugees from Nigeria – including unaccompanied or separated minors – made use of these services at the main refugee camp on the Chadian shores of Lake Chad. Refugees and returnees from the CAR benefited from similar services at eight sites in southern Chad and in N'Djamena. Some people were able to call their relatives in Sudan from two newly opened ICRC phone sites in the Djabal and Goz Amer camps in eastern Chad. In all, over 47,000 phone calls were made in 2017, a significant increase over the roughly 9,800 calls made in the previous year.

A total of 38 unaccompanied children were reunited with their families within Chad or in Cameroon, the CAR, Niger or Nigeria. Some people filed tracing requests for their missing relatives; the fate or whereabouts of 218 people, many of whom were registered by other ICRC delegations and National Societies, was ascertained and the information relayed to their families.

PEOPLE DEPRIVED OF THEIR FREEDOM

The penitentiary system remained under pressure, owing to the increase in arrests linked to the conflict. The ICRC strove to secure access to all detainees within its purview; its efforts resulted in its

gaining access to people arrested by the Chadian national army and other Chadian forces, and to those held at places of temporary detention in N'Djamena.

The ICRC checked on the living conditions and treatment of detainees at ten prisons and places of temporary detention, where nearly 4,200 people were being held. Delegates paid particular attention to people arrested in connection with the conflict in the Lake Chad region, those held in remand, and people with specific needs, such as women, minors and foreigners. Findings and recommendations from these visits were communicated confidentially to the relevant authorities. The ICRC also monitored the situation of certain people, allegedly former combatants, who had surrendered to Chadian authorities or had returned to their communities.

Some detainees contacted their families via the ICRC's family-links services. When requested to do so by foreign inmates, the ICRC notified their consulates, embassies, and/or UNHCR of their detention.

Detainees have better access to health care

The ICRC provided the authorities with system-wide support for strengthening their capacities in prison management – especially in relation to improving food security, access to health care, and sanitation. It conducted training sessions for prison administrators, judicial officials and prison staff (cooks, nurses and others); at one prison, the Red Cross of Chad, with the ICRC's support, trained staff and detainees in hygiene and sanitation. The ICRC also urged the authorities concerned to do more to meet detainees' needs. National programmes for treating TB and/or HIV were adapted to include care for ailing detainees, and three hospitals signed agreements to treat detainees referred to them.

ICRC delegates paid special attention to the health and nutritional status of detainees at six places of detention, including the remote, high-security Koro Toro prison and the Bol prison in the Lac region. Roughly 2,700 malnourished detainees were treated with therapeutic and supplementary food from the ICRC. Some prison dispensaries and prison health staff treated ailing inmates with medicines from the ICRC. ICRC health staff provided check-ups for detainees at one prison; at five other prisons, detainees had consultations with health staff assigned to those facilities by the authorities. Financial assistance from the ICRC enabled 60 detainees to be tested and treated for TB, and 50, for HIV; at the ICRC's request, the authorities transferred them to hospitals for further treatment when that was needed.

Inmates lessen their risk of disease

Over 4,000 people benefited from ICRC projects to renovate or build various facilities: kitchens, storage areas, a dining room for malnourished inmates, an infirmary, and quarters for women and minors. They were also able to protect themselves more effectively against disease after attending National Society/ICRC awareness sessions on hygiene and sanitation. Several of these sessions were organized with prison authorities, and supplemented by distributions of hygiene kits.

ACTORS OF INFLUENCE

Particularly because of Chad's political and military influence in the region, the ICRC sought to maintain dialogue with the authorities, the military and security forces in Chad – including members of multinational forces and Operation Barkhane – and key members of civil society. Frequent contact with these actors helped to foster respect for IHL and other applicable norms, and to facilitate the Movement's activities.

Military and security forces strengthen their grasp of IHL

Chadian military personnel learnt more about IHL and other applicable norms through briefings held by the ICRC and, occasionally, by the military's IHL focal points. These personnel included soldiers deployed in the Lake Chad region – with the Chadian military or as part of the MNJTF – and those bound for a UN peacekeeping mission in Mali.

Security forces – such as members of an elite police unit and prison guards – and instructors/students at a police training institute learnt more about international standards for law enforcement and related matters at ICRC dissemination sessions. The ICRC initiated discussions with parties involved in projects – supported by the European Union – to reform the security sector; the aim was to contribute to these reforms by conducting dissemination sessions for those concerned.

Expanded dialogue with the National and Nomadic Guard – members of which took part in military and security operations, and served as prison guards – led to requests for additional training in IHL and international human rights law.

The ICRC urged the military and security forces present in Chad to incorporate IHL and other norms in their decision-making; it sponsored one legal adviser to attend a seminar abroad (see *African Union*).

Local leaders learn more about the Movement and its work

To broaden acceptance for the Movement and its work, the ICRC held briefings for administrative, traditional and religious leaders and for people who benefited from its assistance activities (see *Civilians*); the briefings covered its mandate, its activities in the region, and the Fundamental Principles.

At ICRC workshops, journalists learnt more about the Movement, the ICRC's working methods, and the role of the media during armed conflict and other violence. Press releases and reference materials on the ICRC website, and up-to-date information on its family-links website (familylinks.icrc.org), helped stimulate public interest in humanitarian affairs.

Various events organized jointly by the ICRC and the Red Cross of Chad – for instance, to mark World Red Cross and Red Crescent Day (May 8) – helped broaden public awareness of the Movement and its activities. At dissemination sessions, high school and university students from areas prone to violent protests learnt about humanitarian principles and the respect due to the emblems protected under IHL; first-aid training was also provided at these sessions. The ICRC organized a national moot-court competition, which was covered by major media organizations and which helped stimulate students' interest in IHL.

The ICRC urged the authorities to ratify, accede to or implement certain important treaties, such as the African Union Convention on IDPs; it also gave them expert advice on these matters. Some provisions of the Arms Trade Treaty were incorporated in Chad's penal code, and a law on the penitentiary system was passed.

RED CROSS AND RED CRESCENT MOVEMENT

Despite various organizational difficulties, the Red Cross of Chad remained an important partner in assisting people affected by violence and disasters (see *Civilians*). Financial, material and technical support from the ICRC and other Movement partners enabled it to bolster its capacities, particularly in emergency response, first aid, restoring family links and public communication.

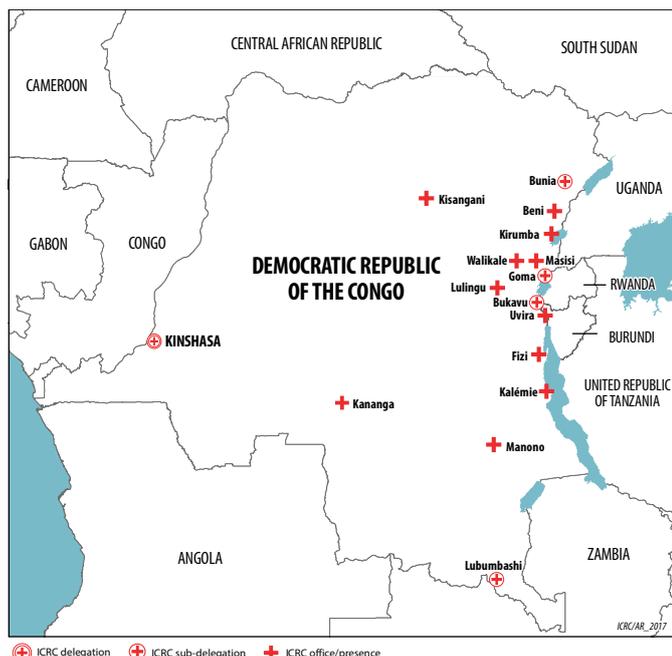
The ICRC trained first-aid instructors, who participated in dissemination sessions (see *Actors of influence*), and volunteers in six regions, who tended to over 1,300 victims of road accidents. Aided by the ICRC, the National Society prepared for emergencies in N'Djamena: it updated its contingency plans and organized a simulation exercise for personnel. National Society branches near the borders with the CAR, Cameroon and Libya evaluated themselves on the basis of the Safer Access Framework, and took action accordingly – for example, by organizing dissemination sessions in areas where they were not well known.

Movement partners met regularly to coordinate their activities and avoid duplication of effort. The ICRC facilitated the National Society's participation in meetings to coordinate Movement components' activities in the Lake Chad region (see also *Niger, Nigeria and Yaoundé*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		612	59		
RCMs distributed		624	33		
Phone calls facilitated between family members		47,504			
Reunifications, transfers and repatriations					
People reunited with their families		39			
	<i>including people registered by another delegation</i>	5			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		265	23	41	65
	<i>including people for whom tracing requests were registered by another delegation</i>	65			
Tracing cases closed positively (subject located or fate established)		218			
	<i>including people for whom tracing requests were registered by another delegation</i>	103			
Tracing cases still being handled at the end of the reporting period (people)		789	127	192	162
	<i>including people for whom tracing requests were registered by another delegation</i>	469			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		50	17		2
UAMs/SC reunited with their families by the ICRC/National Society		38	17		1
	<i>including UAMs/SC registered by another delegation</i>	4			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		155	47		3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		11			
Detainees in places of detention visited		4,180	95	159	
Visits carried out		65			
			Women	Girls	Boys
Detainees visited and monitored individually		575	16	1	44
	<i>of whom newly registered</i>	207	2		37
RCMs and other means of family contact					
RCMs collected		664			
RCMs distributed		426			
Phone calls made to families to inform them of the whereabouts of a detained relative		83			
People to whom a detention attestation was issued		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	35,982	22,239	6,647
	<i>of whom IDPs</i>	32,853	20,362	5,909
Essential household items	Beneficiaries	12,636	7,115	1,675
	<i>of whom IDPs</i>	2,131	1,278	213
Productive inputs	Beneficiaries	222,903	86,724	69,938
	<i>of whom IDPs</i>	110,967	47,261	32,471
Cash	Beneficiaries	240		
	<i>of whom IDPs</i>	192		
Services and training	Beneficiaries	100		
	<i>of whom IDPs</i>	49		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	20,302	7,106	7,106
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	2,740	3	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	4,000	80	40
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	5		

CONGO, DEMOCRATIC REPUBLIC OF THE



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ People received suitable treatment at ICRC-supported health facilities. Wounded people were evacuated to hospital and received life-saving care, including from an ICRC team of surgeons and an ICRC-supported surgical team.
- ▶ Victims of trauma, including sexual violence, received psychosocial support at ICRC-backed counselling centres. Some of them were also given livelihood support, which helped them reintegrate into society.
- ▶ Some detainees met their dietary needs with the help of ICRC-supplied food. Ready-to-eat therapeutic food from the ICRC helped malnourished detainees recover their health.
- ▶ People received food and household essentials, or bought them with cash or vouchers from the ICRC. Communities had better access to water after the ICRC renovated water-supply systems.
- ▶ People, including children formerly associated with weapon bearers, reconnected with their relatives via the Movement's family-links services; minors who rejoined their families in the country were given food and hygiene items.
- ▶ Weapon bearers were reminded of their obligation under IHL to protect civilians and ensure their access to basic services. Key actors and community members learnt more about humanitarian principles and the Movement.

EXPENDITURE IN KCHF

Protection	15,437
Assistance	43,985
Prevention	4,600
Cooperation with National Societies	2,368
General	404
Total	66,793
<i>Of which: Overheads</i>	<i>4,030</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	112
Resident staff (daily workers not included)	755

Having worked in the country since 1960, the ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. It meets the emergency needs of conflict-affected people, assists them in becoming self-sufficient and helps those in need receive adequate health and medical care, including psychosocial support. It visits detainees, helps restore contact between separated relatives, reunites children with their families and supports the development of the Red Cross Society of the Democratic Republic of the Congo. It also promotes knowledge of and respect for IHL and international human rights law among the authorities.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	32,736
RCMs distributed	26,415
Phone calls facilitated between family members	1,057
Tracing cases closed positively (subject located or fate established)	259
People reunited with their families	199
<i>of whom unaccompanied minors/separated children</i>	176
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	48
Detainees in places of detention visited	26,514
<i>of whom visited and monitored individually</i>	2,876
Visits carried out	246
Restoring family links	
RCMs collected	2,933
RCMs distributed	1,397
Phone calls made to families to inform them of the whereabouts of a detained relative	213

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	67,500	120,353
Essential household items	Beneficiaries	117,500	142,644
Productive inputs	Beneficiaries	88,000	92,002
Cash	Beneficiaries	1,300	64,934
Vouchers	Beneficiaries	66,500	14,530
Services and training	Beneficiaries		23,808
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	560,000	590,762
Health			
Health centres supported	Structures	10	18
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	5	32
Water and habitat			
Water and habitat activities	Beds	400	288
Physical rehabilitation			
Projects supported	Projects	4	4
Patients receiving services	Patients	1,000	1,209

CONTEXT

In the Democratic Republic of the Congo (hereafter DRC), especially in North Kivu and South Kivu, the fragmentation and proliferation of armed groups, and fighting among them, continued. Ethnic violence spread in Haut-Katanga and Tanganyika. Clashes between government forces and armed groups in six provinces previously considered stable – Kasai, Kasai-Central, Kasai-Oriental, Lomami, Lualaba and Sankuru – added to the DRC's deteriorating security situation. Civilians bore the brunt of the fighting: many were displaced, wounded or killed, and their livelihood and properties, destroyed. Logistical and security constraints sometimes hindered the delivery of humanitarian aid.

Implementation of the Peace, Security and Cooperation Framework for the Democratic Republic of the Congo and the Region, and of the Nairobi Declaration for peace in eastern DRC, continued at a slow pace. Little progress was made in implementing two demobilization processes – a national one for members of armed groups, and another, managed by the UN Stabilization Mission in the DRC (MONUSCO), for foreign combatants.

Political crises in neighbouring countries – Burundi, the Central African Republic (hereafter CAR) and South Sudan – caused people to flee to or remain in the DRC; some 400,000 refugees were reportedly in the country.

Tensions linked to the presidential elections – set for December 2018 – resulted in sporadic instances of unrest, especially in Kinshasa.

ICRC ACTION AND RESULTS

Despite some security incidents that prompted the temporary halt of some of its activities, the ICRC helped people affected by armed conflict and other situations of violence in the DRC, using a multi-disciplinary approach. The ICRC opened an office in Kananga, Kasai-Central, so that it could respond quickly and effectively to the needs of people affected by clashes in Kasai and surrounding provinces (see *Context*).

The ICRC maintained dialogue with all pertinent authorities and weapon bearers, reminding them of their obligation to protect civilians and ensure their access to health services. Dissemination sessions were organized to reinforce respect for IHL and humanitarian principles among weapon bearers; regular contact with key actors and violence-affected communities broadened acceptance for neutral, impartial and independent humanitarian action.

People maintained access to good-quality health services at primary-health-care centres receiving ICRC infrastructural, material and technical support and training. The ICRC evacuated wounded people to hospital; some were treated by an ICRC surgical team at a hospital in Goma, North Kivu, or by an ICRC-supported team of local surgeons in Bukavu, South Kivu. People with physical disabilities obtained physical rehabilitation services at ICRC-supported centres; they regained some mobility after being fitted with prosthetic or orthotic devices.

Victims of conflict-related trauma, including sexual violence, received psychosocial support at ICRC-backed counselling centres, and when necessary, were referred to health facilities nearby for medical treatment. Information sessions for community members made people aware of the availability of these services; they also sought to prevent the stigmatization of victims.

People affected by conflict and other violence met their immediate needs with emergency aid from the Red Cross Society of the Democratic Republic of the Congo and the ICRC. When the security situation permitted it, the ICRC gave people cash transfers and vouchers – in order to reduce the amount of material aid it gave, allow people to determine their needs themselves, and help strengthen the local economy. Some households earned money by cultivating crops and through fish-farming activities, with supplies and equipment from the ICRC. Victims of sexual violence received financial and material support and training, to start income-generating activities and facilitate their social reintegration. The ICRC repaired and/or constructed water infrastructure, including hand pumps, which improved people's access to clean water.

The ICRC visited places of detention and checked on detainees' treatment and living conditions. Afterwards, it shared its findings and recommendations confidentially with the detaining authorities. The pertinent authorities and the ICRC continued to discuss the need to release prison funds in a timely manner, and to develop concrete measures for addressing overcrowding in prisons. ICRC-supplied food helped detainees meet their dietary needs; malnourished detainees received therapeutic food. At a number of prisons, ICRC initiatives – material and technical support for health facilities, distribution of hygiene items, and renovation of infrastructure – enhanced detainees' living conditions, including their access to health services. Improved sanitation and access to clean water reduced detainees' exposure to health hazards.

Members of families separated by detention, or by conflict or other violence – in the DRC or elsewhere (see *Context*) –reconnected through the Movement's family-links services. Where appropriate, children, including those formerly associated with weapon bearers, were reunited with their families in the DRC or elsewhere; they also received support for easing their social reintegration and avoiding future recruitment.

The National Society, a key ICRC partner, was given support to enhance its capacities in public communication, emergency response and restoring family links. Movement partners, and other humanitarian actors, coordinated their activities to prevent duplication of effort.

CIVILIANS

People approached the ICRC with reports of abuses committed by weapon bearers, such as sexual violence, child recruitment and attacks against medical facilities. The ICRC made representations to weapon bearers, based on these allegations, and reminded them of their obligation under IHL, international human rights law and/or other applicable norms, to protect civilians and ensure their access to health and other services. Some parties took steps to improve the training of personnel under their command and establish disciplinary measures to prevent the recurrence of abuses.

Demobilized children rejoin their families

The National Society and the ICRC worked together to improve their delivery of family-links services and adapt them to people's needs. Refresher training sessions were organized, in particular, for volunteers in Ituri and Haut-Uele who were reconnecting South Sudanese refugees with their relatives. Five provincial tracing coordinators attended a training course organized by the National Society and the ICRC; this was supplemented by on-the-job coaching.

Members of families dispersed by conflict or other violence reconnected through the Movement's family-links services; some used tracing services to find their relatives. A total of 176 children – of whom 93 had been associated with weapon bearers – rejoined their families, in the DRC or elsewhere.

Nearly 160 children who returned home to the DRC received food to supplement their households' food supply; 94 of them also received hygiene kits. Using materials provided by the ICRC, 93 children undertook vocational activities. The ICRC conducted follow-up visits to monitor their welfare.

Transitional centres and communities hosting separated and/or demobilized children were given food and household essentials for covering the children's needs; some transitional centres also received financial and infrastructural support. Demobilized children and community members attended awareness-raising sessions on the risks to these children even after they return home. Recreational activities for these children and community-based initiatives, including workshops for community leaders, advanced their social reintegration and helped prevent further recruitment.

Victims of sexual violence obtain medical care and psychosocial support

People had access to primary-health-care services at 17 ICRC-supported centres and one mobile clinic. At these facilities: people, mostly children, were vaccinated; women were given antenatal consultations; patients in need of further treatment were referred to higher-level care; and destitute patients, including pregnant women, were treated for free. Five of the primary-health-care centres received material support during emergencies, including displacement or instances of looting.

In the Kivu provinces, access to psychosocial support improved after the ICRC repaired or constructed four counselling centres. Almost 5,000 people suffering from conflict-related trauma received psychosocial support, for the first time, at 27 ICRC-backed counselling centres; they included some 3,400 victims of sexual violence, half of whom were referred to health facilities for medical treatment. At information sessions aimed at preventing the stigmatization of victims of sexual abuse, community members learnt of the services available to them and the importance of prompt post-exposure prophylactic treatment. Disabled people also sought and obtained psychosocial support (see *Wounded and sick*).

Communities have better access to potable water

Some 33,000 people gained better access to potable water after the ICRC constructed five water-supply systems in rural areas of the Kivu provinces, and installed hand pumps in rural areas of Haut-Katanga, Haut-Lomami, Lualaba and Tanganyika. Beneficiary communities identified their water needs and established committees in charge of maintaining the infrastructure; this increased local responsibility and helped ensure sustainability of the infrastructure. Local water authorities and the ICRC worked together to ensure access to water in urban areas. They repaired a main water line in Bunia, Ituri, and upgraded the water-supply system in Walikale, North Kivu; this benefited some 495,000 people. The ICRC helped water authorities in Goma by training 34 of their engineers to maintain the electric panels that powered the city's water-supply system. ICRC-backed National Society projects broadened access to water for some 4,300 people.

The ICRC built four bridges in South Kivu, which eased access to services and economic infrastructure for roughly 8,900 people; some of these people also benefited from the above-mentioned water projects.

The ICRC provided water-treatment chemicals to help contain a cholera outbreak in South Kivu and Tanganyika, to the benefit of some 50,000 people.

Civilians receive support for starting income-generating activities

In Kasai-Central, the Kivu provinces, Kwilu and Tanganyika, around 118,000 people (some 23,600 households) received food from the National Society and the ICRC, and over 139,800 people (some 28,000 households) were given household essentials.

When the security situation permitted it, the ICRC gave people cash transfers and vouchers – in order to avoid having to provide material assistance, allow people to determine their needs themselves, and help strengthen the local economy. Cash transfers enabled over 12,800 households (some 64,000 people) to buy food, essential household items, and supplies and equipment with which to pursue their livelihoods. In South Kivu, some 2,900 households (around 14,500 people) used vouchers for buying household essentials from local traders.

Almost 18,300 breadwinners (supporting nearly 91,600 people) earned money by cultivating crops and through fish-farming activities; the ICRC supplied them with disease-resistant cassava cuttings, fast-growing tilapia fingerlings and/or tools. They, and over 4,700 members of local associations, underwent training on these livelihood activities.

Some 500 victims of sexual violence who sought psychosocial support at ICRC-backed counselling centres, received cash, training and material support to start income-generating activities; this also facilitated their social reintegration.

PEOPLE DEPRIVED OF THEIR FREEDOM

Penitentiary authorities are given assistance to meet detainees' needs

ICRC delegates visited 48 detention facilities in accordance with the ICRC's standard procedures – including places of temporary detention and facilities run by MONUSCO – to check on the treatment and living conditions of detainees. They paid particular attention to vulnerable people, including security detainees, foreigners, women and minors. After visits, delegates shared their findings and recommendations confidentially with the authorities concerned. The ICRC urged detaining authorities to respect judicial guarantees, and engaged them in dialogue on other matters, such as the necessity of preventing ill-treatment of detainees and ensuring their access to health care. The ICRC urged penitentiary authorities at the local and national levels to create committees in charge of tackling overcrowding in prisons and improving the management of funds and maintenance of facilities.

Judicial authorities acted on individual cases brought up by the ICRC, contributing to the release of some inmates, including some whose pre-trial detention had exceeded the legal limit. Over 60 foreigners requested the ICRC to notify their consular representatives of their detention. International child protection agencies and the ICRC continued to discuss how to make demobilization easier for children formerly associated with weapon bearers.

Detainees communicated with their relatives through the Movement's family-links services. Following their release, seven former detainees returned home with the ICRC's financial assistance.

Malnourished detainees receive therapeutic food

Implementation of the legal framework governing the incorporation of prison health care in civilian health services continued. Inmates at ten prisons availed themselves of the care they needed at health facilities, including dispensaries; prison health staff continued to receive ICRC material and technical support.

Insufficient funds for prisons, and delays in the release of allocated funds, affected the penitentiary authorities' means to meet detainees' needs, including food, and contributed to the deterioration of detainees' health. The ICRC monitored the malnutrition rate, and the management of food supply in 11 prisons. Acutely and moderately malnourished detainees were given ready-to-eat therapeutic food, which helped them recover their health. Some 5,700 detainees received supplementary rations, enabling them to meet their dietary needs.

The ICRC repaired kitchens and sanitation and water facilities at 12 prisons, which were maintained by ICRC-trained teams; consequently, detainees at these prisons – roughly 17,000 people in all – had better access to clean water and were less at risk from diseases like cholera. About 23,300 detainees, including some held in places of temporary detention, benefited from soap and cleaning items from the ICRC, which were occasionally distributed after hygiene-awareness sessions. Some vulnerable detainees also received household essentials from the ICRC.

WOUNDED AND SICK

Wounded people receive appropriate medical treatment

More than 400 National Society volunteers in six provinces were trained in life-saving care. At events, including some organized with the National Society, around 700 people – weapon bearers, health personnel and community members – learnt first aid, which enabled them to treat wounded people during clashes.

Over 200 wounded people were brought to hospital by the ICRC. Wounded people – civilians and weapon bearers – received surgical and other medical care at 11 hospitals for which the ICRC provided supplies, equipment and staff training regularly. The ICRC also provided support for 21 other hospitals.

An ICRC surgical team remained at a hospital in Goma, operating on wounded people and training local doctors and nurses in war-surgery techniques adapted to the context. A team of local surgeons at a hospital in Bukavu continued to receive ICRC financial and technical support. The team also relieved the ICRC surgeons of some of their heavy workload – for example, by taking charge of 25 patients transferred from North Kivu. At these two hospitals, some 1,000 patients received surgical care free of charge.

Patients had better services at some health facilities, including counselling centres (see *Civilians*), after the ICRC made repairs to the facilities. For instance, the entrance to the operating theatre at a hospital in Goma was renovated, and latrines were installed at a hospital in Manono, Tanganyika.

People with physical disabilities regain some mobility

People – most of them disabled as a consequence of armed conflict – obtained good-quality services free of charge at three physical rehabilitation centres in Bukavu, Goma and Kinshasa; mobility devices were made using the parts produced by disabled people at a workshop in Kinshasa. The centres received ICRC material and technical support. Patients were fitted with prosthetic and orthotic devices, or given wheelchairs and tricycles, which helped them regain some mobility. Some of them participated in sports and other activities that promoted their social inclusion. Some 790 disabled people benefited from psychosocial support provided at two of the centres and at hospitals in Bukavu and Goma.

Four staff members from ICRC-supported centres and from a medical institution in Kinshasa attended a three-year prosthetics and orthotics course in Lomé, Togo, with ICRC financial assistance; one of them graduated in August and returned to work at the Goma centre. Sponsored by the ICRC, five students began to study physiotherapy, as part of a project – under the ICRC's Programme for Humanitarian Impact Investment, carried out in partnership with the private sector – for making physical rehabilitation services more widely accessible in the DRC. Key technicians and specialists from various organizations, academic institutions and government bodies attended conferences and workshops, in the DRC and elsewhere. Such initiatives helped strengthen the country's physical rehabilitation sector.

ACTORS OF INFLUENCE

Weapon bearers strengthen their grasp of rules and norms applicable to their duties

Weapon bearers of all ranks furthered their understanding of IHL and the Movement at ICRC-organized events, which covered key messages on the prevention of sexual violence and the protection of health care during conflict and other violence.

Roughly 4,600 military personnel and 350 other weapon bearers attended training sessions, which were accompanied sometimes by sessions on first aid (see *Wounded and sick*). This helped them understand the necessity of complying with IHL and respecting humanitarian principles; it also helped secure access for the Movement to people in need. Particular efforts were made to reach military officers in charge of operational decision-making in conflict-affected provinces and at headquarters level. Dialogue with officials at the armed forces' headquarters, on incorporating IHL in military planning and operations, was supplemented by workshops on the subject; sessions on IHL and the ICRC were included in several military training curricula. A senior military officer attended an advanced IHL course in Mexico City, Mexico (see *International law and policy*).

Some 1,200 police officers learnt more about international law enforcement standards for the use of force and crowd control at dissemination sessions in Kinshasa and in Haut-Katanga, Ituri, North and South Kivu, and Tanganyika. Some senior officers in charge of operations in Kinshasa and Kananga strengthened their grasp of international policing standards.

The ICRC maintained regular contact with parties involved in security sector reform, such as the Congolese authorities, the European Union and MONUSCO.

Members of civil society learn about humanitarian principles and issues

Regular contact with the ICRC, including during presentations in several provinces, helped some 25,000 people – local authorities, traditional and religious leaders, and representatives of youth groups and civil society – familiarize themselves with the Movement and its work. This also helped broaden acceptance for the National Society and the ICRC, and facilitated the delivery of humanitarian aid.

Around 1,600 university students attended conferences and moot court competitions (see, for example, *Abidjan*); this helped to stimulate academic interest in IHL. At a round-table, 15 university lecturers shared best practices in teaching IHL and discussed the obstacles to implementing IHL and IHL-related treaties.

Journalists drew on ICRC public communication material to report on humanitarian issues, such as the plight of victims of sexual violence, the living conditions of displaced people and the difficulties faced by wounded people trying to reach medical facilities.

The authorities are encouraged to ratify IHL treaties

During dialogue with the pertinent authorities, the ICRC emphasized the importance of ratifying IHL treaties and of adopting related legislative measures, such as the bill on the emblems protected under IHL and the bills authorizing the ratification of Additional Protocol III and adherence to the Arms Trade Treaty; these bills remained on the parliament's agenda.

Twenty-five magistrates attended a course, which helped them enhance their capacity to deal with violations of IHL (see *Dakar*).

RED CROSS AND RED CRESCENT MOVEMENT

The National Society and the ICRC strengthened their partnership by planning joint activities and incorporating the Safer Access Framework in them. The National Society received ICRC financial, material and technical support and training to carry out its activities safely (see *Civilians and Wounded and sick*).

The ICRC covered various expenses for certain National Society branches and local committees in the eastern DRC and in Kasai and surrounding provinces: the salaries of key staff, incentives for volunteers, operating expenses and/or the cost of equipment (internet connection, vehicles and solar panels). Some 3,000 volunteers received insurance coverage from the ICRC.

Discussions with the National Society covered numerous subjects: its legal status, strategic plan for 2014–2018 and a new partnership agreement with the ICRC covering the years from 2017 to 2019. With ICRC support, the National Society continued to reorganize its structure, in line with the redrawing of the DRC's provincial boundaries in June 2015.

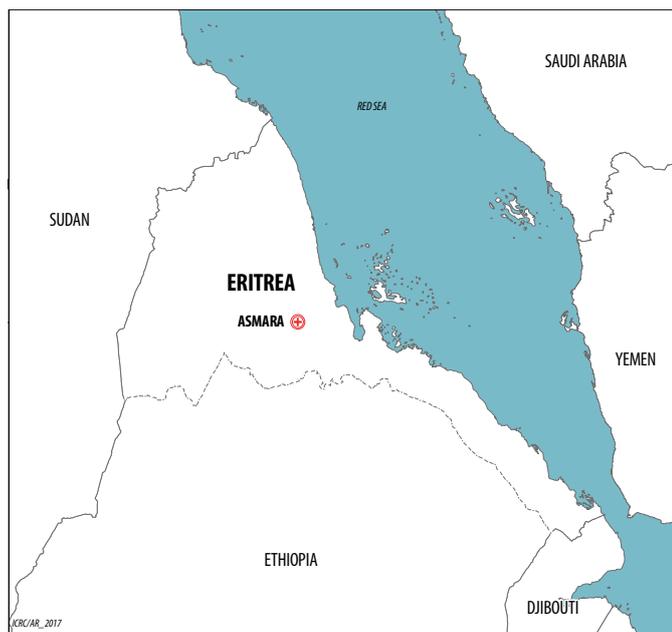
National Society representatives attended the statutory meetings of the Movement, with ICRC sponsorship. Movement components met regularly to maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		32,736	1,253		
RCMs distributed		26,415	475		
Phone calls facilitated between family members		1,057			
Names published in the media		96			
Reunifications, transfers and repatriations					
People reunited with their families		199			
	<i>including people registered by another delegation</i>	24			
People transferred or repatriated		166			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		458	82	120	99
	<i>including people for whom tracing requests were registered by another delegation</i>	143			
Tracing cases closed positively (subject located or fate established)		259			
	<i>including people for whom tracing requests were registered by another delegation</i>	71			
Tracing cases still being handled at the end of the reporting period (people)		361	47	97	66
	<i>including people for whom tracing requests were registered by another delegation</i>	138			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		683	276		112
UAMs/SC reunited with their families by the ICRC/National Society		176	53		93
	<i>including UAMs/SC registered by another delegation</i>	17			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		983	430		63
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		48			
Detainees in places of detention visited		26,514	573	936	
Visits carried out		246			
			Women	Girls	Boys
Detainees visited and monitored individually		2,876	23	4	103
	<i>of whom newly registered</i>	1,937	18	4	79
RCMs and other means of family contact					
RCMs collected		2,933			
RCMs distributed		1,397			
Phone calls made to families to inform them of the whereabouts of a detained relative		213			
People to whom a detention attestation was issued		34			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	120,353	48,223	41,160
	<i>of whom IDPs</i>	58,616	25,359	18,187
Essential household items	Beneficiaries	142,644	59,248	43,481
	<i>of whom IDPs</i>	91,645	41,195	23,779
Productive inputs	Beneficiaries	92,002	38,693	23,891
	<i>of whom IDPs</i>	30,593	13,320	7,012
Cash	Beneficiaries	64,934	27,501	19,141
	<i>of whom IDPs</i>	45,280	20,264	11,673
Vouchers	Beneficiaries	14,530	4,359	7,265
	<i>of whom IDPs</i>	581	174	291
Services and training	Beneficiaries	23,808	10,599	5,395
	<i>of whom IDPs</i>	19,500	8,775	3,900
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	590,762	177,229	236,305
Health				
Health centres supported	Structures	18		
Average catchment population		126,426		
Consultations		90,481		
	<i>of which curative</i>	76,947	10,048	33,040
	<i>of which antenatal</i>	13,534		
Immunizations	Patients	49,557		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	34,807		
Referrals to a second level of care	Patients	3,464		
	<i>of whom gynaecological/obstetric cases</i>	601		

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	5,710	138	395
Essential household items	Beneficiaries	24,993	467	488
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	17,155	858	172
Health				
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention visited by health staff	Structures	10		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	32		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	11		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	1,116	153	98
	(including those related to mines or explosive remnants of war)	2		
	Non-weapon-wound admissions	521		
	Operations performed	4,774		
Medical (non-surgical) admissions		1,635	468	26
Gynaecological/obstetric admissions		1,726	1,509	24
Consultations		7,574		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		273		
Weapon-wound admissions (surgical and non-surgical admissions)		316	66	22
Weapon-wound surgeries performed		273		
Patients whose hospital treatment was paid for by the ICRC				
		3,029		
First aid				
First-aid training				
	Sessions	42		
	Participants (sum of monthly data)	713		
Water and habitat				
Water and habitat activities	Beds	288		
Physical rehabilitation				
Projects supported	Projects	4		
Patients receiving services (sum of monthly data)		1,209	242	136
New patients fitted with prostheses	Patients	223	52	26
Prostheses delivered	Units	441	102	71
	<i>of which for victims of mines or explosive remnants of war</i>	10	5	
New patients fitted with orthoses	Patients	110	36	16
Orthoses delivered	Units	183	50	37
	<i>of which for victims of mines or explosive remnants of war</i>	1	1	
Patients receiving physiotherapy	Patients	459	107	73
Walking aids delivered	Units	1,147	188	119
Wheelchairs or tricycles delivered	Units	36	7	6

ERITREA



ICRC/AR_2017

ICRC delegation

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KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Vulnerable communities, such as people in border areas, grew food crops and kept their livestock healthy with ICRC livelihood support; they obtained water through newly constructed or repaired solar-powered systems.
- ▶ People of Ethiopian origin renewed their residence permits and covered other expenses with ICRC assistance; those repatriated under a government programme used such ICRC aid to cover their administrative and transport costs.
- ▶ The ICRC's access to and activities for people affected by past conflict remained limited. It sought to increase acceptance for its mandate and work through discussions with the authorities, and by other means.
- ▶ Beneficiary communities, law students and the authorities learnt more about IHL and the Movement through various dissemination activities. Students demonstrated their grasp of IHL during an ICRC-organized essay-writing contest.
- ▶ In September, the "Red Cross Society of Eritrea" suspended its activities on instructions from the Eritrean government. It had not yet resumed operations at the time of reporting; the ICRC stood ready to assist it in doing so.

EXPENDITURE IN KCHF

Protection	913
Assistance	2,549
Prevention	347
Cooperation with National Societies	378
General	55
Total	4,242
<i>Of which: Overheads</i>	<i>259</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	45

The ICRC opened a delegation in Eritrea in 1998 in the context of the 1998–2000 international armed conflict between Eritrea and Ethiopia, and continues to respond to the needs remaining from that two-year war. Its priorities are to help improve the resilience of the population concerned and to ensure compliance with IHL with regard to any persons protected by the Third and Fourth Geneva Conventions. The ICRC supports the "Red Cross Society of Eritrea".

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	445
RCMs distributed	1,706
Tracing cases closed positively (subject located or fate established)	94
People reunited with their families	1

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 10,000	
Productive inputs	Beneficiaries 499,000	414,135
Cash	Beneficiaries 3,600	5,304
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 57,085	95,868

CONTEXT

Tensions between Eritrea and Ethiopia persisted. The dispute regarding the sealed Eritrea–Ethiopia border remained stalled, and both countries maintained a military presence in the disputed areas.

No progress was made in the demarcation of the Djibouti–Eritrea border, or in the implementation of the mediation agreement signed by the two countries in 2010.

People in Eritrea continued to feel the effects of past violence. Many struggled to recover their livelihoods, and had difficulty accessing public services.

Humanitarian assistance remained limited, following the government's request in 2011 that international humanitarian agencies terminate or curtail their activities. The government continued to implement agreements, signed in 2013, to resume cooperation with the European Union and the UN.

ICRC ACTION AND RESULTS

The ICRC maintained its dialogue with the authorities; it also kept up other efforts to foster understanding of its mandate and activities, and support for them. Operating within limitations imposed on its movements and activities (see *Context*), it worked to help vulnerable people cope with their circumstances, particularly people affected by the border dispute between Eritrea and Ethiopia, and by the past conflict with Djibouti.

Vulnerable communities, especially in rural areas near the border with Ethiopia, were given help to rebuild their livelihoods. Farming households – most of them headed by women – grew food crops with seed and tools provided by the ICRC. Together with the authorities, the ICRC carried out a vaccination and treatment campaign to protect the health, and maintain the productivity, of herding households' livestock; it also constructed livestock ponds for these households. Communities had more sustainable access to safe water through solar-powered systems that were upgraded by the ICRC, or constructed and maintained by the authorities with ICRC support.

The ICRC continued to monitor the situation of Ethiopians living in Eritrea to help ensure that their rights were respected, and that they were treated – in such matters as voluntary repatriation in humane conditions – in line with internationally recognized standards; permission for the ICRC to facilitate the voluntary repatriation of civilians was withdrawn in 2009. The ICRC helped to cover administrative fees and transport costs for Ethiopian repatriates, and fees for residence permits and medical care for those who wished to stay in Eritrea. It also helped released detainees of Ethiopian origin cover some of their expenses for food and accommodation.

In areas to which it had access, the ICRC helped members of families dispersed by conflict, migration or other circumstances to reconnect through RCMs. It continued to follow up, with the pertinent authorities, requests for information from the families of people reported missing in connection with the 1998–2000 conflict between Eritrea and Ethiopia. The ICRC also continued to appeal to the authorities, on behalf of the families concerned, for information on 13 Djiboutian soldiers reported missing by their government after the hostilities between Djibouti and Eritrea in June 2008.

The ICRC and the “Red Cross Society of Eritrea” signed an agreement in January that outlined a framework for further cooperation, for example, in developing the latter's family-links services and emergency-response activities. In September, the “Red Cross Society of Eritrea” suspended its activities on the instructions of the government. It had not yet resumed operations by year-end; the ICRC stood ready to assist it in doing so.

CIVILIANS

The ICRC continued to provide assistance, within the limits set for international humanitarian organizations (see *Context*), to people affected by violence. It cultivated dialogue with the Eritrean authorities to foster acceptance among them for its mandate, and to get their permission to broaden the scope of its activities in the country.

Households affected by past violence grow food crops with donated seed and tools

Vulnerable households affected by past conflict, including people living in areas near the border with Ethiopia, used ICRC support to restore and/or improve their livelihoods – and, in the process, strengthen their resilience to the effects of past violence. The ICRC stood ready to provide assistance in the event of emergencies; it maintained a stock of essential household items.

Herding communities in Anseba, Debub, Gash Barka and Northern Red Sea, had only limited access to veterinary services for their livestock. Some 81,300 households (around 406,400 people) among them maintained the health – and thus the productivity and market value – of their herds (roughly 2.5 million heads of livestock) by having them vaccinated and treated against disease, under a campaign which was implemented through vaccination and treatment services provided by the authorities and the ICRC. Herding households in Anseba and Gash Barka also benefited from four livestock ponds constructed by the ICRC.

Around 1,550 farming households (some 7,760 people), in rural areas of Anseba, Debub and Gash Barka, resumed farming or increased their yields with seed, foot pumps, portable solar pumps, and tools distributed by the ICRC. Many of these households were headed by women.

Eight personnel from the agriculture ministry developed their ability to plan and implement livelihood-support projects through ICRC training.

Newly constructed, repaired or upgraded water points broaden households' access to water

In rural border areas – where communities had limited or no access to safe water – and in semi-urban areas, some 91,300 people had a more reliable water supply through solar-powered systems. Six systems were constructed and maintained by the authorities with ICRC support that included expert advice and the donation of spare parts; by coordinating closely with the authorities and with communities, the ICRC was able to repair or upgrade 18 systems in all – more than initially forecast for the year – benefiting more people than planned. The environmentally friendly solar water supply systems minimized running and maintenance costs, which was particularly important as fuel was scarce in Eritrea.

Eighteen technicians learnt to install and repair these structures during training sessions, and some communities received material

support from the ICRC for maintaining the systems; these activities contributed to the sustainability of the local water supply.

Vulnerable people of Ethiopian origin renew their residence permits

The Eritrean authorities continued to repatriate people of Ethiopian origin through Sudan; permission for the ICRC to facilitate the voluntary repatriation of civilians across the Eritrea–Ethiopia border was withdrawn in 2009. The ICRC continued to monitor the situation of Ethiopians living in Eritrea to help ensure that their rights were respected, and that they were treated – in such matters as voluntary repatriation in humane conditions – in line with internationally recognized standards.

Particularly vulnerable Ethiopians – including women, minors, former detainees and elderly people – coped with their circumstances with financial assistance from the ICRC. For example, some 4,450 people were able to renew their residence permits, which helped them claim government benefits, and seven people covered their medical expenses. The ICRC paid part of the administrative fees and transport costs involved in the repatriation of 730 people under a government programme; it provided similar assistance in the repatriation of one person to Somalia. Eight former detainees of Ethiopian and Eritrean origin were helped to cover their food and accommodation expenses.

Members of families separated by past conflict reconnect

The family-links services run by the “Red Cross Society of Eritrea” were suspended in 2012. The ICRC had provided these services since then, to a limited extent, in areas to which it had access.

Members of families dispersed by armed conflict, migration or other circumstances used RCMs to reconnect with each other. People had documents such as academic transcripts and attestations of detention sent across the border, which helped them pursue employment or further studies, or meet legal requirements.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued its discussions with the authorities, with a view to conducting visits to detainees in Eritrea, including any POWs, civilian detainees of Ethiopian origin and other detainees of concern to the ICRC.

Requests to the Eritrean government, for information on the whereabouts of 13 Djiboutian soldiers reported missing by their government after the 2008 Djibouti–Eritrea conflict, remained unanswered.

ACTORS OF INFLUENCE

Given the restrictions on its activities (see *Context*), the ICRC’s dialogue with national and local authorities continued to focus on fostering their acceptance and support for IHL, particularly the 1949 Geneva Conventions, and for the ICRC’s neutral, impartial and independent humanitarian activities. By organizing meetings with government officials – and involving them in the planning and implementation of its activities – the ICRC created opportunities to discuss humanitarian issues and the possibility of broadening its access to people affected by violence, including detainees (see *People deprived of their freedom*).

Beneficiaries of its activities learn more about the ICRC

Beneficiaries of ICRC projects, the authorities, and law academics familiarized themselves with IHL and with the ICRC’s activities through dissemination sessions and other events.

Members of the general public learnt about IHL, and about the ICRC and the Movement, through ICRC briefings at national book fairs, from copies of ICRC publications distributed at these fairs, and through published articles. Young people, including law students, attended ICRC briefings and other IHL-related events. University students demonstrated their grasp of IHL by joining an essay-writing contest organized by the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

In January, the “Red Cross Society of Eritrea” and the ICRC – which had resumed cooperation in March 2016 – signed a two-year agreement establishing a framework for joint activities. Under the agreement, the ICRC would help to develop the capacities of the former organization in such areas as provision of family-links services.

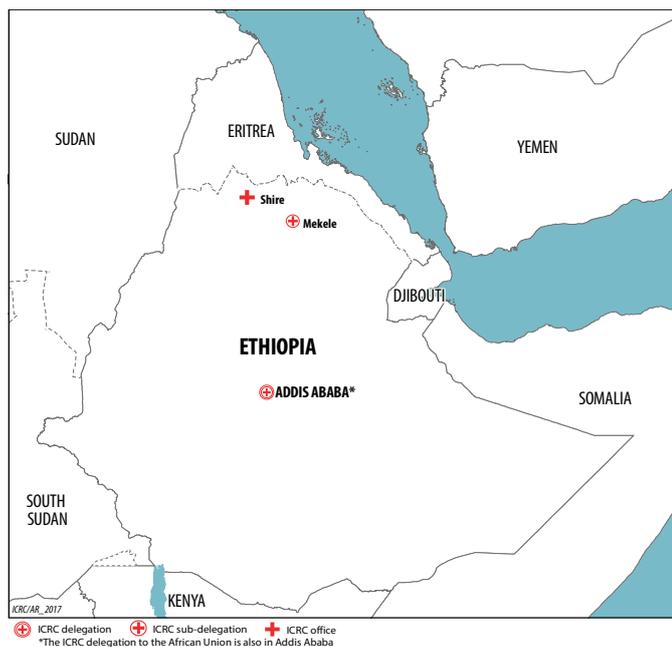
The “Eritrean Red Cross”, aided by ICRC training (see *Civilians*), strengthened its ability to carry out livelihood-improvement projects; it also boosted its emergency preparedness by stocking essential household items that had been donated to it.

In September, the “Red Cross Society of Eritrea” suspended its activities on instructions from the government, and had yet to resume them by the end of the reporting period. The ICRC stood ready to provide technical and other assistance to the organization to help it resume its operations.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		445			
RCMs distributed		1,706			
Reunifications, transfers and repatriations					
People reunited with their families		1			
	<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		101	30	14	18
	<i>including people for whom tracing requests were registered by another delegation</i>	28			
Tracing cases closed positively (subject located or fate established)		94			
	<i>including people for whom tracing requests were registered by another delegation</i>	51			
Tracing cases still being handled at the end of the reporting period (people)		395	48	10	32
	<i>including people for whom tracing requests were registered by another delegation</i>	276			
Documents					
People to whom travel documents were issued		1			
Official documents delivered across borders/front lines		23			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Productive inputs	Beneficiaries	414,135	310,097	
Cash	Beneficiaries	5,304	3,471	540
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	95,868	52,727	19,174

ETHIOPIA



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KEY RESULTS/CONSTRAINTS IN 2017

- ▶ People affected by intensified violence in Oromia benefited from increased ICRC emergency assistance: they received household items and shelter materials and, at IDP camps, benefited from ICRC-built sanitation facilities.
- ▶ Vulnerable households in Oromia produced more food and sustained their livestock with seed and tools, and animal fodder, from the ICRC. Families in Tigray started small businesses with cash loans and other ICRC support.
- ▶ Detainees had better access to good-quality health-care services because of measures taken by the authorities, with ICRC support; they also benefited from ICRC-supported improvements to water and other infrastructure at prisons.
- ▶ Persons with physical disabilities continued to obtain free physiotherapy and prosthetic/orthotic devices at ICRC-supported centres; transport and other costs for particularly vulnerable patients were covered by the ICRC.
- ▶ Members of the police and the special forces familiarized themselves with internationally recognized standards – applicable to arrests, detention and the use of force – at ICRC training sessions.

EXPENDITURE IN KCHF

Protection	4,254
Assistance	10,523
Prevention	2,774
Cooperation with National Societies	1,051
General	220
Total	18,822
<i>Of which: Overheads</i>	<i>1,149</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	37
Resident staff (daily workers not included)	146

Continuously present in Ethiopia since 1977, the ICRC prioritizes protecting and assisting people detained, displaced or otherwise affected as a result of the 1998–2000 international armed conflict between Eritrea and Ethiopia or other armed conflicts. It helps preserve the livelihoods of conflict-affected communities, which often also grapple with natural disaster, and supports physical rehabilitation services. It visits detainees and restores family links, particularly for relatives separated by the closed Ethiopia–Eritrea border, ensuring compliance with IHL with regard to any persons protected by the Third and Fourth Geneva Conventions. It supports the Ethiopian Red Cross Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3,229
RCMs distributed	2,431
Phone calls facilitated between family members	72,145
Tracing cases closed positively (subject located or fate established)	286
People reunited with their families	6
<i>of whom unaccompanied minors/separated children</i>	5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	32
Detainees in places of detention visited	49,098
<i>of whom visited and monitored individually</i>	271
Visits carried out	53
Restoring family links	
RCMs collected	248
RCMs distributed	211
Phone calls made to families to inform them of the whereabouts of a detained relative	480

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	890	
Essential household items	Beneficiaries	48,000	144,170
Productive inputs	Beneficiaries	66,600	55,506
Cash	Beneficiaries	1,290	2,184
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	20,000	9,801
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	4	
Physical rehabilitation			
Projects supported	Projects	9	9
Patients receiving services	Patients	6,000	6,479

CONTEXT

Tensions between Ethiopia and Eritrea persisted, and the Ethiopia-Eritrea border remained sealed; both countries maintained a military presence in disputed areas.

Communal and political tensions – for example, in Amhara and Oromia – gave rise to outbreaks of armed violence. Violent clashes between ethnic groups, and among armed groups on the border between Oromia and the Somali Regional State (SRS), were significantly more frequent and more intense than last year; the fighting resulted in casualties and the displacement of hundreds of thousands of people. Federal and regional police forces, and sometimes the Ethiopian National Defence Force (ENDF), responded to incidents of violence. A state of emergency declared by the Ethiopian government in October 2016 was in effect until August 2017.

Ethiopia continued to host more than 840,000 refugees who had fled instability and violence in neighbouring countries, particularly Eritrea, Somalia, South Sudan and Sudan. Most refugees stayed in camps in border areas.

ENDF troops were deployed to a number of missions overseas: for instance, they were part of the UN peacekeeping contingent in Abyei, an area disputed by South Sudan and Sudan.

ICRC ACTION AND RESULTS

In Ethiopia, the ICRC assisted people affected by armed conflict and other situations of violence, and engaged the authorities in dialogue to strengthen acceptance for its mandate and activities. It stood ready to resume selected activities in the SRS.

In response to clashes in Oromia (see *Context*), the ICRC, in cooperation with the Ethiopian Red Cross Society, stepped up its assistance to people affected by the fighting. It helped them meet their immediate needs by distributing household items and shelter materials, and by constructing sanitation facilities in temporary IDP camps; and to broaden access to medical care, the ICRC donated supplies to hospitals in violence-affected areas.

The ICRC continued to help people affected by conflict and other violence – primarily in Oromia and Tigray – to restore their livelihoods. Households produced more food and sustained their livestock with seed, tools and animal fodder distributed by the National Society and the ICRC. Vulnerable households in Tigray availed themselves of cash loans, provided under a National Society and ICRC-run programme, to start income-generating activities; some Ethiopians recently repatriated from Eritrea benefited from similar support. ICRC expertise aided local water authorities' efforts to improve access to water.

Members of separated families – including IDPs in Oromia, refugees, Ethiopians abroad and returnees – reconnected through the Movement's family-links services. People used RCMs to contact their relatives across the sealed Ethiopia-Eritrea border.

The ICRC continued to visit detainees in federal and regional prisons, in accordance with its standard procedures, to monitor their treatment and living conditions; among those visited were people held in relation to the state of emergency and then transferred to civilian prisons. It communicated its findings and, where necessary, its recommendations confidentially to the authorities.

It engaged them in dialogue on, among other issues, access to other detainees, particularly those held for security reasons.

The ICRC continued to aid the authorities' efforts to construct new prisons and improve their management of existing facilities, by giving them expert guidance and other support. It also helped them implement projects for ensuring detainees' access to good quality health-care services, for instance by donating medical supplies to prison clinics and training prison health staff. A hygiene-promotion programme, carried out in certain prisons, helped reduce detainees' risk of contracting disease. The ICRC augmented the authorities' efforts by donating household items and carrying out infrastructural improvements in prisons.

People with physical disabilities, including those wounded in armed violence, received free physical rehabilitation services at ICRC-supported centres. The ICRC worked with the authorities to help ensure the quality and sustainability of these services, particularly by providing training for prosthetists and orthotists. To promote the social inclusion of disabled people, it helped host wheelchair basketball training camps and tournaments, and discussed the establishment of a wheelchair basketball association with the Ethiopian Basketball Federation. Owing to persistent administrative delays, the ICRC discontinued its support for local efforts to establish a bachelor's degree course in prosthetics and orthotics.

The ICRC continued to promote IHL and humanitarian principles among the authorities, the police and the armed forces. It organized training sessions for police forces on internationally recognized standards pertinent to their duties, and for troops bound for peace-support operations on IHL. Events, such as dissemination sessions, raised public awareness of humanitarian issues and Movement activities. Students demonstrated their grasp of IHL at moot court competitions; ICRC training enhanced lecturers' ability to teach IHL.

The National Society and the ICRC continued to develop their partnership at the strategic, operational and technical levels. The ICRC provided training and financial, material and technical support for the National Society to strengthen its capacities in restoring family links, emergency response and promoting humanitarian principles, and to bolster its coordination with Movement partners.

CIVILIANS

People displaced by violence in Oromia receive emergency assistance

Owing to intensified violence in Oromia (see *Context*), the ICRC ramped up its provision of emergency aid for the people affected by the fighting. In all, some 27,000 households (around 144,000 people) received household items and shelter materials from the National Society and the ICRC. The ICRC was able to help more people than originally planned partly by, towards the end of the year, reallocating unspent funds from other projects to prioritize emergency assistance. At some of the temporary camps set up for people displaced by the violence, the ICRC set up sanitation facilities. Some displaced households were given support for restoring their livelihoods (see below).

To help strengthen the primary-health-care services available to people displaced by the fighting, the ICRC donated essential medicines to hospitals in violence-affected areas (see also *Wounded and sick*).

Violence-affected households produce more food using ICRC agricultural supplies

With support from the National Society and the ICRC, violence-affected households – including people living in border areas – started or resumed livelihood activities. Over 7,400 households (some 44,700 people) used seed and tools to grow more food. To help them maintain the health and productivity of their herds, 1,820 pastoralist households (10,920 people) were given fodder for their animals. Some 200 households (1,200 people) in Tigray and 14 households (84 people) in Mekele – Ethiopians recently repatriated from Eritrea – used cash loans and donated items to start income-generating activities. ICRC training helped National Society staff to bolster their ability to implement livelihood-support activities.

With ICRC support, water authorities in Tigray mapped water resources and entered the information into an online database; they then drew on that information to plan the construction of new water points, and allocate their budget accordingly.

Migrants reconnect with their relatives abroad

People in Ethiopia contacted their relatives within the country and elsewhere through the Movement's family-links services. The National Society continued to bolster its family-links capacities with ICRC financial and technical support – for instance, through training in the use of new software and – at a regional meeting of National Societies held in Ethiopia – by coordinating their response to the increased need for family-links services among refugees.

Members of families separated by the sealed Ethiopia–Eritrean border contacted relatives through RCMs. Some 890 Ethiopians repatriated from Eritrea were given food and water, and household items; in addition, their transportation costs were also covered; 650 of them made phone calls to notify their families of their safe arrival. The ICRC, together with the National Society, delivered personal documents – including across the border with Eritrea – to 37 people, to help them pursue further studies or meet various legal requirements.

Refugees in camps across Ethiopia were able to contact their families through RCMs and phone calls. To help relatives locate them, South Sudanese refugees had their photos published in booklets made available in South Sudan and to South Sudanese communities elsewhere. Over 1,500 Somali refugees in the SRS had the names of their missing relatives read out on the radio via the BBC's Somali service (see *Somalia*).

People abroad approached the ICRC for help in finding and contacting their families in Ethiopia, or in informing their families of their detention. Some unaccompanied Ethiopian minors, returning to Ethiopia after attempts to migrate, made phone calls to notify their families of their return. Ethiopian migrants who had returned from Saudi Arabia made over 23,000 phone calls to their relatives.

During a commemorative event for missing persons held in Tigray, which the local authorities attended, the families of people unaccounted for since the past conflict shared their experiences and voiced their concerns.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives through family-links services

The ICRC visited federal and regional prisons throughout Ethiopia, not including the SRS, in accordance with its standard procedures. These facilities held over 49,000 detainees in all; they included around 3,000 people held in relation to the state of emergency, who had been transferred to the prisons from places of temporary detention. The ICRC also visited some people being held in pre-trial detention by the Federal Police Commission in Amhara, Harar and Tigray. A total of 271 detainees, including 34 Eritreans, were followed up individually.

After these visits, findings and, if applicable, recommendations were communicated confidentially to the authorities concerned. The ICRC engaged these authorities in dialogue on ensuring that detainees' treatment and living conditions met internationally recognized standards; to enhance these discussions, the ICRC held training sessions for prison administrators and staff on topics such as prison management, and for federal penitentiary authorities, on prison inspections.

Detainees restored or maintained contact with relatives through RCMs and short messages relayed by ICRC delegates. Through the ICRC, nine foreigners notified their respective embassies of their detention. At their request, the ICRC gave 51 released detainees, including ten POWs detained in 2016, certificates attesting to their detention which helped them to apply for State benefits or get through legal procedures.

Penitentiary authorities develop plans for improving prison maintenance

Penitentiary authorities, at regional and federal levels, maintained their efforts to construct new prisons and improve the management of detention facilities; they drew on the ICRC's recommendations and expertise to align detention conditions with internationally recognized standards.

Federal penitentiary authorities and the ICRC organized a workshop, at which they took stock of their joint activities and defined priority areas for further cooperation, including developing plans for emergencies and for improving prison maintenance. In preparation for the opening of four prisons, the federal prison administration continued to develop operating and maintenance procedures and manuals, and to train technicians, with ICRC assistance. Prison management staff in Amhara and the Southern Nations, Nationalities and Peoples' Region (SNNPRS) boosted their capacities through training sessions.

In Amhara, Harar, the SNNPRS and Tigray, the authorities continued their construction of 19 new detention facilities, with the ICRC's support. They learnt more about the process during workshops, received technical advice on prison design and construction from the ICRC and, in the SNNPRS, continued to benefit from the expertise of an ICRC engineer.

Detainees have better access to good-quality health-care services

Detaining authorities and prison health staff, with technical and material support from the ICRC, took steps to improve the availability and quality of health services in prisons.

Some 30,300 detainees in all, at 16 regional and federal prisons, obtained health-care services from facilities that received drugs and other medical supplies from the ICRC. Around 50 detainees were given specialized care and/or prosthetic or orthotic devices by ICRC-supported service providers (see *Wounded and sick*).

To help ensure the availability of good-quality mental-health care in federal and regional prisons, health staff from 17 federal and regional prisons trained to identify and assist detainees with mental health problems. Drawing on the lessons learnt from a pilot hygiene-improvement programme completed in 2016, the authorities implemented an infection-control programme in eight prisons, with ICRC support.

In Amhara, detainees at the Dessie prison continued to receive secondary-level health care at a clinic that was constructed and equipped by the ICRC, under a 2015 agreement between the regional penitentiary authorities. The prison's health staff developed their ability to manage detainees' health information, and learnt about the provision of mental-health care, through training sessions held by the authorities and the ICRC.

The ICRC supported the authorities' efforts to ease detainees' living conditions. Some 29,000 detainees received blankets, mattresses and other essentials. Over 34,000 detainees had better access to water and sanitation facilities after the ICRC repaired or constructed water and sewage infrastructure in their prisons.

WOUNDED AND SICK

People wounded during border clashes in Gambella and communal violence in Oromia obtained medical care at hospitals that received supplies – such as wound-dressing kits – from the ICRC.

Persons with disabilities receive free physical rehabilitation services

Persons with physical disabilities had access to free rehabilitation services – for instance prosthetic/orthotic devices, and physiotherapy – at nine ICRC-supported physical rehabilitation centres. The ICRC covered transportation, food and administrative costs for some 590 of the most vulnerable patients.

The rehabilitation centres maintained their services with the help of raw materials, equipment and technical assistance from the ICRC, which continued to monitor the quality of the services and assistive devices provided by the centres through technical assessments and interviews with beneficiaries.

The authorities, local partners and the ICRC worked to promote the social inclusion of disabled people through sports. Notably, over 90 wheelchair basketball coaches, referees and players from six regions participated in training camps. The Ethiopian Basketball Federation and the ICRC held a national wheelchair basketball tournament, and discussed the establishment of a national wheelchair basketball association.

Prosthetists and orthotists expand their skills

The authorities sought to ensure the sustainability of physical rehabilitation services, particularly by developing the pool of qualified professionals. Physical rehabilitation service providers expanded their skills at training sessions held by the labour and social affairs ministry and the ICRC, in partnership with a national association of prosthetists and orthotists.

The ICRC sought to continue its support for local efforts to develop a bachelor's degree programme in prosthetics and orthotics; however, owing to persistent administrative delays, it decided to end its support for this activity.

ACTORS OF INFLUENCE

Troops bound for peace-support operations overseas learn more about IHL

At training sessions, some 300 military personnel added to their knowledge of IHL. About 400 officers from the regional police forces and the special police forces – including riot-control officers – learnt more about internationally recognized standards applicable to arrests, detention and the use of force, the last being of particular pertinence in light of the intensified violence in Oromia; these training sessions were organized by the ICRC with regional police commissions. Members of the army's special forces, which are sometimes deployed to peace-support operations, also familiarized themselves with such matters at ICRC briefings.

The authorities continued to incorporate international standards pertinent to policing in the training of their officers. Twenty-five officers from regional and federal training institutes learnt more about ways to improve their teaching of courses at train-the-trainer sessions. The Ethiopian Police University College, with the ICRC's support, translated guidelines relating to arrest, police custody and pre-trial detention into the local language; it prepared similar documents on international human rights law. Both sets of documents were then published and distributed to federal and regional police training centres.

Ninety-three military legal advisers and judges advanced their understanding of IHL provisions pertinent to their duties during information sessions held by the ICRC.

A total of 45 personnel from the ENDF's Combat Engineering Division underwent ICRC training in demining – which followed up training conducted in 2016 – thus strengthening the division's capacity to clear contaminated areas of anti-personnel mines. After their training, some of these people were deployed to peace-support missions abroad.

Law students demonstrate their grasp of IHL at moot court competitions

The ICRC engaged the authorities in dialogue to foster their understanding of and support for IHL and neutral, impartial and independent humanitarian action – and thus gain access to the communities most affected by violence, particularly in Amhara. More than 1,000 local authorities, community leaders, students and National Society volunteers in violence-prone areas learnt more about the basic principles of IHL, the Movement's work and the protection due to the emblem at National Society and ICRC dissemination sessions.

Parliamentarians and government officials added to their knowledge of IHL and were brought up to date on Movement activities during briefings and other events. At ICRC-organized public lectures, law students and teachers learnt more about contemporary issues involving IHL. Articles posted online helped broaden public awareness of the Movement's activities; journalists reporting on humanitarian issues enhanced their coverage by using information from briefings and interviews with the ICRC.

At a national moot court competition organized by an Ethiopian university with ICRC support, and a competition abroad, law students demonstrated their understanding of IHL. University lecturers developed their skills in teaching IHL during ICRC-led training sessions.

RED CROSS AND RED CRESCENT MOVEMENT

The Ethiopian Red Cross Society assisted communities affected by violence (see *Civilians*), provided family-links services (see *Civilians*), and broadened awareness of humanitarian principles and the protection due to the emblem (see *Actors of influence*). It strove to strengthen its operational and managerial capacities, with material, technical and financial support, and training, from the ICRC.

With the ICRC's support, the National Society enhanced its preparedness for emergencies: it stocked up on household items, first-aid kits and jackets marked with the emblem, and imported

50 new ambulances. It also held training sessions in first aid – for first-aid trainers, police officers and others. The National Society maintained its activities related to the application of the Safer Access Framework: for instance, it incorporated materials related to the framework in its training for new board members and staff, and held workshops for them on the framework.

National Society staff, sponsored by the ICRC, attended workshops on management and other kinds of training in specific administrative duties. The salaries of key personnel were partly covered by the ICRC.

The National Society and other Movement components met regularly to synchronize their activities, particularly in connection with responding to incidents of violence, internal displacement, and drought; these meetings enhanced the National Society's coordination with Movement partners.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3,229			
RCMs distributed		2,431			
Phone calls facilitated between family members		72,145			
Names published in the media		584			
Names published on the ICRC family-links website		589			
Reunifications, transfers and repatriations					
People reunited with their families		6			
	<i>including people registered by another delegation</i>	2			
People transferred or repatriated		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		953	208	237	187
	<i>including people for whom tracing requests were registered by another delegation</i>	77			
Tracing cases closed positively (subject located or fate established)		286			
	<i>including people for whom tracing requests were registered by another delegation</i>	41			
Tracing cases still being handled at the end of the reporting period (people)		1,127	253	304	209
	<i>including people for whom tracing requests were registered by another delegation</i>	92			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		2	2		
UAMs/SC reunited with their families by the ICRC/National Society		5	1		
	<i>including UAMs/SC registered by another delegation</i>	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		26	4		
Documents					
People to whom travel documents were issued		6			
Official documents delivered across borders/front lines		37			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		32			
Detainees in places of detention visited		49,098	1,888	1,603	
Visits carried out		53			
			Women	Girls	Boys
Detainees visited and monitored individually		271	22	5	10
	<i>of whom newly registered</i>	192	18	5	8
RCMs and other means of family contact					
RCMs collected		248			
RCMs distributed		211			
Phone calls made to families to inform them of the whereabouts of a detained relative		480			
People to whom a detention attestation was issued		51			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	890	308	317
Essential household items	Beneficiaries	144,170	79,705	19,401
	<i>of whom IDPs</i>	143,280	79,397	19,082
Productive inputs	Beneficiaries	55,506	17,581	
Cash	Beneficiaries	2,184	1,070	317
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	9,801	4,901	2,450
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	29,089	3,332	303
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	34,594	3,113	346
Health				
Places of detention visited by health staff	Structures	14		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
Physical rehabilitation				
Projects supported	Projects	9		
Patients receiving services (sum of monthly data)		6,479	1,397	1,383
New patients fitted with prostheses	Patients	703	123	62
Prostheses delivered	Units	1,400	236	125
	<i>of which for victims of mines or explosive remnants of war</i>	143		1
New patients fitted with orthoses	Patients	690	171	252
Orthoses delivered	Units	2,081	449	1,059
	<i>of which for victims of mines or explosive remnants of war</i>	9	2	1
Patients receiving physiotherapy	Patients	2,496	590	379
Walking aids delivered	Units	4,331	890	425
Wheelchairs or tricycles delivered	Units	442	101	88

The ICRC, in its capacity as an official observer to the African Union (AU), works with Member States to draw attention to problems requiring humanitarian action and to promote greater recognition of IHL and its integration into AU decisions and policies, as well as wider implementation of IHL throughout Africa. It also aims to raise awareness of and acceptance for the ICRC's role and activities within the AU Commission and other AU bodies. It endeavours to build strong relations with AU-accredited intergovernmental organizations, NGOs and UN agencies in Addis Ababa.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The African Union (AU), aided by ICRC expertise, worked on its framework for promoting compliance with IHL in peace-support operations, which included measures to enforce discipline among troops and prevent sexual abuse.
- ▶ Experts from the AU Commission on International Law took part in conducting regional IHL courses, organized by the ICRC to help AU Member States incorporate provisions of IHL and related legal instruments in domestic law.
- ▶ The AU Peace and Security Council referred to IHL in some of its communiqués, following open sessions at which the ICRC drew attention to IHL-related concerns, the particular vulnerabilities of migrants and other pressing issues.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

EXPENDITURE IN KCHF

See under *Ethiopia*

PERSONNEL

See under *Ethiopia*

CONTEXT

The African Union (AU) continued to back diplomatic and military efforts to tackle the consequences, throughout Africa, of armed conflict and political unrest. It sustained its peacekeeping operations, such as those of the AU–UN Mission in Darfur (Sudan), and the AU Mission in Somalia (AMISOM), both of which had been in existence for slightly more than ten years. As per a UN Security Council resolution, AMISOM announced that it would reduce its military troops in Somalia and deploy more police personnel in support of Somali security forces. The AU continued to support regional military coalitions carrying out operations against armed groups, for example in the Lake Chad and Sahel regions. The AU continued to implement a five-year development plan for the African Standby Force (ASF), which included training in IHL.

Armed violence, political instability and other factors continued to displace large numbers of people in various parts of Africa; tackling issues linked to migration was thus among the AU's key priorities.

ICRC ACTION AND RESULTS

The ICRC continued to work with the AU to promote implementation of IHL throughout Africa and broaden awareness of issues of humanitarian concern. It also sought to boost support for the Movement's activities in Africa among AU officials, State authorities and others.

The ICRC supported the AU in developing measures to foster respect for IHL and other applicable norms in AU peace-support operations, primarily by seconding a legal adviser to the AU Peace and Security Department. For example, aided by ICRC expertise, the AU worked on its legal framework for ensuring compliance with IHL and international human rights law, which included measures to enforce discipline among military personnel and prevent sexual violence. At a round-table organized by the ICRC, AU officials and representatives of UN missions in Africa discussed challenges and best practices in the treatment of detainees, and of people who had surrendered to the authorities, within the context of multinational operations.

The AU and the ICRC jointly organized various events to help States ratify and implement IHL treaties and other related legal instruments. Experts from the AU Commission on International Law (AUCIL) took part in conducting regional IHL courses organized by the ICRC. At the first conference of States party to the African Union Convention on IDPs, convened by the AU, the ICRC presented the findings of a 2016 study that looked into the progress made by States to incorporate the Convention in domestic law. At the 13th AU–ICRC seminar on IHL, the applicability of IHL in counter-terrorism operations was discussed by representatives from AU Member States, States and international organizations working with the AU, NGOs and think-tanks.

The ICRC sought to draw attention to humanitarian issues and reinforce acceptance for its work in Africa. To that end, it took part in AU-organized multilateral forums and met with officials from the AU Peace and Security Council (PSC) and other pertinent AU bodies and with diplomatic representatives in Addis Ababa. The importance of preserving a humanitarian space during situations of violence, the specific needs of migrants, including those detained, and the protection of health-care services were among the key issues discussed on these occasions.

ACTORS OF INFLUENCE

The ICRC sought – through its engagement with the AU and diplomatic representatives of its Member States – to promote the implementation of IHL and other relevant norms, broaden awareness of humanitarian issues arising from armed conflict and other situations of violence, and strengthen support for the Movement's neutral, impartial and independent action in Africa.

The AU continues to develop measures to enforce compliance with IHL in its peace-support operations

The ICRC continued to support the AU in developing measures to ensure that its current and future peace-support operations were carried out in compliance with IHL and other applicable norms. An ICRC legal adviser, seconded to the AU Peace and Security Department, provided guidance for incorporating IHL and international human rights law in the general policies and mission-specific documents, including rules of engagement, of AU peace-support operations and other security interventions. Aided by ICRC expertise, the AU worked on its framework for promoting compliance with IHL and international human rights law, which included measures to enforce discipline among military personnel and prevent sexual violence. ICRC representatives were invited to participate in the AU Police Strategic Support Group; they helped to draft guidelines for future peace-support operations.

Dialogue on detention-related issues of humanitarian concern remained a key priority. At a two-day round-table organized by the ICRC, representatives from the AU and from UN missions in Africa discussed challenges and best practices in the treatment of detainees, and of people who had given themselves up to the authorities, within the context of multinational operations. The African Court on Human and Peoples' Rights (ACHPR), the Tanzanian police and the ICRC jointly produced a Swahili translation of the Luanda Guidelines on arrests, police custody and pre-trial detention; senior East African police officials advanced their understanding of these guidelines through an ICRC course.

Officials from the AU Peace Support Operations Division (PSOD) were sponsored to attend courses abroad on international norms applicable to peace-support missions; this helped them develop the capacities necessary to incorporate IHL in normative frameworks and training curricula for peace-support forces. The ICRC took part in a PSOD workshop for standardizing the training for ASF troops; during the workshop, the ICRC drew attention to pertinent issues of humanitarian concern.

AU organs and States strive to promote respect for IHL and international human rights law

The AU and the ICRC organized events to promote the ratification and implementation of IHL treaties and other related instruments among AU Member States, and to draw attention to issues of humanitarian concern arising from contemporary modes of warfare. Legal experts from the AUCIL took an active part in conducting regional courses organized by the ICRC for State representatives and humanitarian professionals.

At the first conference of States party to the African Union Convention on IDPs, convened by the AU, the ICRC presented the findings of a 2016 study that looked into the progress made by States to incorporate the Convention in domestic law. States drew on the findings of the study to draft and adopt a plan of action to ensure the effective implementation of the Convention.

The 13th AU–ICRC seminar on IHL, which gathered representatives from AU Member States, States and international organizations working with the AU, NGOs and think-tanks, shed light on overcoming the obstacles to ensuring respect for IHL in counter-terrorism operations, particularly in connection with the protection of civilians, and emphasized the need for principled humanitarian action. At an event commemorating the 40th anniversary of the adoption of the 1977 Additional Protocols, the AU and the diplomatic community in Addis Ababa reaffirmed the relevance of these instruments and identified the difficulties in adhering to IHL in contemporary armed conflicts.

Legal staff from the ACHPR and the East African Court of Justice strengthened their grasp of IHL and international human rights law, including provisions on IDP and refugee issues, at an ICRC seminar.

AU forums draw attention to humanitarian issues

To further broaden awareness of issues of humanitarian concern, and bolster support for principled humanitarian action, the ICRC took part in multilateral forums and interacted in various ways with AU officials, representatives of AU Member States and diplomats based in Addis Ababa. At open sessions of the AU PSC, the ICRC delivered statements on: the necessity of providing humanitarian workers with safe access to people affected by violence linked to counter-terrorism operations; the specific vulnerabilities of migrants, especially children and those detained for migration-related reasons; and the role of women in mitigating risks to safety. Following these sessions, the AU PSC issued communiqués referring to IHL and drawing attention to the issues raised by the ICRC. At a panel discussion on the protection of civilians, the ICRC urged AU Member States to take steps to prevent attacks against patients and health-care personnel and facilities.

The ICRC organized briefings for AU PSC officials and representatives of other AU bodies on the humanitarian situation in key contexts, such as Niger and Mali, and on the ICRC's response. Defence attachés of AU Member States, and of other States working with the AU, learnt more about the ICRC's operations, particularly in Nigeria, South Sudan and the Sahel region, at an information session conducted by the ICRC. A training session organized by the AU and the ICRC enabled AU personnel to learn about the dangerousness of anti-personnel mines and the safety measures to take in mine-affected areas; they also learnt what had to be done to tackle weapon contamination. The ICRC sponsored the publication of a study, produced by African Committee of Experts on the Rights and Welfare of the Child, on the impact of armed conflict and other crises on children in Africa.

Media coverage and various communication materials produced by the ICRC drew public attention to issues of concern to both the AU and the ICRC.

GUINEA

COVERING: Guinea, Sierra Leone



⊕ ICRC delegation ⊕ ICRC sub-delegation
*Sierra Leone is covered by the ICRC delegation in Guinea

The ICRC has worked in Guinea since 1970, opening its delegation in 2001. It seeks to protect violence-affected people and restore links between separated relatives. It visits detainees, monitoring their treatment and living conditions, and supports the authorities' efforts to improve their well-being. It promotes IHL and humanitarian principles among the armed/security forces, authorities and civil society. Since 2009, the delegation has overseen ICRC cooperation and prevention activities in Sierra Leone. The ICRC works with each National Society to help it strengthen its capacities, including in emergency response, and to promote the Movement.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Guinean authorities, with ICRC support, acted to improve detainees' living conditions, nutrition and access to health care; two ministries signed an agreement, revised with the ICRC's help, on the provision of health care in prisons.
- ▶ People in violence-prone areas learnt more about the Movement's neutral, impartial and independent humanitarian approach through dissemination sessions conducted by the Red Cross Society of Guinea and the ICRC.
- ▶ Guinean police officers and members of the *gendarmerie* strengthened their grasp of international policing standards, and military officers added to their knowledge of IHL, through ICRC training.
- ▶ With comprehensive assistance from the ICRC, the National Societies of Guinea and Sierra Leone reinforced their operational capacities and pursued organizational development.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	16
RCMs distributed	25
Phone calls facilitated between family members	36
Tracing cases closed positively (subject located or fate established)	17
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	13
Detainees in places of detention visited	3,531
<i>of whom visited and monitored individually</i>	21
Visits carried out	55
Restoring family links	
RCMs collected	65
RCMs distributed	13
Phone calls made to families to inform them of the whereabouts of a detained relative	19

EXPENDITURE IN KCHF

Protection	1,902
Assistance	1,234
Prevention	799
Cooperation with National Societies	943
General	92
Total	4,969
<i>Of which: Overheads</i>	<i>303</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	69

CONTEXT

Guinea and Sierra Leone continued to recover from the 2014–2015 Ebola epidemic.

Guinea continued to deal with violence linked to ethnic, political, religious and socio-economic tensions. Long-delayed local elections, postponed from October 2016 to February 2017, were put off again, to February 2018. The police and *gendarmerie* took part in security operations carried out in response to protests and violent incidents.

Floods and mudslides took place in Freetown, the capital of Sierra Leone, in August.

Guinea continued to contribute troops to the UN Multidimensional Integrated Stabilization Mission in Mali.

Presidential elections in Sierra Leone were scheduled for 2018.

ICRC ACTION AND RESULTS

The ICRC continued to scale back its operational presence in Guinea, having concluded its emergency-response activities there. During dialogue with the Guinean authorities, particularly the police and the *gendarmerie*, the ICRC continued to emphasize the necessity, during security operations, of protecting people in accordance with international law and certain internationally recognized standards. It also held dissemination sessions on these rules and standards for the security forces on the provisions of international law, and the internationally recognized standards, applicable to their work. The Red Cross Society of Guinea and the ICRC continued to urge the media to cover their activities and promote the Movement's neutral, impartial and independent humanitarian approach in violence-prone areas, including places where humanitarian workers had been met with hostility while responding to the 2014–2015 Ebola outbreak.

In the final phase of its support for the Guinean water authorities, the ICRC donated equipment to operate and maintain water infrastructure for people in communities at risk of violence. Water-related ICRC assistance in Guinea ended at year's end.

The ICRC monitored detainees' treatment and living conditions through visits conducted in accordance with its standard procedures. Findings and recommendations from these visits were communicated confidentially to the authorities; the ICRC also provided them with technical and material support for improving conditions of detention. Detainees at nine prisons – around 75% of Guinea's prison population – benefited from various forms of assistance; in coordination with prison officials, the ICRC carried out activities to improve sanitation, nutrition and health-care access at these prisons. It continued to encourage the authorities to assume full responsibility for providing adequate nutrition for detainees. ICRC efforts, lasting several years, contributed to the health and justice ministries signing a revised agreement that defined their responsibilities in providing health care to detainees that met internationally recognized standards for detention.

The ICRC maintained its support for the incorporation of IHL in domestic law, military operations and the curricula of law faculties in the two countries covered. It sponsored government officials from Guinea and Sierra Leone, and a senior Guinean military

officer, to attend IHL-related events abroad. In Guinea, it held a seminar for judges on key provisions of the code of criminal procedure and the penal code – both of which had been revised in 2015, with the ICRC's aid, and adopted in 2016. The ICRC continued to urge the Guinean justice ministry to set up a national IHL committee, but the ministry was unable to do so because of other priorities.

The ICRC maintained its support for the National Societies of Guinea and Sierra Leone to reinforce their operational capacities, including their family-links services, and to pursue organizational development.

Certain plans of action that did not address urgent humanitarian needs were postponed or cancelled, as the ICRC began to wind down its work in the country; beginning in 2018, the delegation in Guinea would become a mission reporting to the regional delegation in Abidjan, in Côte d'Ivoire.

CIVILIANS

The authorities discuss protection for people during security operations

The ICRC continued to remind Guinean authorities, particularly in the police and the *gendarmerie*, of their responsibility to protect people – in accordance with international law and certain internationally recognized standards – during law enforcement operations carried out in response to protests and violent incidents, and to facilitate access to medical treatment for injured people. Besides discussions with the authorities, the ICRC also conducted dissemination sessions for security forces on pertinent international norms and standards (see *Actors of influence*). Where necessary, the ICRC documented allegations of unlawful conduct and discussed them confidentially with the authorities.

With technical and material assistance from the ICRC, the Red Cross Society of Guinea further developed its family-links services, and its ability to manage human remains; it also incorporated family-links services and management of human remains in its emergency response plans. People affected by floods and mudslides in Sierra Leone benefited from family-links services provided by the Sierra Leone Red Cross Society, which received ICRC support.

The ICRC donated equipment to the Guinean water authorities for operating and maintaining water infrastructure serving violence-prone communities. Water-related ICRC assistance in Guinea ended at year's end.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees have better access to medical care and are treated for malnutrition

Detainees at 13 places of detention under the authority of the justice ministry, police or *gendarmerie* were visited by the ICRC in accordance with its standard procedures. ICRC delegates monitored their treatment and living conditions; 21 detainees were followed up individually. Visits in the second half of the year focused on nine priority prisons holding about 75% of Guinea's prison population. After its visits, the ICRC communicated its findings and recommendations confidentially to the authorities.

RCMs and ICRC phone services enabled some detainees to get in touch with their families.

The ICRC continued to urge the authorities to assume full responsibility for providing adequate nutrition for detainees; as budgetary and administrative constraints prevented them from doing so, the ICRC maintained its support for managing the penitentiary food supply and treating malnourished inmates. It monitored the nutritional status of some 12,000 detainees at the nine priority prisons; about 500 detainees with vitamin deficiencies, and 100 severely malnourished detainees, were treated by prison health staff with ICRC assistance. When a budgetary shortfall affected the food supply at two prisons in December, the ICRC stepped in and funded the provision of food for around 510 detainees.

Aided by the ICRC, the health and justice ministries revised a 2004 agreement defining their responsibilities in providing health care to detainees that met internationally recognized standards for detention. The revised agreement was signed by officials from both ministries in May. The ICRC provided medicines for the nine priority prisons; 3,500 detainees benefited. Health staff at four of the prisons were given expert advice for managing diseases, administering medicines and keeping records; this helped them give thousands of medical consultations. In coordination with prison officials, the ICRC ensured that detainees with TB or HIV/AIDS were included in the national programmes providing treatment for those medical conditions.

One Guinean doctor, sponsored by the ICRC, attended a course in France on health care in prisons. The authorities and the ICRC organized several courses for prison officials – on prison management, food-supply management and other subjects.

Fumigation of the premises by the ICRC, and distribution of cleaning materials, resulted in cleaner surroundings for some 3,200 detainees at the nine priority prisons. Maintenance and hygiene committees were set up at the prisons, with ICRC support. At five of the prisons, around 1,100 detainees benefited from books, board games and/or sports equipment from the ICRC.

ACTORS OF INFLUENCE

Personnel responding to violent incidents learn more about international policing standards

In Guinea, ICRC training helped some 260 police officers and 700 members of the *gendarmérie* to strengthen their grasp of international law enforcement standards and internationally recognized standards for detention, and to understand the necessity of respecting the emblems protected under IHL. Twenty-seven police instructors took part in an ICRC train-the-trainer workshop on humanitarian principles and pertinent international norms and standards.

The Guinea Red Cross and the ICRC conducted dissemination sessions for local officials, traditional leaders and young people in violence-prone areas, including places where humanitarian workers had met with hostility while responding to the 2014–2015 Ebola outbreak. Various subjects were discussed at these sessions, such as: the Movement's neutral, impartial and independent humanitarian approach; and the necessity of protecting medical personnel. Junior journalists and journalism students took part in an ICRC-sponsored competition on humanitarian reportage.

Government officials and military officers add to their knowledge of IHL

The ICRC continued to promote the incorporation of IHL in domestic legislation, military decision-making and the curricula

of law faculties in the two countries covered. Senior government officials from Guinea and Sierra Leone, sponsored by the ICRC, attended a regional meeting on IHL implementation organized by the Economic Community of West African States and the ICRC (see *Nigeria*). In Guinea, 15 judges attended an ICRC seminar on key provisions of the revised code of criminal procedure and the revised penal code. One Guinean representative, sponsored by the ICRC, attended a regional conference on the common ground between Islamic law and IHL (see *Niger*). The ICRC continued to urge the Guinean justice ministry to establish a national IHL committee, but the ministry was unable to do so because of other priorities.

In Guinea, 20 military officers took part in an ICRC workshop on IHL. ICRC predeployment briefings enabled some 1,000 military officers bound for Mali to learn more about IHL and other pertinent norms. The ICRC sponsored a senior military officer to attend an advanced IHL workshop in Mexico (see *International law and policy*).

Fifteen law professors from six Guinean universities attended an ICRC course to develop their ability to teach IHL; they were also given instructional materials. Roughly 1,000 law students from eight universities attended ICRC seminars on IHL. Law students from six universities participated in an annual moot court competition organized by the ministries of higher education and justice and the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

With technical, material, logistical and financial assistance from the ICRC, the Guinean Red Cross continued to strengthen its operational capacities, incorporate the Safer Access Framework in its activities, and pursue organizational development. The ICRC trained and equipped first-aid teams, and helped National Society branches organize simulation exercises to improve coordination with local health authorities. National Society personnel drew on ICRC support to design and produce public-communication materials.

Some 240 Guinean Red Cross managers attended ICRC workshops on governance and the management of funds and personnel. Three branch offices were built with ICRC support; this improved working conditions for roughly 300 staff and volunteers.

With ICRC support, the Sierra Leonean Red Cross broadened awareness of the Fundamental Principles, and respect for the emblems protected under IHL; it did so through radio broadcasts and through dissemination sessions for the police, the military, community leaders, students and journalists. In preparation for the presidential elections in 2018, it discussed emergency response plans with Movement partners, including the International Federation and the ICRC, and conducted first-aid training for volunteers.

Representatives of the two National Societies, sponsored by the ICRC, attended the Movement's statutory meetings and other events abroad. Movement components in Guinea coordinated their activities through monthly meetings.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		16			
RCMs distributed		25			
Phone calls facilitated between family members		36			
Reunifications, transfers and repatriations					
People reunited with their families		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		111	32	33	17
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases closed positively (subject located or fate established)		17			
Tracing cases still being handled at the end of the reporting period (people)		129	33	36	28
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		1	1		
UAMs/SC reunited with their families by the ICRC/National Society		1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		13			
Detainees in places of detention visited		3,531	158	338	
Visits carried out		55			
			Women	Girls	Boys
Detainees visited and monitored individually		21	2		1
<i>of whom newly registered</i>		16	1		
RCMs and other means of family contact					
RCMs collected		65			
RCMs distributed		13			
Phone calls made to families to inform them of the whereabouts of a detained relative		19			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities ¹	Beneficiaries			
Essential household items	Beneficiaries	1,149	17	15
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,200	64	160
Health				
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention visited by health staff	Structures	4		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

LIBERIA



KRC/AR_2017

ICRC delegation

The ICRC has worked in Liberia since 1970, opening its delegation in 1990. It supports the Liberia National Red Cross Society to help it strengthen its operational capacities. With the National Society, the ICRC works to protect and assist people affected by armed conflict and other situations of violence, including refugees, notably by restoring links between separated relatives.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ With technical assistance from the ICRC, penitentiary officials became more capable of improving detainees' treatment and living conditions, including their diet and access to health care.
- ▶ Police officers learnt about the goals of the Health Care in Danger project, the issue of sexual violence, and the Movement's work through ICRC dissemination sessions, and were trained in first aid by the Liberian Red Cross.
- ▶ The national IHL committee reconvened and, with ICRC assistance, made preparations to help advance implementation of the 1949 Geneva Conventions and their 1977 Additional Protocols.
- ▶ The Liberian Red Cross developed its ability to deliver humanitarian assistance to people during and after emergencies, and took steps to strengthen its governance and management.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	44
RCMs distributed	23
Phone calls facilitated between family members	670
People reunited with their families	15
<i>of whom unaccompanied minors/separated children</i>	13

EXPENDITURE IN KCHF

Protection	581
Assistance	277
Prevention	886
Cooperation with National Societies	1,252
General	55
Total	3,052
<i>Of which: Overheads</i>	<i>186</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	33

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Water and habitat		
<i>(in some cases provided within a protection or cooperation programme)</i>		
Water and habitat activities	Beneficiaries	637

CONTEXT

The Liberian economy continued to recover, albeit slowly, from the effects of the 2014–2015 Ebola outbreak. The national budget reflects the country's continuing economic difficulties.

Refugees from Côte d'Ivoire, previously displaced by the 2011 Ivorian conflict or by other violence, returned home from south-eastern Liberia under a voluntary repatriation programme led by the UNHCR, which ended in December. Several thousand refugees settled permanently in Liberia.

General elections were held in October, and a presidential run-off took place in December.

The withdrawal of the UN Mission in Liberia (UNMIL) got under way; it was expected to be completed by March 2018.

ICRC ACTION AND RESULTS

The ICRC continued to scale back its presence in Liberia, having concluded its emergency-response activities there. In July, the ICRC delegation in Liberia became a mission that reported to the regional delegation in Abidjan, in Côte d'Ivoire (see *Abidjan*).

The ICRC continued to help the Liberia National Red Cross Society reinforce its family-links services. Ivorian refugees made use of National Society and ICRC family-links services. Unaccompanied Ivorian minors were reunited with their families, or benefited from other long-term solutions.

The ICRC completed its water- and hygiene-related activities in Liberia in March; these activities, initially set for completion by the end of 2016, had been delayed by the rains that year.

Between January and April, the ICRC gave the penitentiary authorities expert advice for improving detainees' living conditions – in particular, for preparing the annual penitentiary budget, improving food-supply management, and assessing and monitoring prisons. The ICRC concluded its activities for detainees in Liberia in April.

The National Society prepared for the possibility of electoral violence by training security forces personnel in first aid; and the ICRC organized information sessions for them on the goals of the Health Care in Danger project, the issue of sexual violence, and the Movement's activities.

The ICRC continued to promote the incorporation of IHL in domestic law, military operations and university curricula. It provided technical assistance for the national IHL committee, which reconvened after a period of inactivity and made preparations to help advance implementation of the 1949 Geneva Conventions and their 1977 Additional Protocols. It conducted several IHL-related events for the armed forces, including a working session at which officers drafted a code of conduct in armed conflict. At the ICRC's urging, the law school of the University of Liberia included IHL in its curriculum as an elective course.

The National Society continued to develop its operational capacities with ICRC support. With the assistance of the government and Movement partners, it carried out reforms in response to an internal crisis in 2015–2016.

CIVILIANS

Ivorian refugees get in touch with their relatives

The Liberian Red Cross continued – with technical and financial support from the ICRC – to develop its family-links services and to incorporate them in its emergency response plans. Ivorian refugees got in touch with their relatives through phone services provided by the National Society and the ICRC, and RCMs. The National Society and the ICRC reunited 13 unaccompanied Ivorian children with their families and found other long-term solutions for some 40 children.

In March, the National Society and the ICRC completed their water- and hygiene-related activities for communities in south-eastern Liberia that had hosted or were still hosting Ivorian refugees; these activities, initially set for completion by the end of 2016, had been delayed by the rains that year. The ICRC assessed the impact of its water-and-habitat programme in Liberia since its launch in 2014; beneficiaries reported improvement in their health and quality of life.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison officials are helped to improve detainees' living conditions

Between January and April, the Bureau of Correction and Rehabilitation drew on ICRC expertise for establishing standard procedures to ensure detainees' access to health care, water and sanitation facilities and fresh air, and for providing and distributing food in prisons. The ICRC also gave prison officials expert assistance for preparing their annual budget, improving food-supply management, and assessing and monitoring prisons. Discussions between these officials and the ICRC covered various areas, such as: life-skills and vocational training for detainees; ensuring detainees' contact with the outside world; addressing sexual exploitation in prisons; responding to the needs of vulnerable inmates; setting up recreational areas; and preparing detainees for their release.

With the ICRC's encouragement, the health ministry strengthened its ability to provide health care for detainees.

The ICRC trained prison maintenance teams to improve infrastructure at places of detention, and donated medicines to several prison clinics.

The ICRC concluded its activities for detainees in Liberia in April.

ACTORS OF INFLUENCE

Police officers and the general public learn more about the Movement's activities

The Liberian Red Cross prepared for the possibility of electoral violence by training around 6,800 security forces personnel in first aid; the ICRC provided assistance for this. The ICRC conducted information sessions for some 3,500 security forces personnel, mostly police and immigration officers, on the goals of the Health Care in Danger project, the issue of sexual violence, and the Movement and its activities.

With technical, financial and material assistance from the ICRC, the National Society continued to broaden public awareness of its work through a radio programme and other means. The ICRC organized field trips for local journalists as an inducement to report on humanitarian issues and the Movement's work.

The ICRC continued to promote the incorporation of IHL in university curricula. At the ICRC's urging, the law school of the University of Liberia included IHL in its curriculum as an elective course. The ICRC also conducted information sessions at medical institutions, where it discussed the respect due to medical workers and facilities during armed conflict and other situations of violence, the treatment of victims of sexual violence, and the Movement's activities. Plans to hold a moot court competition for students fell through, owing to various constraints.

The national IHL committee resumes its work

Together with the African Union and the Economic Community of West African States (ECOWAS), the ICRC continued to promote the incorporation of IHL in domestic law. In discussions with the Liberian authorities, the ICRC focused on the implementation of the 1949 Geneva Conventions and their 1977 Additional Protocols and of the Arms Trade Treaty, and the ratification of the African Union Convention on IDPs. Two Liberian representatives, sponsored by the ICRC, took part in a regional meeting on IHL implementation organized by ECOWAS and the ICRC (see *Nigeria*). The national IHL committee, which had last met in 2015, held a meeting towards the end of the year, and made preparations to help advance implementation of the 1949 Geneva Conventions and their 1977 Additional Protocols. The ICRC gave the committee technical assistance.

Through meetings and other events, the ICRC kept representatives of the international community informed about the Movement's activities in Liberia and elsewhere.

Military officers draft a code of conduct in armed conflict

The ICRC advocated further incorporation of IHL in the armed forces' doctrine, training and sanctions system. At a working

session facilitated by the ICRC, military officers drafted a code of conduct in armed conflict for the Liberian armed forces, in line with IHL. Twenty officers attended an ICRC course on incorporating IHL in military operational planning. Some 30 military medics learnt more about IHL and the Movement through an ICRC information session, which included refresher training in first aid.

RED CROSS AND RED CRESCENT MOVEMENT

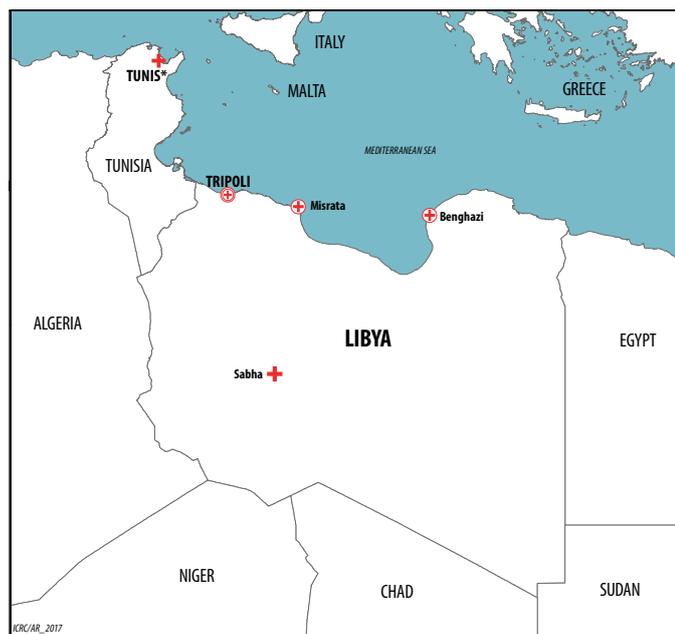
The Liberian Red Cross responded to an internal crisis in 2015–2016 by carrying out reforms, including changes in its governance, management and financial stewardship, with support from the government and from the ICRC and other Movement partners.

The National Society continued to develop its operational capacities, particularly its preparedness for emergencies, in line with the Safer Access Framework. With ICRC support, it conducted refresher training in first aid and emergency response for its staff and volunteers, and provided victims of a fire and of a rainstorm with materials for rebuilding their homes. The ICRC also donated emergency kits and three motorcycles to the National Society.

With the ICRC's support, the National Society provided psychosocial support and vocational training for some 200 vulnerable women, who had been affected by or were at risk of sexual violence, to assist their emotional recovery and help them become financially self-sufficient.

Periodic meetings with Movement partners helped the National Society coordinate its activities with them.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	44	12		
RCMs distributed	23	9		
Phone calls facilitated between family members	670			
Reunifications, transfers and repatriations				
People reunited with their families	15			
Tracing requests, including cases of missing persons		Women	Girls	Boys
Tracing cases still being handled at the end of the reporting period (people)	1			1
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	13	6		
Documents				
People to whom travel documents were issued	15			



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Hundreds of thousands of IDPs, returnees and residents – including those in previously inaccessible areas – met their basic needs with food and household items distributed by the ICRC, at times with the Libyan Red Crescent.
- ▶ People wounded in clashes were treated at health facilities for which the ICRC provided medical supplies, either regularly or in response to emergencies; such support was expanded and benefited more facilities than last year.
- ▶ IDPs and other vulnerable people in various parts of Libya had access to basic health care, either at centres for which the ICRC provided medical supplies or from ICRC-backed National Society mobile health clinics.
- ▶ People with physical disabilities obtained assistive devices from an ICRC-supported rehabilitation centre in Misrata, which also started providing physiotherapy services, and from a centre in Benghazi.
- ▶ Migrants held in retention centres restored contact with their relatives through ICRC family-links services. Some of them also received hygiene items and other essential supplies.
- ▶ The ICRC maintained contact with government officials and local authorities; this helped facilitate its emergency response activities. Direct dialogue with armed groups on IHL-related matters developed, but remained limited.

EXPENDITURE IN KCHF

Protection	2,822
Assistance	25,185
Prevention	3,033
Cooperation with National Societies	2,476
General	43
Total	33,559
<i>Of which: Overheads</i>	<i>2,048</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	23
Resident staff (daily workers not included)	145

The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. It works to respond to the emergency needs of violence-affected people, including migrants, in terms of emergency relief, family contact and medical care. It works closely with the Libyan Red Crescent and supports it in developing its capacities. It also seeks to assist forensic authorities through technical advice, and to resume visits to people detained in relation to past and ongoing violence. It promotes IHL and humanitarian principles.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs distributed	20
Phone calls facilitated between family members	715
Tracing cases closed positively (subject located or fate established)	43
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	4
Detainees in places of detention visited	4,657
<i>of whom visited and monitored individually¹</i>	304
Visits carried out	12
Restoring family links	
RCMs collected	159
RCMs distributed	58
Phone calls made to families to inform them of the whereabouts of a detained relative/detained relative	38

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 306,000	275,536
Essential household items	Beneficiaries 264,000	283,680
Vouchers	Beneficiaries 5,000	
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 186,000	63,417
Health		
Health centres supported ¹	Structures 6	
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 10	47
Water and habitat		
Water and habitat activities	Beds 450	
Physical rehabilitation		
Projects supported	Projects 2	2
Patients receiving services	Patients 594	

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Libya remained the site of numerous armed conflicts and other situations of violence; the front lines shifted throughout the year. Clashes between armed groups persisted, particularly in urban areas, and often involved the use of heavy weapons. The violence in Benghazi declined towards the end of the year, but clashes in the city centre reportedly continued. Communal tensions remained high in southern Libya, and sometimes took a violent turn. Attacks against civilians and vital infrastructure were reported throughout the country.

All this resulted in large numbers of injuries and deaths; major displacements added to the hundreds of thousands of IDPs from previous years. Obtaining basic services and essential commodities was difficult for most people, owing to the persistent violence and worsening economic conditions. People who had returned to their communities, where fighting had subsided, often found their houses looted or destroyed.

Three governments continued to compete for power and legitimacy; the resulting political uncertainty complicated efforts to address humanitarian needs. Security or financial constraints hindered the authorities, and most international and local organizations, from delivering adequate assistance.

Migrants from other parts of Africa and from the Middle East, including refugees and asylum seekers, continued to pass through Libya to Europe. During their journey, they were susceptible to arrest, loss of contact with families and certain kinds of abuse. Many migrants died in maritime disasters, particularly in the Mediterranean Sea.

ICRC ACTION AND RESULTS

As humanitarian needs grew because of the continued fighting, the ICRC scaled up its emergency activities for the people affected, particularly those newly displaced, those who had returned home and those injured during clashes. To support its expanded operations, the ICRC launched a budget extension appeal¹ in July. It maintained its partnership with the Libyan Red Crescent, which received various forms of assistance for developing its capacities, particularly in distributing aid, managing human remains and providing first aid. The countrywide presence of the National Society – and dialogue with local authorities and armed groups – helped the ICRC to broaden its access to people in need, and reach previously inaccessible areas. The ICRC carried out its activities through four offices in Libya and a support unit in Tunisia.

IDPs, returnees and vulnerable residents – especially the elderly and households headed by women – met their immediate needs with food and household essentials distributed by the ICRC, at times with the National Society. In December, the ICRC initiated a cash assistance project for returnee households, instead of distributing vouchers, as originally planned. Local authorities received material support for maintaining water quality and for carrying out repairs to water-supply infrastructure and at health facilities and schools.

To help ensure that injured or sick people had access to the treatment they needed, the ICRC expanded its support for providers of basic health services, first aid and hospital-level care. It donated medical supplies to primary-health-care centres and enabled the National Society, through material and other support, to send mobile health units to communities without access to health facilities. Six hospitals were given medical supplies regularly, and 41 other facilities benefited from emergency donations of such supplies. The ICRC helped first-aiders and doctors develop their ability to provide emergency care, through courses that incorporated messages about the goals of the Health Care in Danger project. It began to provide first-aid training for armed groups, which enabled hundreds of their members to also learn about basic IHL provisions and the Movement's Fundamental Principles.

Misrata University and the ICRC continued to cooperate in improving the quality of physical rehabilitation services in Libya. People with physical disabilities acquired assistive devices from the university's physical rehabilitation centre, which also began providing physiotherapy services. In April, the ICRC signed a memorandum of understanding with a physical rehabilitation centre in Benghazi; the centre restarted its services in October, with ICRC support.

The ICRC visited migrants at three retention centres and foreign detainees at one prison. It helped them contact their relatives or consular representatives and gave them material assistance when necessary. Owing to the prevailing situation, the ICRC did not resume its activities for people detained in relation to past and ongoing violence.

Members of separated families maintained or restored contact via ICRC family-links services. The ICRC broadened its criteria for opening tracing cases. As a result, there were more requests for help in locating migrants separated from their families or allegedly detained.

The ICRC continued working to broaden awareness of the importance of the Movement's neutral, impartial and independent approach to humanitarian action. It did so through news releases and other initiatives on various platforms, and during aid distributions and training courses. Systematic dialogue with some parties to the conflicts – on IHL and other issues related to the protection of civilians – developed, but remained limited. Some government officials and members of armed groups attended ICRC courses in IHL in Libya and elsewhere.

CIVILIANS

The ICRC monitored the situation in violence-affected places; it took note, in particular, of violations of norms protecting people who were not or were no longer participating in the fighting, and of abuses against medical professionals and facilities.

The ICRC maintained its partnership with the Libyan Red Crescent, and continued to interact and coordinate its activities with local authorities, civil society groups and other humanitarian agencies or organizations in Libya and elsewhere (see *Actors of influence*). This, along with the improved security conditions in certain areas, enabled the ICRC to: maintain its proximity to people in need; reach previously inaccessible areas, such as Kufra and the Nafusa Mountains; implement most of its assistance activities directly; and prevent gaps in aid and duplication of effort.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/DE060D3B3F1C4522C125815B00329C0E/\\$File/BEA2017_Libya_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/DE060D3B3F1C4522C125815B00329C0E/$File/BEA2017_Libya_Final.pdf)

Newly displaced people and returnees receive emergency aid

Following shifts in front lines and major displacements caused by the fighting (see *Context*), the ICRC scaled up its emergency provision of food and household supplies to those affected. It also expanded the scope of such assistance to include the increased number of people returning to places where fighting had subsided.

Some 215,800 IDPs, returnees and vulnerable residents benefited from ICRC distributions of food supplies, enough for two meals per day for a month. More than 203,500 people received hygiene supplies, shelter materials, kitchen sets and other household essentials. The ICRC also donated food supplies for some 59,700 people, and household essentials for some 80,100 people, to the National Society for it to distribute. Their improved operational capacities enabled the National Society and the ICRC to deliver material assistance in a timely manner – during the initial stages of displacement or return – to particularly vulnerable people, including the elderly and households headed by women.

In December, the ICRC launched a cash transfer project – instead of distributing vouchers, as originally planned – to help returnee households in Tripoli pay for basic expenses.

National Society personnel developed their capacities in warehouse and stock management at ICRC workshops (see *Red Cross and Red Crescent Movement*).

Benghazi residents have a more sanitary environment and access to good-quality water

The ICRC donated materials and tools for water authorities in Benghazi to restore water-supply and sewage-evacuation services, and to maintain water quality, for some 63,000 people. It also provided cement and other materials for repairing water and sanitation systems at a health centre in Tripoli, and at two schools in the Nafusa Mountains, to help ensure that educational and health services in these areas can continue to function.

Fewer projects than planned under the budget extension (see *ICRC action and results*) were implemented, owing to managerial constraints; however, several of the planned projects were under way by year's end.

Families restore contact with detained or interned relatives

Members of dispersed families restored or maintained contact through the Movement's family-links services. They exchanged news with relatives detained abroad – like those held at the US internment facility at Guantanamo Bay Naval Station in Cuba – via phone or video calls and brief oral messages relayed by ICRC staff members or National Society volunteers; one family sent food parcels to a detained relative. The ICRC enabled a Libyan family to visit a relative who had been resettled in Senegal from the Guantanamo Bay internment facility.

Some 260 people – most of them migrants – received ICRC-issued travel documents, usually through the IOM or UNHCR; the documents helped facilitate their journey out of Libya. As migrants continued to arrive in Libya (see *Context*), the ICRC broadened its criteria for opening tracing cases to include migration-related cases: of the 190 new tracing requests that were made, 96 concerned migrants who had lost contact with their families or had allegedly been detained.

With ICRC technical and financial support, the National Society continued to develop its ability to deliver family-links services, especially for migrants held in retention centres.

First responders and authorities learn good practices in managing human remains

National Society personnel helped manage the remains of people who had died in clashes on land or accidents at sea (see *Context*). The ICRC trained them to provide basic counselling and psycho-social care, and gave them – and several hospitals as well – body bags and other equipment.

Judicial and health authorities and the ICRC continued to discuss issues related to the management of human remains, and means to address them effectively; findings from an ICRC assessment in western and southern Libya helped shape these discussions. The ICRC also organized training courses, at which six Libyan officials and four representatives from local NGOs learnt more about good practices and international standards for managing human remains. Two Libyan forensic experts attended, with the ICRC's help, an international conference on the role of forensic medicine in public health.

PEOPLE DEPRIVED OF THEIR FREEDOM

Because of the political and security situation in Libya, and the limitations of its current set-up, the ICRC did not resume its activities for people detained in relation to past and ongoing violence. Instead, it focused on providing family-links services to migrants held at three retention centres – in Misrata, Tripoli and Zawiya – and foreign security detainees at a prison in Tripoli. The ICRC also maintained contact with the Department for Combating Illegal Migration in Tripoli, and with the authorities in charge of retention centres in Misrata and Tripoli. It discussed its access to detained migrants with them, and its efforts to help address these migrants' concerns.

Migrants and foreign detainees restore contact with relatives

Many of the people in the facilities mentioned above contacted their relatives through phone calls, RCMs, or brief oral messages relayed by the ICRC. The ICRC also helped 288 migrants to notify their consular representatives – or UNHCR and other UN agencies – of their situation.

Some 180 people, including women and children, received clothes, hygiene items, mats and other essential items from the ICRC; some of these items were distributed jointly with the National Society. Migrants at the retention centre in Misrata were protected more effectively from the elements after the ICRC installed windows there.

WOUNDED AND SICK

Uncertain security conditions and political instability continued to hamper health services in Libya. The ICRC sought to ensure access to medical care by drawing attention to the protection afforded by IHL to patients, health personnel and medical facilities – for instance, during the training courses it organized (see below) and in its public communication (see *Actors of influence*). It expanded its support for first-aid, hospital, physical rehabilitation and other health services, in response to increased needs and in light of developments in its working environment and operational capacities (see also *Civilians*).

IDPs and other vulnerable people have access to basic health care and first aid

People in parts of southern and western Libya, including the Nafusa Mountains, had access to primary health care at facilities provided with medical equipment and essential drugs by the ICRC. In Benghazi, people without access to health facilities used mobile health units; these were operated by the Libyan Red Crescent, with ICRC financial, material and technical support. Community members learnt about health risks and basic first aid at sessions conducted by National Society volunteers running the mobile clinics.

The National Society, with ICRC technical and material assistance, continued to reinforce its pre-hospital services, particularly its first-aid programme; this enabled it to provide emergency care in violence-affected areas. ICRC training sessions helped some 120 volunteers to develop their first-aid and other emergency response capacities, and 36 others to become first-aid instructors. The newly trained instructors later organized sessions throughout Libya, and helped nearly 700 volunteers develop their first-aid skills. Several National Society branches received medical supplies and/or ambulances from the ICRC.

Members of armed groups learnt how to administer first aid at ICRC sessions that also covered basic IHL and the Movement's Fundamental Principles.

People wounded in clashes are treated at ICRC-backed hospitals

Wounded people requiring higher-level care were treated at six hospitals – in Benghazi, Misrata, Sabha, Sirte and Tripoli – that the ICRC regularly supplied with medicines, surgical equipment and other materials.

Forty-one other hospitals and medical facilities received emergency material donations that enabled them to deal with influxes of people wounded in clashes or to stabilize patients for referral to hospitals. The hospital in the besieged city of Derna also received fuel and medicines for people with chronic illnesses. Two treatment centres were able to sustain their services for people with diabetes, having replenished their stocks with insulin and syringes from the ICRC. Donations of materials helped facilitate repairs to water and sanitation systems at a hospital in Tripoli.

ICRC-organized courses enabled 56 doctors, including 5 from the National Society, and 1 from a local NGO, to expand their capabilities in emergency-room trauma management; the courses were led by instructors who had been trained by the ICRC. Four instructors developed their ability to teach the course and organize training for other doctors in Libya. Thirty-six Libyan surgeons and anaesthesiologists, including six from the National Society, refreshed their skills in treating wounded people.

Disabled people receive physiotherapy at an ICRC-supported centre

Misrata University and the ICRC maintained their efforts to improve physical rehabilitation services in Libya, and to make them more widely available. Two specialists hired by the university ran its prosthetics and orthotics workshop; they received financial incentives and technical advice from the ICRC. The university's workshop used materials donated by the ICRC to produce assistive devices; patients – who in the past had to be referred to another facility – also received physiotherapy.

To help ensure the workshop's sustainability, the ICRC sponsored three university students to study abroad.

In April, the ICRC signed a memorandum of understanding with a physical rehabilitation centre in Benghazi, which restarted its services in October, with the ICRC's support. The ICRC also donated wheelchairs and spare parts to a disabled people's sports club in the city.

ACTORS OF INFLUENCE

Particularly because it was seeking to secure acceptance for its activities in a challenging working environment and a complex political situation, the ICRC strove to raise awareness – and explain the importance – of the Movement's neutral, impartial and independent approach to humanitarian action. It was in regular contact with various stakeholders (see *Civilians*), and maintained its dialogue with parties to the conflicts, including government representatives and certain armed groups. However, systematic dialogue with some parties – on IHL and other matters concerning the protection of civilians – remained limited. The ICRC sought to further expand its network of contacts among armed groups, and among people capable of influencing them, such as community or religious leaders.

Government representatives, military officials and members of civil society learn more about IHL

The ICRC discussed IHL-related issues with representatives of the authorities – in Tripoli, Misrata and Benghazi – and gave them training and reference materials. Government representatives, members of armed groups, community leaders, university and religious scholars, and members of civil society learnt more about IHL at courses and seminars in Libya and elsewhere (see also *Lebanon* and *Tunis*).

The ICRC helped law faculties improve their teaching of IHL – for instance, by providing them with pertinent publications. Around 50 law students from universities in Benghazi and Misrata expanded their knowledge of IHL at ICRC information sessions; these sessions were organized with the help of professors who had attended an IHL course with ICRC support.

The ICRC also carried out public-communication initiatives to raise awareness among a wide audience – including people outside Libya – of the humanitarian needs in the country and of what the Libyan Red Crescent and the ICRC were doing to address them. These initiatives also drew attention to the basic provisions of IHL, the dangers posed by explosive remnants of war, and the goals of the Health Care in Danger project. They included interviews, photos and videos released on various media platforms, presentations during aid distributions and courses for health-care professionals. Journalists and other members of the media familiarized themselves with IHL and the ICRC through ICRC seminars in Benghazi, Misrata and Tripoli.

With ICRC technical support, the National Society continued to bolster its capacities in public communication. Some 40 National Society volunteers developed related skills – conducting interviews, for example – at ICRC seminars, which also covered matters related to IHL and the Movement.

RED CROSS AND RED CRESCENT MOVEMENT

The Libyan Red Crescent and the ICRC reinforced their partnership to provide emergency assistance to violence-affected people and to help ensure their access to essential services (see *Civilians* and

Wounded and sick). They signed an agreement to deploy mobile health units for IDPs and other vulnerable people unable to access health facilities in Benghazi.

The National Society – with ICRC technical, material and financial support – continued to build its operational capacities and emergency preparedness. National Society volunteers and staff members developed their ability to restore family links, administer first aid, and manage warehouses and stocks. Through ICRC-organized information sessions on the Safer Access Framework, they also learnt how to protect themselves while doing their work.

The National Society leant on ICRC expertise to pursue organizational development. It continued to revise its statutes and restructure

most of its departments. It also drafted financial procedures and other guidelines for joint activities with the ICRC. Funds from the ICRC helped the National Society's headquarters to cover its operating and other costs.

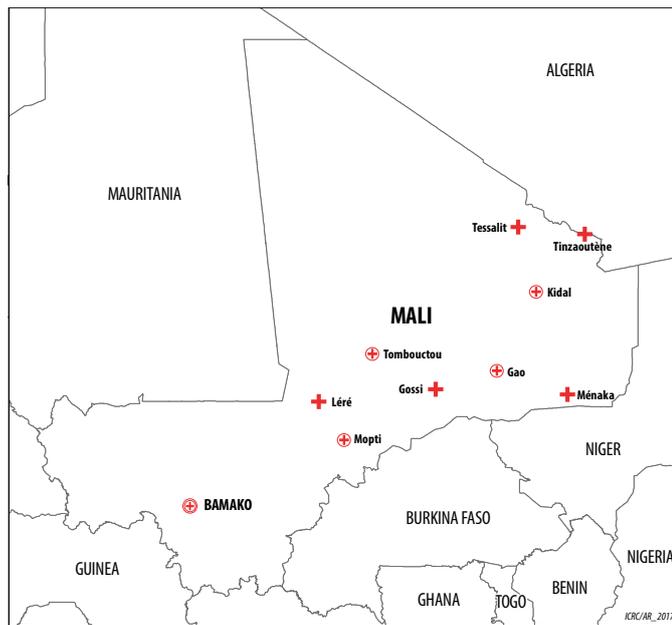
In May, the Libyan Red Crescent, the International Federation, the ICRC and several other National Societies working in Libya signed a Movement coordination agreement, with a view to facilitating the sharing of information and ensuring effective coordination of activities. With support from the ICRC and the International Federation, the Libyan Red Crescent began assessing its operational and organizational capacities, to help it set priorities for strategic planning. ICRC sponsorship enabled it to attend regional and international Movement meetings and conferences.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs distributed		20			
Phone calls facilitated between family members		715			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		190	36	36	19
<i>including people for whom tracing requests were registered by another delegation</i>		93			
Tracing cases closed positively (subject located or fate established)		43			
<i>including people for whom tracing requests were registered by another delegation</i>		21			
Tracing cases still being handled at the end of the reporting period (people)		1,645	74	55	59
<i>including people for whom tracing requests were registered by another delegation</i>		135			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		30	14		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		30	13		
Documents					
People to whom travel documents were issued		262			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		4			
Detainees in places of detention visited		4,657	935	234	
Visits carried out		12			
			Women	Girls	Boys
Detainees visited and monitored individually ¹		304	43	1	17
<i>of whom newly registered</i>		294	34		17
RCMs and other means of family contact					
RCMs collected		159			
RCMs distributed		58			
Phone calls made to families to inform them of the whereabouts of a detained relative		38			
Detainees visited by their relatives with ICRC/National Society support		6			
People to whom a detention attestation was issued		3			

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	275,536	82,823	110,052
	<i>of whom IDPs</i>	130,142	39,203	51,895
Essential household items	Beneficiaries	283,680	85,251	113,290
	<i>of whom IDPs</i>	109,216	32,925	43,525
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	63,417	19,025	19,025
	<i>of whom IDPs</i>	12,683	3,805	3,805
Health				
Health centres supported ¹	Structures			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	189	70	40
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	47		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		9,259		
Weapon-wound admissions (surgical and non-surgical admissions)		2,658	86	83
Weapon-wound surgeries performed		6,998		
First aid				
First-aid training				
	Sessions	58		
	Participants (sum of monthly data)	1,156		
Water and habitat				
Water and habitat activities	Beds	450		
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services (sum of monthly data)		594	96	128
New patients fitted with prostheses	Patients	230	46	9
Prostheses delivered	Units	224	44	11
	<i>of which for victims of mines or explosive remnants of war</i>	56		1
New patients fitted with orthoses	Patients	237	31	111
Orthoses delivered	Units	270	32	139
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	251	37	62
Walking aids delivered	Units	144	24	2

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Security incidents forced the ICRC to temporarily suspend or scale down some of its activities. It pursued dialogue with weapon bearers and other influential figures to urge respect for IHL and obtain safe access for its staff.
- ▶ Thousands of people – including weapon-wounded people, children, pregnant women and victims of sexual violence – obtained quality care at ICRC-supported hospitals, health centres and physical rehabilitation centres.
- ▶ Households affected by drought and/or violence sustained their livelihoods with support from the ICRC. Emergency provisions helped displaced and other vulnerable households meet their immediate needs.
- ▶ Thousands of people gained access to water for personal consumption or agro-pastoral use after the ICRC and local authorities upgraded or built water infrastructure; however, security constraints delayed some projects.
- ▶ Detainees, including those held in relation to the conflict, received ICRC visits. Some of them benefited from efforts by the authorities and the ICRC to improve their health, food supply and living spaces.
- ▶ Members of separated families, including migrants and unaccompanied minors, reconnected with one another via the Movement's family-links services. Children formerly associated with armed groups were reunited with their families.

EXPENDITURE IN KCHF

Protection	4,450
Assistance	30,788
Prevention	3,168
Cooperation with National Societies	1,391
General	293
Total	40,090
<i>Of which: Overheads</i>	<i>2,447</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	72
Resident staff (daily workers not included)	368

Continually working in the country since 1982, the ICRC opened a delegation in Mali in 2013 in response to the consequences of fighting between government forces and armed groups and of other situations of violence. It seeks to protect and assist violence-affected people, who often also struggle with adverse climatic conditions, and visits detainees, providing them with aid where necessary. It promotes IHL among the armed/security forces and armed groups, and encourages its implementation by the authorities. The ICRC works closely with the Mali Red Cross and helps it develop its operational capacities.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	303
RCMs distributed	183
Phone calls facilitated between family members	5,967
Tracing cases closed positively (subject located or fate established)	76
People reunited with their families	15
<i>of whom unaccompanied minors/separated children</i>	15
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	29
Detainees in places of detention visited	4,253
<i>of whom visited and monitored individually</i>	859
Visits carried out	265
Restoring family links	
RCMs collected	158
RCMs distributed	48
Phone calls made to families to inform them of the whereabouts of a detained relative	721

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 18,000	103,344
Essential household items	Beneficiaries 30,000	34,410
Productive inputs	Beneficiaries 138,120	112,302
Cash	Beneficiaries 102,780	64,440
Services and training	Beneficiaries 570,000	488,456
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 632,400	220,198
Health		
Health centres supported	Structures 12	11
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 2	2
Water and habitat		
Water and habitat activities	Beds 174	84
Physical rehabilitation		
Projects supported	Projects 4	7
Patients receiving services	Patients 800	10,711

CONTEXT

Despite efforts by the government and some armed groups to implement a 2015 peace accord, little progress was made in this regard as clashes between the signatory armed groups persisted, mainly in Kidal. Violent confrontations continued to take place in northern and central Mali, between various armed groups and Malian and international forces, including the French armed forces and the UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA). Malian and international forces continued to arrest people in connection with the conflict; armed groups also held some people.

Communal violence – exacerbated by recurrent drought and competition over limited resources – added to the volatility. The political and security void in some areas also led to a rise in criminality, which affected both local populations and humanitarian organizations, including the ICRC.

These circumstances hindered the resumption of State services in certain areas and disrupted people's livelihoods and access to basic services. Thousands of people were forced to flee their homes in search of safety or better prospects within Mali or elsewhere; Malian refugees in neighbouring countries remained unable to return home. Migrants passing through Mali on their way to Europe also risked being attacked or abused.

ICRC ACTION AND RESULTS

The ICRC continued to address the humanitarian needs engendered by protracted conflict and other violence in Mali, particularly in the northern and central regions. In response to the deteriorating situation in central Mali, it expanded its activities and upgraded its presence in Mopti from an office to a sub-delegation to support its operations. With the Mali Red Cross and other local partners, the ICRC reached communities accessible to few or no other humanitarian organizations. However, a series of security incidents forced it to temporarily suspend or scale down its activities, and restrict the movements of its staff in certain areas, until security guarantees were renewed. To implement its projects, it enlisted more support from the National Society, community members, and local officials and service providers. It also kept up its dialogue with a wide network of influential parties, particularly weapon bearers and community leaders, in order to maintain or secure access to violence-affected communities. It reiterated the necessity of respecting IHL and humanitarian principles, emphasizing the need to facilitate safe access for those seeking or providing medical services and other humanitarian aid. This was reinforced by IHL training courses for military and security forces.

Vulnerable households sustained their livelihoods with material and other assistance from the ICRC and its partners: livestock vaccination campaigns; seed and tools for farmers; cash-for-work projects; and grants for small businesses. The ICRC repaired or built wells and irrigation facilities in areas affected by violence and/or drought, thus improving communities' access to water for personal consumption and agro-pastoral use; in some cases, this reduced the need for herders to collect water in unsafe areas.

Thousands of people, driven from their homes by recurrent clashes and other violence, and by extreme weather conditions, faced precarious living conditions. The ICRC provided them with food, shelter materials and basic household items to alleviate their circumstances. In areas most affected by drought, households were

given food to tide them over the lean season and additional fodder for their livestock; to prevent further losses to herders, the ICRC bought their weakened animals.

People in northern Mali obtained primary-health-care services – including curative and antenatal consultations, vaccinations and referrals for further care – at health centres supported by the ICRC. Victims of sexual violence and other trauma received psychosocial support and other specialized treatment from trained personnel; in May, such support was expanded to include Kidal. Weapon-wounded people and others needing hospital care obtained timely treatment at two facilities that received comprehensive support; an ICRC surgical team was stationed at each facility. People with physical disabilities received good-quality services at ICRC-backed physical rehabilitation centres.

Detainees received visits conducted according to standard ICRC procedures. The ICRC checked on their treatment and living conditions, paying particular attention to those held in connection with the conflict. It gave the detaining authorities expert advice for carrying out systemic reforms, for example, with regard to prison budgets and judicial guarantees. It worked with them to implement a standardized menu at more detention facilities, and maintained support for two prison farms to help ensure that detainees had adequate nutrition. It also helped ease detainees' living conditions by upgrading water and sanitation infrastructure and by providing inmates with hygiene items and other essentials. Where it had access, the ICRC visited people held by armed groups within days of their capture.

Members of families dispersed by violence, migration or other circumstances – including unaccompanied minors and children formerly associated with armed groups – reconnected through the Movement's family-links services.

The National Society reinforced its operational capacities with ICRC support – replenishment of emergency stocks, upgrades to branch offices, training in the Safer Access Framework – and through joint activities with the ICRC.

CIVILIANS

The ICRC continued to remind weapon bearers to respect IHL and other applicable norms (see *Actors of influence*). Violence-affected people reported abuses to the ICRC, which documented and relayed these allegations confidentially to the parties concerned so that they could take steps to prevent their occurrence.

Together with local partners, the ICRC continued to assist communities accessible to few or no other humanitarian organizations. However, several security incidents forced it to temporarily suspend or scale down some of its activities until it obtained renewed security guarantees from the parties concerned.

Given the security situation, the ICRC enlisted more support from the Mali Red Cross, local officials and service providers, and community members to implement its projects – for which National Society personnel and other local partners received training. Close coordination with the authorities, UN agencies and other parties was maintained.

Herders and farmers sustain livelihoods amid conflict and recurrent drought

Vulnerable households in northern and central Mali established, preserved or expanded their sources of income with the ICRC's help.

Livestock belonging to 80,820 herding households (484,850 people) – about 1.3 million animals in all – were vaccinated against disease during campaigns organized by the livestock ministry and the ICRC, and/or at ICRC-built vaccination centres (see below). In areas most severely affected by drought, 6,010 households (36,300 people) maintained their herds with additional fodder from the ICRC, and 3,214 households (19,284 people) benefited from a destocking programme, whereby the ICRC purchased weakened animals at competitive prices so that the herders could avoid further losses. Where appropriate, the meat from these animals was distributed to vulnerable households – for instance, those with malnourished children.

Farmers affected by recurrent drought received assistance for growing food or cultivating market gardens: 11,791 households (70,746 people) received seed, fertilizer, tools and equipment, and 2,016 households (12,102 people) were given cash to purchase those items. They also benefited from the renovation of gardening and irrigation infrastructure (see below).

Over 5,500 households (33,054 people) boosted their income with ICRC financial support; among them were households headed by women, some of whom were victims of sexual violence. Breadwinners earned money for food and other essentials through cash-for-work projects which involved working on fish ponds, livestock fences and agricultural structures that benefited the wider community. Others generated income from small businesses that they had set up with ICRC grants. Some households received materials or training related to their chosen ventures, such as bookkeeping, food preservation and basic livestock treatment. Household representatives and National Society volunteers responsible for monitoring these projects also received training, for example, in marketing concepts and accessing credit.

Displaced households receive emergency relief

Emergency assistance from the ICRC enabled people displaced or otherwise affected by the conflict, floods and/or recurrent drought to cope with their precarious circumstances. Over 103,340 people (17,224 households) – IDPs, residents and returnees – were given food, and some 34,400 people (5,735 households) received tarpaulins, kitchen sets, hygiene items and other household essentials, enabling them to set up temporary shelters. Although it had initially planned to give beneficiaries cash to buy these items, the ICRC shifted to in-kind distributions owing to the security situation and the lack of access to the necessary financial structures or of local suppliers in the areas where the IDPs had settled.

Fifteen vulnerable migrants in northern Mali were transported to safer areas by the National Society and given food and other essentials.

Violence-affected communities gain access to water

Access and security constraints, particularly in Gao, Kidal, Mopti and Tombouctou, led to delays in implementing planned projects; some were still in progress at year's end, while others had been cancelled. In all, 220,198 people benefited from projects completed in 2017.

A total of 165,140 people affected by violence and/or drought obtained water for personal consumption or agro-pastoral use from boreholes, wells and other infrastructure upgraded or built by local authorities, the ICRC and participants in ICRC cash-for-work projects (see above). In Kidal, for instance, some 15,000 residents had clean drinking water

again after the ICRC restored the water network, which it then handed over to the local authorities for operation and maintenance. In some cases, the newly built water points reduced the need for herders to travel to violence-prone areas in search of watering holes.

Newly constructed livestock vaccination pens also helped herding households (55,058 people) maintain their livestock's health (see above).

People coping with violence-related trauma receive psychosocial support

The ICRC, in cooperation with local health authorities, provided 11 primary-health-care centres in northern Mali with comprehensive support: supplies, equipment, training and supervision of personnel and, where needed, infrastructural repairs.

Thousands of patients benefited from the centres' services: 51,116 curative and antenatal consultations took place, most of them for women and children; and 155,506 people were vaccinated. The ICRC covered transportation expenses for patients referred for further care, including pregnant women.

ICRC-trained personnel provided psychosocial support and other specialized help for people suffering from violence-related trauma in Gao, Tombouctou and, from May onwards, Kidal. Over 570 people availed themselves of such assistance, including 59 victims of sexual violence, some of whom had received post-exposure prophylactic treatment within 72 hours. About 30,700 people learnt about the availability of such services – and how they can protect themselves from the violence – at National Society and ICRC community information sessions.

Separated family members restore contact

Members of families dispersed by violence, migration or other circumstances – including unaccompanied minors and separated children – restored or maintained contact with one other through the family-links network run by the Mali Red Cross, National Societies in countries hosting Malian refugees and asylum seekers, and the ICRC. People made thousands of phone calls to relatives in Mali or abroad. Others filed tracing requests to locate their relatives; the fate or whereabouts of 76 people were established. Fifteen children, most of them formerly associated with armed groups, were reunited with their families. The ICRC continued to monitor the welfare of 31 previously resettled minors.

PEOPLE DEPRIVED OF THEIR FREEDOM

Conflict-related detainees receive visits from the ICRC

The ICRC visited 29 places of detention in accordance with its standard procedures. It checked on detainees' treatment and living conditions and monitored 859 of them individually; they included minors, women, mentally disabled detainees, security detainees, and people serving sentences under the UN Mechanism for International Criminal Tribunals (MICT). People held in connection with the conflict were visited shortly after their arrest and followed up; one detainee was released by French forces and handed over to his family under the auspices of the ICRC. Where it had access, the ICRC visited people held by armed groups within days of their capture.

Inmates stayed in touch with their relatives through RCMs and other family-links services. Foreign detainees notified their consular representatives of their situation with the ICRC's help. Some released detainees returned home with ICRC financial support.

PEOPLE DEPRIVED OF THEIR FREEDOM	Mali authorities	Mali armed groups	French forces	MINUSMA	MICT
ICRC visits					
Places of detention visited	22	3	2	1	1
Detainees in places of detention visited	4,058	39	141	2	13
<i>of whom women</i>	127				
<i>of whom minors</i>	159	14	24		
Visits carried out	158	5	97	2	3
Detainees visited and monitored individually	668	37	139	2	13
<i>of whom women</i>	10				
<i>of whom boys</i>	10	14	21		
Detainees newly registered	498	35	138	2	
<i>of whom women</i>	9				
<i>of whom boys</i>	7	14	19		
Restoring family links					
RCMs collected	96	2	57	2	1
RCMs distributed	44		3		1
Phone calls made to families to inform them of the whereabouts of a detained relative	600		121		
Detainees released and transferred/repatriated by/via the ICRC			1		
People to whom a detention attestation was issued		1			

The authorities continue working on penitentiary reforms

Detaining authorities continued to work on systemic reforms, drawing on various forms of ICRC support, such as the findings and recommendations communicated confidentially to them after ICRC prison visits, and technical input during a round-table on planning prison budgets. The ICRC also offered expert advice during meetings of a working group tasked by the justice ministry in 2016 to recommend means of improving detainees' health and nutrition, infrastructure, and respect for judicial guarantees. Two senior penitentiary officials discussed challenges and best practices in prison infrastructure maintenance and food-supply management with their counterparts at a regional ICRC workshop in Senegal (see *Dakar*).

The ICRC monitored detainees' nutritional status and continued working with the authorities to implement a standardized menu at more facilities. With the justice ministry, it provided financial and technical support, as well as seed, fertilizer and tools, for two prison farms, on which detainees grew crops to supplement their diets.

The ICRC also monitored health-care services at seven places of detention. It urged the authorities to refer severely ill or injured detainees to the appropriate services, donated medicines to help them deal with supply shortages, and covered 10 detainees' treatment costs. Malnourished inmates received supplementary food rations and/or therapeutic food, and follow-up care from prison health workers supported by the ICRC.

In all, 2,919 detainees benefited from ICRC projects to improve their living conditions and access to water; these included an anti-scabies campaign and upgrades to the sanitation system at the central prison. Over 11,900 detainees received bedding, clothes and hygiene items.

WOUNDED AND SICK

Conflict-affected people obtain good-quality medical care and physical rehabilitation services

Wounded and sick people in violence-affected areas received timely medical treatment at two ICRC-supported facilities: the Gao regional hospital and the Kidal referral centre, which was the only facility providing hospital services in its region. These facilities provided quality services with comprehensive ICRC

support: supplies, equipment, training and financial incentives for staff, assistance for maintaining and upgrading infrastructure, and on-site supervision from two ICRC surgical teams. Nearly 1,700 operations were performed, including on people wounded by weapons. Fifty surgeons-in-training improved their ability to treat conflict-related injuries – a little-known field in Mali – at a war-surgery course in Bamako, organized by the African and Malagasy Council for Higher Education and the ICRC.

People with disabilities obtained physical rehabilitation services – including custom-made prostheses and physiotherapy – at seven centres directly or indirectly supported by the ICRC. Four centres – two in Bamako and one each in Gao and Tombouctou – received assistance in the form of supplies, equipment, training and on-site support from ICRC ortho-prosthetists; one of them redistributed materials to three satellite centres in Kayes, Ségou and Sikasso. Services at two centres improved following ICRC-backed infrastructural upgrades. Dozens of vulnerable patients, many of whom had traveled hundreds of kilometres for treatment, were given food or financial assistance. To expand the pool of physical rehabilitation specialists in the country, the ICRC sponsored four students to attend a three-year training programme in Lomé, Togo. The authorities and the ICRC signed a memorandum of understanding to establish a new physical rehabilitation centre in Mopti under the ICRC's Programme for Humanitarian Impact Investment.

Owing to the prevailing security conditions, some planned seminars for hospital staff and some infrastructural projects at physical rehabilitation centres did not take place.

ACTORS OF INFLUENCE

Dialogue with parties to the conflict emphasizes safe access to people in need

The ICRC pursued – within the bounds of various logistical and security constraints – dialogue with a broad network of people and groups capable of facilitating timely delivery of humanitarian aid, and of ensuring the safety of medical and humanitarian workers. It intensified its efforts to obtain security guarantees in light of several security incidents that affected its operations (see above).

Malian military and security forces personnel were reminded of their obligations under IHL during ICRC briefings and training courses; some of these were organized with the European Union

Training Mission in Mali and the Bamako Peacekeeping School. The ICRC sponsored the participation of four senior Malian military officers in advanced courses in San Remo, Italy, and Salon-de-Provence, France, on the application of IHL and its integration into military decision-making.

Through information sessions and bilateral discussions, the ICRC urged members of armed groups to respect IHL principles, especially the need to facilitate access to health care and other basic services. It also explained its mandate to them in order to secure acceptance for its activities and safe passage for its staff.

Regular interaction with influential members of civil society – both lay and religious – helped broaden understanding of and acceptance for the ICRC among communities. During meetings and information sessions, local leaders learnt more about humanitarian principles and the organization's activities in Mali; they also discussed public perceptions of the ICRC and the Mali Red Cross. Representatives of youth associations, women's groups and NGOs became more familiar with the Movement and its neutral, impartial and independent approach, through awareness-raising sessions conducted by the National Society and the ICRC.

Journalists help broaden public awareness of humanitarian issues

Two journalists added to their knowledge of IHL, and strengthened their skills in reporting on humanitarian issues, at ICRC workshops. Members of the media and the general public stayed abreast of the Movement's activities in Mali through press releases, newsletters and other materials produced by the ICRC or with its support; the delegation's social media accounts enabled people to interact directly with the organization. Articles and radio programmes, produced with the ICRC's assistance, helped raise public awareness of the risks associated with the presence of unexploded ordnance, and of the ICRC's activities for people injured by these weapons (see *Wounded and sick*).

Academics strengthened their grasp of IHL, and of its points of correspondence with Islamic law, at ICRC events. Students enriched their knowledge of IHL at a national moot competition and at IHL conferences; four teachers bolstered their ability to teach the subject through regional ICRC courses (see *Tunis* and *Niger*). University libraries were given IHL reference materials in Arabic.

The authorities assessed State progress in implementing IHL treaties; one parliamentarian participated in the annual review meeting organized by the ICRC and the Economic Community of West African States in Abuja, Nigeria (see *Nigeria*).

RED CROSS AND RED CRESCENT MOVEMENT

With support from the ICRC, the Mali Red Cross continued to strengthen its ability to help people affected by armed conflict and other violence. Its personnel became even more involved in implementing joint projects with the ICRC (see *Civilians*), and received training in assessing nutrition, monitoring microeconomic initiatives, restoring family links and administering first aid. Joint planning workshops facilitated these efforts.

To help the National Society strengthen its emergency response capacities, the ICRC provided its branches in Gao, Kidal, Mopti and Tombouctou with essential household kits for their emergency stocks, and helped renovate or construct National Society offices in Kidal, Mopti and Tessalit. It supported the creation of a water and sanitation department within the National Society by donating toolboxes and training seven technicians, in cooperation with local authorities. Training sessions on the Safer Access Framework were held at various branches, and a steering committee established to enhance the National Society's ability to aid people safely.

In line with a tripartite agreement among them, the National Society, the International Federation and the ICRC reinforced their security measures and coordinated their activities to maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		303	8		
RCMs distributed		183	4		
Phone calls facilitated between family members		5,967			
Reunifications, transfers and repatriations					
People reunited with their families		15			
	<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		111	19	12	19
	<i>including people for whom tracing requests were registered by another delegation</i>	28			
Tracing cases closed positively (subject located or fate established)		76			
	<i>including people for whom tracing requests were registered by another delegation</i>	19			
Tracing cases still being handled at the end of the reporting period (people)		311	24	15	32
	<i>including people for whom tracing requests were registered by another delegation</i>	23			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		29			26
UAMs/SC reunited with their families by the ICRC/National Society		15	1		14
	<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		11			8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		29			
Detainees in places of detention visited		4,253	127	197	
Visits carried out		265			
			Women	Girls	Boys
Detainees visited and monitored individually		859	10		45
	<i>of whom newly registered</i>	673	9		40
RCMs and other means of family contact					
RCMs collected		158			
RCMs distributed		48			
Phone calls made to families to inform them of the whereabouts of a detained relative		721			
Detainees visited by their relatives with ICRC/National Society support					
Detainees released and transferred/repatriated by/via the ICRC		1			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	103,344	34,691	22,842
	<i>of whom IDPs</i>	26,112	10,077	8,567
Essential household items	Beneficiaries	34,410	11,768	12,079
	<i>of whom IDPs</i>	28,860	9,997	10,346
Productive inputs	Beneficiaries	112,302	36,735	19,174
Cash	Beneficiaries	64,440	23,927	18,064
	<i>of whom IDPs</i>	240	223	
Services and training	Beneficiaries	488,456	202,386	107,839
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	220,198	66,059	110,099
Health				
Health centres supported	Structures	11		
Average catchment population		64,155		
Consultations		51,116		
	<i>of which curative</i>	44,799	13,397	20,736
	<i>of which antenatal</i>	6,317		
Immunizations	Patients	155,506		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	55,912		
Referrals to a second level of care	Patients	244		
	<i>of whom gynaecological/obstetric cases</i>	61		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	183		
Essential household items	Beneficiaries	11,910	20	
Productive inputs	Beneficiaries	60		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,919		
Health				
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	270	11	8
	<i>(including those related to mines or explosive remnants of war)</i>	14	4	
	Non-weapon-wound admissions	628		
	Operations performed	1,693		
Medical (non-surgical) admissions		655	162	317
Gynaecological/obstetric admissions		938	935	3
Consultations		30,856		
Water and habitat				
Water and habitat activities	Beds	84		
Physical rehabilitation				
Projects supported	Projects	7		
Patients receiving services (sum of monthly data)		10,711	2,577	5,317
New patients fitted with prostheses	Patients	100	23	16
Prostheses delivered	Units	329	72	41
	<i>of which for victims of mines or explosive remnants of war</i>	6		2
New patients fitted with orthoses	Patients	84	17	46
Orthoses delivered	Units	508	113	285
Patients receiving physiotherapy	Patients	9,265	2,237	4,766
Walking aids delivered	Units	232	86	21
Wheelchairs or tricycles delivered	Units	21	6	

MAURITANIA



The ICRC has worked in Mauritania since 1970, opening a delegation there in 2013. It visits detainees and helps improve their living conditions, particularly their access to health care. It offers them and other people in need, including refugees, family-links services. In a subsidiary role, it works to meet the basic needs of refugees who have fled conflict elsewhere in the region. It promotes IHL and humanitarian principles among the armed and security forces, authorities and civil society, and supports the development of the Mauritanian Red Crescent.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Refugees and residents in Bassiknou and Fassala had more water after the ICRC renovated boreholes. ICRC-built water points in rural areas provided herders with more convenient water sources for their animals.
- ▶ Aided by the ICRC, penitentiary authorities prepared a leaflet on detention norms for their staff, to serve as a reference on detainees' rights and as a framework for monitoring abuse.
- ▶ Malian refugees in Bassiknou, detainees and others restored or maintained contact with their families through family-links services offered by the Mauritanian Red Crescent and other Movement components.
- ▶ Military personnel, such as those stationed near the Mali-Mauritania border in Bassiknou and those bound for overseas missions, learnt about IHL at ICRC briefings. The defence ministry approved an IHL manual for troops.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	27
RCMs distributed	31
Phone calls facilitated between family members	195
Tracing cases closed positively (subject located or fate established)	6
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	11
Detainees in places of detention visited	2,100
<i>of whom visited and monitored individually</i>	34
Visits carried out	16
Restoring family links	
RCMs collected	14
Phone calls made to families to inform them of the whereabouts of a detained relative	11

EXPENDITURE IN KCHF

Protection	1,201
Assistance	1,647
Prevention	624
Cooperation with National Societies	467
General	67
Total	4,007
<i>Of which: Overheads</i>	<i>245</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	36

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	13,000
		21,566

CONTEXT

Mauritania endured the consequences of a poorly performing economy and persistent socio-political tensions. In August, the senate was abolished in a referendum that was widely protested and boycotted by the political opposition. The country remained vulnerable to the spillover effects of insecurity in the Sahel and the greater region. Mauritanian troops conducted military and security operations along the Mauritania-Mali border and participated in the newly established joint G5 Sahel force and in UN peacekeeping missions.

About 50,000 people who had fled violence in Mali in years past remained in the Bassiknou region; they lived in UNHCR's M'bera camp or among host communities; very few returned to Mali because of the precariousness of the situation in that country (see *Mali*). The border town of Fassala, a main point of entry into Mauritania, hosted refugees from Mali, including new arrivals. Local resources were limited, and insufficient to meet the needs of both Malian refugees and residents. As both groups depended heavily on herding for food and income, and on the same water sources and pastures, tensions between them persisted.

Erratic rainfall worsened agro-pastoral conditions that were already difficult.

ICRC ACTION AND RESULTS

The ICRC continued to help improve access to basic services for residents and refugees in Bassiknou. The ICRC and the water authorities upgraded water systems – notably boreholes – in Bassiknou and Fassala, making more water available to people there; in addition, the ICRC and the Mauritanian Red Crescent urged people to adopt good practices for water management and sanitation. The ICRC constructed water points along herding routes and in remote areas, which helped ensure that pastoralists had more convenient sources of water for their animals.

The National Society continued, with ICRC support, to develop its capacities, particularly in administering first aid and restoring family links. Together with other Movement components, it provided Malian refugees in Bassiknou, detainees and other people with the means to restore and maintain contact with their families.

The ICRC visited detainees in accordance with its standard procedures, paying particular attention to security detainees and to foreigners, women and other vulnerable inmates. Findings from these visits were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment, including respect for judicial guarantees. Prison reforms advanced, but at a sluggish pace. The penitentiary authorities drew on ICRC expertise to produce a leaflet summarizing domestic and international norms pertinent to detention; this will serve as a reference for penitentiary staff and prison guards on detainees' rights and as a framework for monitoring abuse. The ICRC continued to give the penitentiary authorities advice for improving the provision of health care and food, and for maintaining infrastructure; it also provided training, equipment and/or supplies to help them strengthen their capacities in these areas. The ICRC donated kitchen equipment to some prisons and renovated kitchens and pantries; it also supported efforts at those prisons to maintain a sanitary environment. Some malnourished detainees received food supplements; severe cases were treated with therapeutic feeding.

The justice ministry opened a new prison for female detainees, for which the ICRC continued to provide material and infrastructural support.

The authorities, guided by the ICRC, strove to reinforce respect for IHL and international human rights law among military personnel. Some progress was made in updating training manuals for government forces: the defence ministry approved the IHL manual for military forces. Briefings conducted by the ICRC fostered respect for IHL and other pertinent norms among military personnel, including those stationed near the Mali-Mauritania border in Bassiknou and those bound for overseas missions. The ICRC continued to urge authorities to implement IHL-related treaties, and gave them the guidance necessary. It worked to foster support for IHL and the Movement's activities among influential parties and the general public, through various events and public-communication initiatives with journalists or through social media. The ICRC held briefings on its mandate and activities for local leaders and troops, and helped Islamic scholars and clerics – influential in Mauritania and beyond – to familiarize themselves with the points of correspondence between IHL and Islamic law.

CIVILIANS

Refugees and residents in Bassiknou benefit from upgraded water systems

In Bassiknou, 15,000 people, both residents and Malian refugees, had more clean water after the local water authorities and the ICRC drilled a borehole and equipped it with a water treatment unit, and renovated four other boreholes. In Fassala, the ICRC repaired a borehole and equipped it with a pumping system powered by solar panels and a back-up generator; this helped ensure that residents of that village, and Malians seeking refuge in Mauritania, had enough water (about 5,300 beneficiaries). Another 1,250 people benefited from the ICRC's construction of water points along herding routes: herders had more convenient sources of water for their animals. During briefings conducted by it in both rural and urban areas, with ICRC support, the Mauritanian Red Crescent urged people to adopt good practices for water management and sanitation.

Members of dispersed Malian families reconnect

Malian refugees in Bassiknou restored or maintained contact with their families through the regional family-links network managed by the Mauritanian Red Crescent, National Societies in other countries hosting Malian refugees, and the ICRC. People sent RCMs or made phone calls, or made tracing requests; seven people were put in touch with their families.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison authorities create a reference for staff

The ICRC visited detainees at 11 places of detention in accordance with its standard procedures. It paid particular attention to security detainees and to foreigners, women and other vulnerable inmates. Findings from these visits were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment, and advance prison reforms. Post-visit discussions between the authorities and the ICRC touched on various subjects: ensuring respect for judicial guarantees, overcrowding, budgetary constraints and infrastructural issues. To compensate for the absence of standardized guidelines, the penitentiary authorities, guided by the ICRC, produced a leaflet summarizing domestic and international norms pertinent to detention. This will serve as a reference for penitentiary staff

and national guards – who, in Mauritania, are in charge of prison security – on detainees’ rights and as a framework for monitoring abuse. During an ICRC workshop, some 40 penitentiary staff and national guards exchanged best practices in keeping prisons secure without impairing detainees’ living conditions; their discussions took in such subjects as detainees’ access to open air.

Vulnerable detainees sent RCMs and brief oral messages to their families. Two foreign detainees contacted their consular representatives with the ICRC’s help.

Detainees have better access to health care and food

The ICRC continued to give the authorities advice for improving penitentiary services, notably the provision of health care and food, and for maintaining infrastructure. Health and penitentiary authorities were urged to coordinate their efforts to ensure that detainees received health care both inside and outside places of detention. Penitentiary staff strengthened their capacities: the director of the penitentiary services and a high-ranking national guard officer, sponsored by the ICRC, attended a workshop on managing prison infrastructure (see *Dakar*); and health staff at the six largest prisons, holding some 2,000 people, were provided with supplies, equipment and training to treat and prevent common illnesses.

Detainees at six prisons benefited from the staff’s expanded capacities, a consequence of the ICRC donating kitchen equipment and briefing staff and detainees on measures to improve food management; at three of these prisons, the ICRC also renovated kitchens and pantries. Over 150 malnourished detainees were given food supplements, and 26 severe cases were treated with therapeutic food supplied by the ICRC. At the same six prisons, the authorities and the ICRC distributed hygiene and cleaning items and carried out two fumigation campaigns. This, together with briefings on good hygiene practices, helped reduce the risk of hygiene-related diseases for detainees.

The justice ministry opened a new prison exclusively for female detainees. The ministry acquired the building in 2016, and, with ICRC support – renovation of water infrastructure and provision of equipment – adapted it to this new purpose.

ACTORS OF INFLUENCE

Military and security forces learn more about applicable international norms

The authorities maintained their efforts to reinforce respect for applicable international norms among military personnel. Some progress was made in updating training manuals for government forces, a process that began in 2012 with guidance from the ICRC: at the end of the year, the defence ministry approved the IHL manual for military forces, after numerous checks, for example, for compatibility with Islamic law; the manual on international human rights law for security forces was still under consideration by the interior ministry. Two senior officers, sponsored by the ICRC, attended IHL courses abroad (see *Egypt*).

Briefings conducted by the ICRC – whenever possible, with officers who had undergone ICRC training in IHL instruction – fostered respect for IHL and other applicable norms among: 515 military personnel, including those stationed near the Mali-Mauritania border in Bassiknou, and military cadets; and 50 officers from the military and 150 from the *gendarmerie* bound for the Central

African Republic. These briefings emphasized the protection due to people who were not or were no longer taking part in hostilities during armed conflict and other situations of violence and their right to medical and humanitarian assistance, and the necessity of preventing sexual violence.

The ICRC continued to urge authorities to implement IHL-related treaties, and gave them the guidance necessary. It engaged the Permanent Secretariat of the G5 Sahel in dialogue on training members of the joint G5 Sahel force in IHL and international human rights law.

Islamic clerics and scholars learn more about IHL

Through meetings and various events and public-communication initiatives with journalists, or through social media, the ICRC broadened awareness of the humanitarian situation in the region – notably the plight of detainees and of people affected by armed conflict or other violence – and cultivated support for IHL and the Movement’s activities, among influential parties and the general public. The ICRC briefed military personnel, local authorities, and community and religious leaders in rural Bassiknou on its mandate and on its activities there.

Islamic clerics and scholars, influential in Mauritania and beyond, reached a fuller understanding of IHL through various ICRC-supported events. The ICRC discussed the points of correspondence between IHL and Islamic law with: 36 *imams* in Ayoun, in southern Mauritania; and with some 70 students at two Islamic universities, during ICRC briefings and a Mauritanian Red Crescent course in first aid. Four lecturers from those two universities and an Islamic cleric, sponsored by the ICRC, attended IHL events abroad (see *Lebanon, Morocco, Niger and Tunis*).

RED CROSS AND RED CRESCENT MOVEMENT

Backed by ICRC financial, material and technical support, the Mauritanian Red Crescent responded to emergencies – it assigned volunteers to sporting and religious events and assisted disaster-affected people in southern Mauritania – and built its operational and financial capacities.

The National Society organized a training camp for 100 volunteers, from all over the country, to develop their ability to administer first aid, restore family links and raise awareness of IHL and the Fundamental Principles. Twenty-one volunteers underwent training in first-aid instruction; this helped to enlarge the country’s supply of certified first-aiders. At an ICRC-supported workshop on the Safer Access Framework, National Society volunteers learnt how to protect themselves in violence-prone areas.

The National Society, aided by the ICRC, continued to develop strategies for managing its finances. It generated some funds by conducting first-aid courses for international organizations and NGOs. It kept the public informed of its activities through bulletins published with the ICRC’s assistance.

Movement components in the region met regularly to coordinate their activities – particularly in connection with restoring family links.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		27			
Phone calls facilitated between family members		31			
Names published on the ICRC family-links website		195			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		4			2
Tracing cases closed positively (subject located or fate established)		6			
Tracing cases still being handled at the end of the reporting period (people)		68	7	2	8
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		11			
Detainees in places of detention visited		2,100	37	95	
Visits carried out		16			
			Women	Girls	Boys
Detainees visited and monitored individually		34	1		
<i>of whom newly registered</i>		21	1		
RCMs and other means of family contact					
RCMs collected		14			
Phone calls made to families to inform them of the whereabouts of a detained relative		11			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	21,566	3,235	4,313
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	1,626		
Essential household items	Beneficiaries	2,627	42	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,000	100	200
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	6		

MOROCCO



ICRC delegation

The ICRC's work in Morocco dates back to 1975, during the Western Sahara conflict. Opened in 2015, the delegation aims to encourage cooperation with the Moroccan authorities, so as to facilitate IHL promotion and implementation at the national level. It also seeks to support the Moroccan Red Crescent in building its operational capacities, particularly in the areas of restoring family links and mine-risk education.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The Moroccan Red Crescent encountered constraints in offering phone services to migrants. Migrants were however kept informed of other family-links services available to them; some 175 migrants acquired first-aid skills.
- ▶ About 20,000 people learnt how to better protect themselves from mines. Government and military officials acquainted themselves with integrated approaches to mine action during an ICRC-facilitated study visit abroad.
- ▶ Detaining authorities and others learnt more about the ICRC's activities for people deprived of their freedom; they included the ICRC in a task force set up to develop protocols for managing hunger strikes.
- ▶ The ICRC cultivated relationships with the authorities, armed forces and other key actors, which facilitated discussions on forensic protocols and jointly organized training in IHL for military and security forces.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

EXPENDITURE IN KCHF

Protection	562
Assistance	371
Prevention	588
Cooperation with National Societies	254
General	28
Total	1,804
<i>Of which: Overheads</i>	<i>110</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	14

CONTEXT

The country remained largely stable, despite volatility in the wider region. There were, however, a number of mass protests over economic and political issues; the largest of these took place in the north. Security forces continued to conduct operations against persons or groups pursued under anti-terrorism legislation. These operations, and those conducted by the police, led to numerous arrests.

The Moroccan government continued to contribute troops to peacekeeping missions and international coalitions, including in Yemen. In April, a new government was sworn in after months of negotiations between the various political parties. Morocco was readmitted to the African Union in January 2017.

The status of Western Sahara remained a point of contention between Morocco and the Polisario Front. The UN Mission for the Referendum in Western Sahara (MINURSO) was extended to April 2018. Hundreds of people were still waiting for news of relatives missing since the 1975–1991 conflict. Mines and explosive remnants of war (ERW) continued to threaten the safety of people in some areas of the Moroccan-administered parts of Western Sahara.

Because of Morocco's geographical situation, and despite tighter controls at its borders, thousands of migrants on their way to Europe, including asylum seekers and refugees – those fleeing the Syrian Arab Republic, for example – continued to arrive in the country. From late 2016 to early 2017, Morocco allowed some 20,000 migrants to apply for residence permits; it continued to update its migration policies. Morocco was appointed, along with Germany, to chair the Global Forum on Migration and Development until December 2018.

ICRC ACTION AND RESULTS

The ICRC delegation in Morocco continued to focus on consolidating its relations with influential actors who could advance the humanitarian agenda; it sought to broaden acceptance for its activities among them, and further their understanding of IHL. It shared its views on regional issues of humanitarian concern at various events – for instance, at a national consultation process for migration-related issues. It briefed government officials and others concerned with detention, on numerous occasions, to acquaint them with its activities for detainees and to urge them to support the conduct of ICRC visits to detainees in the future. The ICRC participated in a task force set up by the national human rights committee to develop a protocol for handling hunger strikes in places of detention. Together with the national IHL committee, it provided training in IHL and other applicable norms for military and security forces personnel. With ICRC financial assistance, government officials and other policy makers, members of the military/security forces, academics and Islamic scholars attended IHL-related training and events held abroad.

The ICRC continued to help the Moroccan Red Crescent improve its activities for vulnerable people. It assisted the National Society to train its volunteers in the restoration of family links and to resolve issues related to the operation of phone stations for migrants. The National Society and the ICRC continued to conduct first-aid training sessions for migrants; they also sought to understand migrants' plight more fully in order to plan activities that matched their needs. The ICRC discussed existing forensic protocols and practices with government officials, and members

of the national human rights committee and of the national forensic doctors' association; it also facilitated their participation in seminars abroad, with a view to helping expand national capacities for resolving cases of missing persons and preventing their recurrence. The ICRC's delegations in Morocco and Tunisia (see *Tunis*) continued to coordinate their discussions – on the fate of people missing since the Western Sahara conflict – with the Moroccan national human rights committee and Sahrawi/Polisario Front bodies and organizations.

At information sessions conducted by the Moroccan Red Crescent, people in weapon-contaminated areas of the Moroccan-administered parts of Western Sahara learnt more about the risk to them from mines/ERW and about means of self-protection. In line with its efforts to support coordinated mine action, the ICRC organized a study visit to the Lebanon Mine Action Centre for representatives from the health and social welfare ministries, the armed forces and the Moroccan Red Crescent.

CIVILIANS

People contact their relatives through the Movement's family-links services

The families of detainees held abroad – for instance in Iraq or Libya, or at the US internment facility at Guantanamo Bay Naval Station in Cuba – restored or maintained contact with their relatives through video calls, RCMs or oral messages.

The families of migrants – including those who were thought to be on boats that had capsized, or who had fled to Europe or to Morocco – sought the help of Movement partners to locate their relatives.

Owing to internal constraints, the Moroccan Red Crescent stopped operating phone stations at key entry and exit points on the migration routes; these stations had previously enabled migrants to contact their families abroad. The ICRC urged the National Society to resume the phone services and offered its assistance for resolving operations issues and improving the National Society's other family-links services (see below). Movement family-links services were promoted at first-aid training seminars for migrants, National Society/ICRC briefings with private organizations and government departments concerned with migration, ad hoc meetings in multilateral forums, and through leaflets printed for the purpose.

Some 175 migrants were given first-aid training by the National Society and the ICRC. During these training sessions, the migrants – some of whom were asylum seekers and refugees – also described their experiences on the migration route. This helped the National Society and the ICRC to understand their situation more fully, plan future activities accordingly, and refer them to government agencies capable of addressing their specific needs and providing suitable services. At meetings and other events, the ICRC discussed migration-related issues of humanitarian concern with regional and national authorities, and with others in a position to address these issues (see *Actors of influence*).

With the ICRC's support, the National Society continued to reinforce its family-links network: some 20 new volunteers completed their initial training in the various family-links services and procedures; in addition to on-the-job training, experienced volunteers also benefited from a refresher course; and, at a training session, 20 members of the National Society's emergency team

learnt about family-links services and about preventing the separation of families during emergencies. The National Society and the ICRC continued to distribute printed materials on preventing the loss of family contact along the migration route.

Forensic professionals develop their ability to manage human remains

Government officials, and members of the national human rights committee and of the national forensic doctors' association continued to exchange views with ICRC experts on existing forensic protocols and best practices for managing human remains and related data; the aim was to strengthen national capacities for addressing and preventing cases of missing persons. Two forensic doctors attended ICRC training seminars in Pakistan and South Africa (see *Pakistan* and *Pretoria*), where they learnt more about managing human remains during emergencies; 35 members of the National Society's emergency team received materials and training for the proper handling of human remains. The ICRC's delegations in Morocco and Tunisia (see *Tunis*) continued to coordinate discussions – on the fate of people missing since the Western Sahara conflict – with the Moroccan national human rights committee and Sahrawi/Polisario Front bodies and organizations.

Government and National Society representatives add to their knowledge of mine-risk education and mine action

At information sessions conducted by Moroccan Red Crescent volunteers, some 20,000 people in weapon-contaminated areas of the Moroccan-administered parts of Western Sahara learnt more about the risk to them from mines/ERW and about means of self-protection. Six National Society branches continued to receive ICRC support for organizing these information sessions and for planning and managing other activities benefiting people in weapon-contaminated areas. The National Society and the ICRC also began discussions on improving coordination with and among actors concerned with mine action. In line with these efforts to support coordinated mine action, the ICRC organized a study visit to the Lebanon Mine Action Centre; six representatives from the health and social welfare ministries, the armed forces and the National Society joined the trip and learnt more about the importance of using an integrated approach to address the effects of weapon contamination.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to brief government officials and others concerned with detention to acquaint them with its activities for people deprived of their freedom, with a view to gaining their support for ICRC visits to detainees in the future.

The national human rights committee and the ICRC maintained their partnership to help penitentiary authorities develop a protocol for handling hunger strikes in places of detention. The committee set up a task force for this purpose; it consisted of central penitentiary officials and representatives from the health ministry and the ICRC.

At an ICRC workshop in Jordan (see *Jordan*), two prison doctors discussed with their peers from other countries issues pertaining to the provision of health care in detention. With ICRC sponsorship, two prison officials participated in a seminar, held in Senegal (see *Dakar*), on penitentiary infrastructure.

ACTORS OF INFLUENCE

Through meetings and other means, the ICRC continued to familiarize influential actors with its work and cultivate its relationships with them; its aim was to gain their support for its activities, particularly the development of activities for people deprived of their freedom. It shared its views on regional issues of humanitarian concern at various events; for example, at the invitation of the Moroccan government, it made a presentation – on the subject of addressing migration-related issues – at a national consultation process for Morocco's participation in the Global Compact for Migration.

The national IHL committee and the ICRC worked closely on activities and events to broaden awareness of IHL among Moroccan military and security forces personnel, the authorities, the media and academics. For instance, they organized training sessions – covering IHL, international human rights law and other related norms – for various units of the military and security forces. Some 530 officers, including those bound for peacekeeping missions, benefited from these sessions. At ICRC workshops, instructors from police training institutes developed their ability to teach IHL-related subjects; one institute continued to draw on the ICRC for help in strengthening instruction in IHL, and organized – for the second time – an ICRC-led seminar for their trainers.

Close to 40 participants – representing national IHL committees, government ministries, Islamic organizations, academic institutions and National Societies from Morocco and 12 other countries – learnt more about teaching IHL at a regional course, in Morocco, organized by the League of Arab States and the ICRC. Moroccan government officials, policymakers, Islamic scholars and judges attended ICRC-organized conferences and courses abroad (see *Egypt*, *Kuwait*, *Nairobi* and *Niger*) where they took part in discussions on IHL and its compatibility with Islamic law.

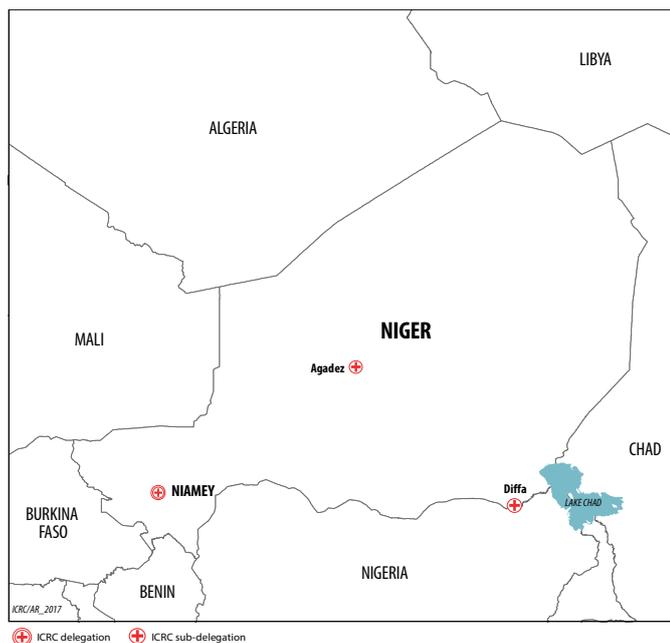
Moroccan law students tested their grasp of IHL at moot court competitions; they took part in a regional competition for the first time (see *Egypt*). ICRC support enabled several law professors and other academics to attend two advanced courses abroad (see *Lebanon* and *Tunis*), where they enhanced their understanding of IHL.

Moroccan Red Crescent staff participated in a training session with the ICRC on promoting humanitarian principles and the Movement's work.

RED CROSS AND RED CRESCENT MOVEMENT

The Moroccan Red Crescent continued to receive ICRC support for strengthening its capacities in restoring family links and conducting mine-risk education (see *Civilians*). In addition, with the ICRC's help, the National Society's first-aid team acquired equipment for first-aid training and an emergency kit for disaster response. With ICRC technical support, the National Society continued to work on incorporating the Safer Access Framework in its operations.

NIGER



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Tens of thousands of conflict-stricken people in the Diffa region had a stable supply of food and clean water, after the ICRC and the National Society distributed rations and bottled water, and the ICRC upgraded water points.
- ▶ People obtained surgical care at a hospital in Diffa, where an ICRC team was working, and primary health care at five clinics in Agadez, Diffa and Tillabery. These facilities received supplies, equipment and other ICRC support.
- ▶ The ICRC visited detainees and reported its findings to the authorities, to help them improve detainees' treatment and living conditions. After discussions with the ICRC, the health ministry expanded the health staff in two prisons.
- ▶ Vulnerable residents continued to receive livelihood support from the National Society and the ICRC. Notably, farmers and herders bought grain and animal feed at affordable prices from ICRC-backed cooperatives.
- ▶ Migrants in Agadez benefited from the Movement's family-links services; the French Red Cross, with financial assistance from the ICRC, gave them medical and psychosocial support.
- ▶ Military and security forces learnt more about their obligations under IHL and international policing standards at ICRC-led sessions. Some of their instructors honed their skills to teach these topics, at more advanced courses.

EXPENDITURE IN KCHF

Protection	2,870
Assistance	25,348
Prevention	1,671
Cooperation with National Societies	1,045
General	243
Total	31,176
<i>Of which: Overheads</i>	<i>1,919</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	36
Resident staff (daily workers not included)	191

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/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.

YEARLY RESULT

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

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	404
RCMs distributed	343
Phone calls facilitated between family members	17,290
Tracing cases closed positively (subject located or fate established)	163
People reunited with their families	59
<i>of whom unaccompanied minors/separated children</i>	58

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)

ICRC visits	
Places of detention visited	19
Detainees in places of detention visited	4,978
<i>of whom visited and monitored individually</i>	1,846
Visits carried out	106
Restoring family links	
RCMs collected	358
RCMs distributed	120
Phone calls made to families to inform them of the whereabouts of a detained relative	273

ASSISTANCE

	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	147,000	99,478
Essential household items	Beneficiaries	39,000	15,466
Productive inputs	Beneficiaries	42,480	22,608
Cash	Beneficiaries	14,400	5,676
Services and training	Beneficiaries	539,660	479,179

Water and habitat (in some cases provided within a protection or cooperation programme)

Water and habitat activities	Beneficiaries	212,260	154,729
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Health

Health centres supported	Structures	5	5
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WOUNDED AND SICK

Hospitals			
Hospitals supported	Structures	1	1

Water and habitat

Water and habitat activities	Beds	100	80
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Physical rehabilitation

Projects supported	Projects	2	3
Patients receiving services	Patients		987

CONTEXT

Niger continued to be affected by the ongoing conflict between State forces in the Lake Chad region (see *Chad, Nigeria and Yaoundé*) and factions of the armed group that calls itself Islamic State's West Africa Province (also known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad or Boko Haram). Violent encounters took place occasionally, particularly in border areas: clashes in Tillabery caused civilian and military casualties. Military and security operations also led to arrests. Niger participated in regional military coalitions, including one established recently by the G5 Sahel countries.

The security situation and other matters of concern prevented many people from returning to their communities – thousands of displaced people stayed in camps – and derailed efforts to improve or resume livelihood activities, particularly farming and herding. Tens of thousands of people struggled with food shortages and remained dependent on humanitarian assistance, especially in Diffa. Scarcity of resources exacerbated communal tensions in several areas.

Migrants passed through Niger on their way north; several thousands of them were deported from Libya and Algeria to Niger.

ICRC ACTION AND RESULTS

The ICRC worked with the Red Cross Society of Niger and other Movement partners to protect and assist people affected by armed conflict and other situations of violence in the country. As in the past, it strove to foster support for IHL and the Movement among the authorities, weapon bearers and members of civil society, particularly in order to ensure access for vulnerable people to essential services and/or humanitarian aid. Allegations of abuse were relayed to the parties concerned, to urge them to prevent the recurrence of such misconduct; the ICRC also sought to establish dialogue with armed groups. It supplemented these efforts with briefings and training events for weapon bearers on IHL and international policing standards.

Responding to food insecurity and other urgent needs, the ICRC scaled up its assistance operations in the Lake Chad region, and launched a budget extension appeal in May.¹ The ICRC focused on providing emergency aid to IDPs and vulnerable residents in Diffa; these people regularly received rations for 10 months, instead of the planned 6 months, owing to their prolonged displacement and to the lack of new arrivals. They also had sufficient clean water for drinking or other purposes, after the ICRC distributed bottled water to them and repaired or constructed water points.

Vulnerable residents continued to receive National Society and ICRC support to boost their livelihoods. Notably, farmers and herders bought grain and animal feed at affordable prices from ICRC-backed cooperatives or were provided with them directly; three associations of women farmers received milling machines. Free livestock vaccination services were available through an ICRC-supported campaign; this helped herders to maintain the health and market value of their animals. Some vulnerable women ran small businesses established with ICRC cash grants. However, fewer people than planned benefited from the above-mentioned assistance, as the region's security situation hampered the return of displaced people from Diffa and livelihood activities.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applc/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/\\$File/PA2017_LakeChad_Final.pdf](https://xnet.ext.icrc.org/applc/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/$File/PA2017_LakeChad_Final.pdf)

Support for health-care services was also reinforced. The Diffa regional hospital, supported by an ICRC medical team, continued to provide services, including treatment for wounded people. While urging the authorities to increase the size of the hospital's staff, the ICRC added three more specialists to its medical team there. Physically disabled people accessed physical rehabilitation services at facilities supported by the ICRC; these included a hospital in Zinder and the Diffa regional hospital's physiotherapy department, which were more accessible to people in southern Niger. The ICRC continued to support local clinics in providing primary health care for people in Agadez, Diffa and Tillabery; the French Red Cross, who offered these services to migrants, were also given such support.

Members of families separated by armed conflict or other violence, detention or migration stayed in touch through family-links services provided by the National Society with financial and technical support from the ICRC; 58 unaccompanied minors were reunited with their families.

The ICRC visited places of detention in accordance with its standard procedures; it conveyed its findings confidentially to the authorities concerned, to help them improve detainees' treatment and living conditions. It urged the health, interior and justice ministries to cooperate more closely in providing health services to detainees; the health ministry increased the number of health staff at two prisons. The ICRC also provided penitentiary food and health services with food supplements and medicines, to help them ensure the well-being of detainees. Inmates at several prisons had better access to clean water, air and sanitation facilities after the penitentiary authorities and the ICRC upgraded infrastructure. Briefings on good hygiene practices and provision of hygiene items helped improve detainees' living conditions.

Coordination with local authorities, community representatives, the National Society and other humanitarian organizations was crucial for preventing gaps in assistance.

CIVILIANS

The ICRC documented allegations of abuse – including sexual violence and attacks on health services – which occurred in Niger and elsewhere. Where possible, these allegations were discussed confidentially with the parties concerned, who were urged to prevent their recurrence. At an ICRC workshop, officials from the defence, health and interior ministries devised measures to ensure conflict-affected people's access to health services; the ICRC provided officials with further advice to implement these measures.

Conflict-affected households in Diffa have a stable supply of food

In Diffa, over 79,100 displaced people and residents (13,200 households) received monthly rations – including enriched cereal for children and pregnant women – from the ICRC and the National Society since March; these people continued to receive rations for 10 months instead of the planned 6 months, owing to these people's prolonged displacement and to the lack of new arrivals.

Over 92,100 people in Agadez, Diffa and Tillabery accessed clean water for drinking or agro-pastoral purposes (see below) from water points and other infrastructure constructed or upgraded by the ICRC. In Diffa, ICRC upgrades to camps of displaced people improved access to water and living conditions for about 13,000 people, some of whom were also provided with bottled water.

Some displaced households in Diffa, and about 1,500 flood-affected others (7,500 people) across Niger, received household essentials from the ICRC or the National Society.

Farmers and herders maintain their sources of food and income with the ICRC's help

Support for veterinary services in Agadez, Diffa and Tillabery helped increase the quality and market value of pastoralist households' herds. Community animal-health workers treated or vaccinated some 1.7 million heads of livestock belonging to nearly 79,800 herding households (about 478,800 people); ICRC support for this campaign included veterinary supplies, clothes, bedding and staff training, and the construction of several livestock pens. A livestock laboratory measured the impact of the campaign, by using ICRC-provided equipment to test treated livestock.

Even during the hunger gap period, farmers and herders had access to affordable and good-quality grain and animal feed from ICRC-supported cooperatives. With ICRC-provided seed and stocks, advice and some construction essentials, communities established: 18 cereal banks in Agadez, Diffa and Tillabery, which sold enough millet and maize to feed nearly 3,400 households (20,200 people); and 8 fodder banks in Tahua and Tillabery, which sold wheat bran to 1,900 households (11,500 people). The ICRC provided business training to scores of these cooperatives' managers, with a view to ensuring these cooperatives' sustainability.

In Agadez, Diffa and Tillabery, some 1,610 households (11,190 people) received seed – for staples and fodder – and other agricultural supplies; some of them learnt advanced farming practices through ICRC-supported courses. All this helped them grow more food. In addition, 817 breadwinners (supporting around 4,900 people) participated in an ICRC cash-for-work project to rehabilitate about 16 km of irrigation channels; this added to their income, and improved community infrastructure.

The ICRC gave milling machines to three associations of women farmers (about 150 members), which reduced the time and effort needed to grind cereals. Around 130 vulnerable women earned income from small businesses that they had established with ICRC cash grants; 15 physically disabled among them set up tailoring shops with additional training and supplies.

However, fewer people than planned benefited from the above-mentioned assistance, as the region's security situation hampered the return of displaced people from Diffa and livelihood activities.

IDPs, residents and migrants obtain primary health care

Primary-health-care services, including immunization and curative care, were available at two clinics in Tillabery and one each in Agadez, Diffa and Tahua. Staff at these five facilities gave nearly 47,000 consultations and facilitated hundreds of childbirths. The ICRC provided these clinics with technical guidance and equipment, and regular supplies of drugs; the clinic in Diffa was also given infrastructural and staffing support.

In Diffa, at ICRC information sessions for them, 60 female community workers were encouraged to refer women, including victims of sexual violence, to reproductive-health services.

Migrants passing through Agadez obtained health care and psycho-social support from the French Red Cross, which was assisted financially by the ICRC.

Unaccompanied minors reunite their families

Families separated by armed conflict or other violence, or by migration, reconnected through the National Society's family-links network. Notably, 58 minors – 45 of whom were formerly associated with armed groups – rejoined their families in Niger or in neighbouring countries; the ICRC followed up on those in Niger. The National Society and the ICRC closed over 160 tracing cases; some families received news of their missing relatives (see *People deprived of their freedom*). In Diffa, radio spots in four languages and posters at ten IDP/refugee sites informed potential beneficiaries of available family-links services.

The ICRC organized events which enabled the exchange of best practices in managing human remains, and helped government personnel to train in basic ante- and post-mortem data collection. These efforts helped ensure that the remains of people who had died during armed conflict or migration could be identified, and their families notified.

PEOPLE DEPRIVED OF THEIR FREEDOM

In accordance with its standard procedures, the ICRC visited detainees at 19 places of detention – including facilities run by the police, military or *gendarmérie*, and one holding members of armed groups who had surrendered to the government. Detainees held in relation to conflict and those with specific vulnerabilities were monitored individually. Afterwards, the ICRC shared its findings and recommendations confidentially with the authorities, to help them improve detainees' treatment and living conditions; it provided further guidance for senior penitentiary officials through a workshop. The ICRC continued its dialogue with the authorities on formalizing its access to detainees.

Inmates exchanged news with their relatives in Niger and elsewhere through the Movement's RCM and phone services. Over 40 minors made phone calls regularly to their families. Allegations of arrest were relayed to the detaining authorities, who confirmed some; thus, the families of nearly 100 detainees learnt their relatives' whereabouts. With the ICRC's financial assistance, 179 detainees returned home after their release.

The health ministry appoints additional health personnel at two prisons

In its discussions with national authorities, the ICRC emphasized the need for the health, interior and justice ministries to coordinate in providing health services to detainees. The health ministry subsequently appointed an official to deal with these matters, and expanded the health staff at the Kollo and Koutakalé prisons; however, a shortage of personnel continued to limit health care in other prisons. Government officials began drafting a decree to formalize cooperation between the health and justice ministries in providing health care for detainees.

The ICRC supported penitentiary food and health services in ensuring the well-being of detainees in four prisons. Over 1,600 malnourished detainees benefited from therapeutic feeding by the authorities, and at the Kollo prison, detainees' meals were fortified with ICRC-supplied foodstuffs. The ICRC sourced its supplies locally, to facilitate the authorities' full takeover of these activities. During emergencies, the ICRC provided medicines at several prisons; it also refurbished the infirmaries at the Kollo and Niamey prisons.

The penitentiary authorities and the ICRC upgraded infrastructure at five places of detention holding nearly 3,600 detainees. Inmates there had better access to clean water, air and sanitation facilities. Repairs to storage facilities helped maintain or improve the quality of food. The ICRC supported prison hygiene committees with advice and some supplies; all this led to more sanitary living conditions.

WOUNDED AND SICK

In remote areas of Tillabery, first responders, including National Society volunteers, were given first-aid training (see *Red Cross and Red Crescent Movement*), to help ensure that casualties can receive on-site care. A few people wounded during clashes in Tillabery (see *Context*) received life-saving care within 48 hours at a health centre and/or at a hospital in Niamey, after the ICRC had facilitated their evacuation.

Casualties in Diffa receive care

The Diffa regional hospital, aided by an ICRC medical team, performed 791 operations; 189 of these were for wounded people. The ICRC added a surgeon, a physiotherapist and a laboratory technician to its medical team while urging the health authorities to expand the hospital's staff. Training for staff and the renovation of key facilities – such as a surgical ward and the physiotherapy department – further bolstered the hospital's capacities. At the ICRC's suggestion, hospital staff established a committee for managing waste, which helped reduce the risk of contagion.

Medical personnel sharpened their skills through ICRC-supported training: a five-day study visit to the Diffa hospital for three doctors from Tillabery, and a war-surgery course at a Niamey university for 33 civilian and military surgeons. A medical student researched war-surgery techniques – drawing on cases treated at the Diffa hospital – with ICRC financial support.

In remote areas, disabled people regain some mobility

Physically disabled people – notably amputees – received assistive devices and/or physical rehabilitation services either from a hospital in Niamey, which took in patients from remote areas, or from an association of disabled people in Agadez. People in southern Niger could more easily access these services at an ICRC-supported hospital in Zinder or at the Diffa hospital's physiotherapy department (see above). The ICRC provided these centres with supplies, equipment, and staff training, regularly. It covered food, transport and accommodation expenses for 69 people being treated at these centres for wounds caused by gunshots, mines or explosive remnants of war.

The ICRC urged the authorities to better reflect disabled peoples' needs in public-health policies. NGOs, the national sports federation and the ICRC discussed ways to promote disabled people's social inclusion.

ACTORS OF INFLUENCE

Members of multinational forces familiarize themselves with IHL

In cooperation with the military and police authorities, the ICRC organized training sessions, for officers of various ranks, on IHL and international policing standards. It also maintained dialogue with parties who could relay humanitarian messages to armed groups. Through these activities, the ICRC promoted the protection for people who were not or were no longer involved in hostilities.

About 3,600 military and security forces personnel stationed in Diffa and elsewhere – including members of Nigerien special forces and of the G5 Sahel joint military force, and some 300 Chadian troops – attended ICRC briefings on IHL. Advanced IHL courses were organized for 370 military cadets. Three military officers, sponsored by the ICRC, attended a course abroad, at which they learnt how to incorporate IHL more fully in operational planning.

Some 120 instructors from the police, *gendarmerie* and national guard took part in an advanced course on teaching international policing standards – notably those concerning the use of force during arrests and detention, and protection for civilians, including migrants. This helped them train security forces personnel to apply these standards.

The Nigerien authorities continued to draw on the ICRC for advice in drafting a bill regulating the sale of weapons, which would include provisions of the Arms Trade Treaty and of a regional convention on small arms that Niger had already ratified. A number of government officials, sponsored by the ICRC, attended a regional meeting on IHL implementation and one on prohibiting nuclear weapons (see *Nigeria and Pretoria*). The authorities also drew on ICRC expertise to review existing legislation and State policies protecting health-care services. Overall progress in IHL implementation remained limited.

Religious and community leaders examine the points of correspondence between Islamic law and IHL

To foster support for IHL and the Movement, and facilitate the provision of humanitarian aid to vulnerable people, the ICRC sought to be in regular contact with the authorities, weapon bearers and members of civil society. Over 1,000 community and religious leaders took part in ICRC conferences on IHL in Diffa, Maradi, Tillabery and Zinder; these events focused on the necessity of protecting civilians and ensuring their access to essential services, such as health care and provision of clean water. The Islamic University of Niger and the ICRC organized a regional conference in November; for the second consecutive year, the event brought together Islamic scholars and clerics – 36 from 16 countries – to discuss the issues mentioned above within a context that included both Islamic law and IHL. University students tested their knowledge of IHL at a moot court competition abroad (see *Abidjan*).

Around 30 members of the media, including radio journalists from Diffa, learnt about humanitarian principles and Movement activities, and about the situation in Niger, during a workshop organized by the National Society and the ICRC. Radio stations broadcast programmes produced by the ICRC to remote areas, which helped ensure that conflict-affected people there knew of the humanitarian services available to them. One such radio station in Bosso resumed broadcasting, after the ICRC repaired the damage inflicted on it by the fighting.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of Niger assisted people affected by armed conflict or disasters. As its main partner in the country, the ICRC supported its activities through various means. For example, financial and infrastructural support from the ICRC enabled the National Society to establish an office in Diffa, to facilitate its activities for IDPs there. The ICRC also helped fund the National Society's response to a hepatitis E outbreak in areas along the Niger–Nigeria border, including Bosso and supplied it with stretchers for evacuating casualties of emergencies.

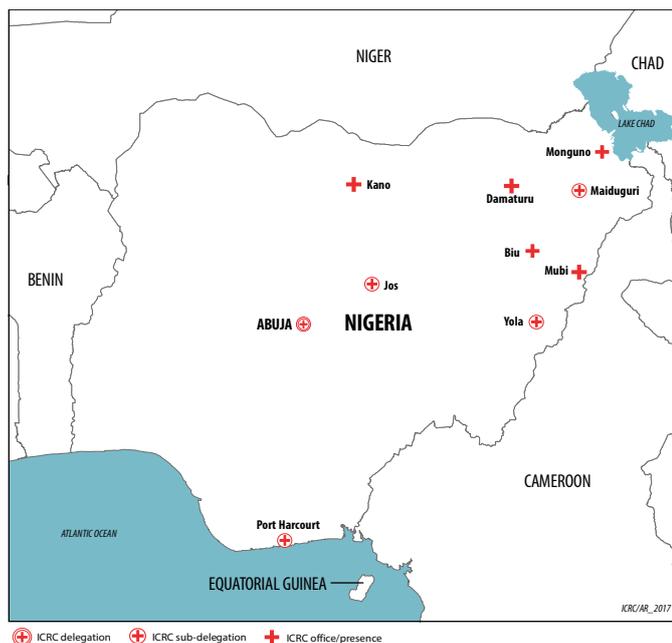
Financial and technical assistance from the ICRC enabled the National Society to organize workshops on the Safer Access Framework for first-aiders assigned to religious and cultural events in Tillabery and Tahua, and to provide insurance coverage for some 1,000 volunteers; National Society volunteers were safer because of these measures. The various Movement components in Niger met regularly to coordinate their activities and adapt them to evolving security conditions and humanitarian needs.

The National Society and the ICRC promoted humanitarian principles and the Movement's work. With technical guidance from the ICRC and other Movement partners, the National Society completed the revision of its statutes and its other internal regulations.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		404	91		
RCMs distributed		343	70		
Phone calls facilitated between family members		17,290			
Reunifications, transfers and repatriations					
People reunited with their families		59			
	<i>including people registered by another delegation</i>	1			
People transferred or repatriated		56			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		285	26	34	33
	<i>including people for whom tracing requests were registered by another delegation</i>	18			
Tracing cases closed positively (subject located or fate established)		163			
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)		314	31	53	62
	<i>including people for whom tracing requests were registered by another delegation</i>	61			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		87	11		58
UAMs/SC reunited with their families by the ICRC/National Society		58	2		45
	<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		64	20		10
Documents					
Official documents delivered across borders/front lines		29			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		19			
Detainees in places of detention visited		4,978	188	266	
Visits carried out		106			
			Women	Girls	Boys
Detainees visited and monitored individually		1,846	37	14	68
	<i>of whom newly registered</i>	447	14	10	21
RCMs and other means of family contact					
RCMs collected		358			
RCMs distributed		120			
Phone calls made to families to inform them of the whereabouts of a detained relative		273			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	99,478	24,882	49,714
	<i>of whom IDPs</i>	68,830	17,211	34,408
Essential household items	Beneficiaries	15,466	5,782	4,857
	<i>of whom IDPs</i>	46	15	16
Productive inputs	Beneficiaries	22,608	7,002	9,236
	<i>of whom IDPs</i>	1,050	263	524
Cash	Beneficiaries	5,676	754	208
	<i>of whom IDPs</i>	3,649	472	182
Services and training	Beneficiaries	479,179	136,749	222,427
	<i>of whom IDPs</i>	3		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	154,729	78,912	46,419
	<i>of whom IDPs</i>	26,303	13,415	7,891
Health				
Health centres supported	Structures	5		
Average catchment population		75,460		
Consultations		46,973		
	<i>of which curative</i>	39,784	7,789	26,542
	<i>of which antenatal</i>	7,189		
Immunizations	Patients	13,896		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	9,463		
Referrals to a second level of care	Patients	333		
	<i>of whom gynaecological/obstetric cases</i>	74		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	5,204	56	82
Cash	Beneficiaries	179	4	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,599	108	72
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound cases	189	5	13
	Non-weapon-wound cases	315		
Operations performed		791		
Consultations		1,187		
Patients whose hospital treatment has been paid for by the ICRC		430		
Water and habitat				
Water and habitat activities	Beds	80		
Physical rehabilitation				
Projects supported	Projects	3		
Patients receiving services	Patients	987	166	425
New patients fitted with prostheses	Patients	168	36	15
Prostheses delivered	Units	152	29	17
	<i>of which for victims of mines or explosive remnants of war</i>	69	4	4
New patients fitted with orthoses	Patients	523	71	317
Orthoses delivered	Units	414	49	297
Patients receiving physiotherapy	Patients	247	51	31
Walking aids delivered	Units	220	19	21
Wheelchairs or tricycles delivered	Units	60	16	6

NIGERIA



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Returnees in the north-east resumed farming with seed and tools from the National Society and the ICRC. Widows and other vulnerable women in Maiduguri and Port Harcourt started small businesses with ICRC cash grants.
- ▶ Some isolated IDPs and residents benefited from aid distributions, which the National Society and the ICRC extended to newly accessible parts of the north-east that others could not easily reach. Security remained a concern.
- ▶ More people obtained health services, such as antenatal care and treatment for acute malnutrition, as the ICRC scaled up support for clinics in the north-east. ICRC-trained personnel counselled victims of conflict-related trauma.
- ▶ People in the north-east and Middle Belt – IDPs and residents – benefited from water, sanitation and shelter facilities repaired or built by the ICRC. In the south, such projects helped lessen tensions over limited resources.
- ▶ The ICRC acted as a neutral intermediary in the handover, to the authorities, of 82 girls who had been kidnapped from Chibok in 2014. It also advised the authorities on the social reintegration of all 104 girls in their care.
- ▶ The ICRC visited detainees, including people held in connection with the conflict, to check on their well-being. It helped the authorities when necessary, for example, by giving food for malnourished inmates.

EXPENDITURE IN KCHF

Protection	7,737
Assistance	76,618
Prevention	4,075
Cooperation with National Societies	6,604
General	386
Total	95,419
<i>Of which: Overheads</i>	<i>5,725</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	111
Resident staff (daily workers not included)	470

Active in Nigeria during the Biafran war (1966–1970), the ICRC established a delegation in the country in 1988. It seeks to protect and assist the people affected by emergencies throughout the country, paying particular attention to those caught up in the conflict in the north-east; it also visits detainees. It works closely with the National Society and supports its capacity-building efforts in emergency preparedness and restoring family links. Working with the authorities, the armed forces and the police, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	416
RCMs distributed	451
Phone calls facilitated between family members	2,139
Tracing cases closed positively (subject located or fate established)	206
People reunited with their families	72
<i>of whom unaccompanied minors/separated children</i>	65
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	33
Detainees in places of detention visited	28,021
<i>of whom visited and monitored individually</i>	8,071
Visits carried out	92
Restoring family links	
RCMs collected	256
RCMs distributed	81
Phone calls made to families to inform them of the whereabouts of a detained relative	35

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 300,000	407,388
Essential household items	Beneficiaries 150,000	70,860
Productive inputs	Beneficiaries 480,000	503,250
Cash	Beneficiaries 60,000	175,818
Services and training	Beneficiaries 12,000	45
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 1,610,000	1,080,569
Health		
Health centres supported	Structures 25	31
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 1	11
Water and habitat		
Water and habitat activities	Beds 820	500
Physical rehabilitation		
Projects supported	Projects 2	1
Patients receiving services	Patients	215

CONTEXT

The conflict between Nigerian forces and factions of the armed group known as Boko Haram, 'Islamic State's West Africa Province' and/or Jama'atu Ahlus-Sunnah Lidda'Awati Wal Jihad continued. Skirmishes and bombings occurred in Nigeria's north-eastern states – mainly Adamawa, Borno and Yobe – and neighbouring countries (see *Chad, Niger and Yaoundé*). The humanitarian consequences included: mass and repeated displacement; alleged abuses; disrupted livelihoods; severe food insecurity; and injuries, deaths and arrests. Cameroon, Chad and Niger also continued to fight the group, individually and as members of the Multinational Joint Task Force.

Parts of the north-east continued to be retaken by Nigerian forces. Some people attempted to return home, and more communities became accessible to humanitarian organizations. However, security constraints still limited access to some areas, and a large number of people remained displaced within Nigeria – mostly in host communities – or in neighbouring countries.

Communal violence, due mainly to disputes over resources, continued to take place in states in or near Nigeria's Middle Belt. Violence related to criminality, and to resurgent militancy and secessionism, persisted in the south.

Economic and other domestic challenges notwithstanding, Nigeria continued to play a key role in addressing regional peace and security issues, through the Economic Community of West African States (ECOWAS).

ICRC ACTION AND RESULTS

The ICRC scaled up its activities for people in north-eastern Nigeria, where it was one of the main humanitarian actors, and continued to provide some assistance in the Middle Belt and the south; it often worked with the Nigerian Red Cross Society and the authorities. It launched a budget extension appeal¹ for its activities in the north-east.

The ICRC documented allegations of violations of IHL and other unlawful conduct. It relayed them to the pertinent parties to prevent their recurrence, when such misconduct had taken place. It also reminded these parties of their obligations, under IHL and other norms, with regard to the conduct of hostilities and the necessity of protecting civilians and providing or facilitating access to basic services, especially health care.

IDPs, residents and returnees received emergency relief from the ICRC and the National Society, which prioritized isolated communities in areas that other organizations had difficulty reaching; in places with functioning markets, people were given cash instead of or in addition to in-kind assistance. Where feasible, the ICRC helped people strengthen their resilience to the effects of violence, by supporting income-generating activities: returnee farmers were given seed and tools, and widows and other vulnerable breadwinners, cash grants for businesses. Targets for some assistance activities, such as distributions of household essentials, were not met because resources were reallocated to food and other more urgent needs.

Other initiatives improved people's access to water, sanitation and shelter facilities. For example, the ICRC upgraded facilities in IDP camps and some violence-affected host communities in the north-east and Middle Belt, and provided returnees with materials for rebuilding their homes. In Port Harcourt, such projects helped mitigate risks to people's safety. Other projects were still underway at year's end because of administrative and security constraints.

The ICRC increased its support for clinics in the north-east, which helped widen the availability of health services, such as antenatal care and treatment for severe malnutrition. ICRC-trained volunteers counselled people suffering from conflict-related trauma, including sexual violence. ICRC-trained responders, mainly National Society personnel, administered first aid throughout Nigeria. Wounded people were treated at ICRC-supported hospitals: ICRC medical personnel performed operations and trained staff at the hospital in Maiduguri.

In coordination with Movement components in neighbouring countries, the National Society and the ICRC expanded family-links services in the north-east. Some unaccompanied minors were reunited with their families. The ICRC also supported the authorities' efforts to establish a registry of missing people and revise policies for managing human remains.

The ICRC acted as a neutral intermediary in the handover, to the authorities, of 82 girls kidnapped from Chibok in 2014. Afterwards, it visited these girls, and the 22 others from Chibok who had been handed over previously and were in the government's care; it also gave the authorities technical support for the girls' social reintegration.

The ICRC visited detainees, in accordance with its standard procedures, and monitored their well-being, paying particular attention to security detainees; it also continued to seek access to all detainees. With ICRC assistance, penitentiary authorities transferred inmates' case files into a database, to expedite judicial procedures. The ICRC also gave food for malnourished inmates and helped the authorities upgrade prison infrastructure.

Briefings for officials, weapon bearers, community leaders, the media and other key parties broadened awareness of, and helped facilitate, the Movement's work. The ICRC continued to work with Nigerian officials and ECOWAS to advance IHL implementation in Nigeria and throughout the region. The African Union Convention on IDPs was a subject of discussion with lawmakers.

The National Society strengthened its capacities with ICRC support.

CIVILIANS

The ICRC scaled up its activities for people affected by the conflict in north-eastern Nigeria, where it was one of the main humanitarian actors, and continued to provide some assistance to those affected by violence in the Middle Belt and the south; it often worked with the National Society and the authorities, including the agriculture, health and water ministries.

Communities discuss their protection concerns with the ICRC

The ICRC continued to strengthen its efforts to document the protection concerns of civilians, particularly in the north-east

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/\\$File/PA2017_LakeChad_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/$File/PA2017_LakeChad_Final.pdf)

and south, in order to prevent the recurrence of unlawful conduct alleged to have taken place. It gave the parties concerned written and oral reports about their obligations under IHL and other norms with regard to the conduct of hostilities and the necessity of: protecting civilians, especially women and children; facilitating access to or improving the provision of basic services; and safeguarding medical personnel and facilities. Concerns were also raised during events (see *Actors of influence*) for weapon bearers, government officials and traditional or religious leaders; discussions with lawmakers covered the implementation of the African Union Convention on IDPs.

The ICRC worked with selected communities in Maiduguri and Port Harcourt to identify the main threats to their safety and activities to mitigate these; it then gave support for these activities, including cash grants for vulnerable women, upgrades to water infrastructure, and first-aid seminars.

Aid distributions help people in newly accessible communities meet some immediate needs

The National Society and the ICRC provided material aid to isolated communities in newly accessible areas of north-eastern Nigeria that other organizations had difficulty reaching. Activities for people assisted by the ICRC in 2016 were handed over to the WFP and other organizations.

Around 407,300 IDPs, returnees and residents (67,900 households) received up to six months' worth of food, and in some cases, therapeutic food for acute malnutrition; in places with functioning markets, about 44,000 people (7,300 households) were given cash instead of or in addition to in-kind assistance, which allowed them to choose what to buy and stimulated local commerce. Post-distribution evaluations conducted by other organizations showed that the households were able to diversify their diet and mitigate their risk of malnutrition. Vulnerable children were referred to ICRC-supported clinics for treatment (see below).

Some 70,800 people (11,800 households) received essential items – tarpaulins, blankets and hygiene products – that helped them ease their living conditions.

Returnees resume farming and women in urban areas start small businesses with the ICRC's help

Where feasible, the ICRC sought to strengthen communities' resilience to the effects of violence by supporting income-generating activities. As thousands of IDPs returned home, the ICRC gave them seed and tools, or vouchers for these, enabling around 83,800 households (503,200 people) to resume farming. Roughly 22,000 households (131,700 people) in urban areas of north-eastern and south-eastern Nigeria – most of which were headed by widows and other vulnerable breadwinners – received cash grants for small businesses.

The ICRC carried out its economic security activities using electronic tools for data collection and other new technologies – which helped it work more efficiently, for instance, by speeding up distributions. Targets for some assistance activities, such as distributions of household essentials, were not met because resources were reallocated to food and other more urgent needs, given the evolution of the situation.

IDPs, returnees and residents gain access to water and sanitation facilities

The ICRC worked with the National Society and the authorities to improve the living conditions of people throughout Nigeria. Roughly 1,080,000 people benefited from their initiatives – in some cases, from numerous activities. Other projects were still underway at year's end because of administrative and security constraints.

At IDP camps in north-eastern Nigeria, the ICRC's efforts resulted in better access to water for around 335,000 people, and more sanitary living conditions for 109,000. The ICRC renovated or built water-supply systems, showers, latrines and kitchen facilities; provided fuel and maintained generators; and conducted hygiene- and sanitation-promotion campaigns. Occasionally, it also trucked in water until facilities were renovated or constructed.

In host communities in the north-east and the Middle Belt, around 42,000 returnees and residents had better access to water after solar-powered pumps and other items of infrastructure were upgraded or installed, and committees for maintaining these facilities and promoting hygiene, established. The ICRC also trained technicians in maintenance. In Maiduguri, it helped upgrade the electrical system of a water-treatment plant; 500,000 people benefited. In Port Harcourt, about 16,000 people also benefited from improvements to water facilities, which mitigated tensions caused by disputes over resources, and the installation of street lights, which helped reduce safety risks.

The ICRC put up tents and other provisional shelters for about 74,000 people at camps and in host communities. Some 17,400 returnees in Adamawa and the Middle Belt repaired or rebuilt their homes with tools and materials from the ICRC, such as stabilized-soil bricks.

Malnourished children and victims of trauma receive specialized care

The ICRC continued to expand its assistance for primary-health-care facilities in newly accessible areas of north-eastern Nigeria. This enabled people to obtain health services at 31 fixed or mobile health centres, where roughly 581,800 curative and 128,000 antenatal consultations took place. Furthermore, around 2,300 people were referred to nearby hospitals for further care; among them were 20 victims of sexual violence, who received post-exposure prophylactic treatment before being referred. Also at these centres, roughly 9,700 children under the age of five received outpatient treatment for severe acute malnutrition. Around 400 malnourished children were admitted to an ICRC-run stabilization centre in Biu.

Support for these centres included equipment, furniture, and supplies, and financial incentives and training for their staff. The ICRC also made improvements to infrastructure at six centres – for instance, by installing incinerators for the sanitary disposal of medical waste – and set up temporary structures for four mobile clinics. In cooperation with the authorities and the Swiss Tropical and Public Health Institute, the ICRC trained staff at some facilities in the use of mobile device-based software containing standardized disease-management protocols that aimed to enhance the quality of care for children under the age of five; about 3,300 children were treated with the help of this tool.

To help people reduce their risk of disease, the ICRC helped the centres establish committees for ensuring sanitation and promoting public-health messages. ICRC delegates and ICRC-trained National Society and community volunteers conducted awareness-raising campaigns to help the authorities protect people from meningitis after an outbreak was declared in March.

Roughly 9,100 people – including patients at an ICRC-supported hospital (see *Wounded and sick*) and National Society personnel who had responded to emergencies – were counselled by ICRC staff or ICRC-trained community and National Society volunteers. This helped them cope with traumatizing conflict-related experiences, including sexual violence.

Unaccompanied minors are reunited with their families

The National Society and the ICRC, in coordination with Movement components in the Lake Chad region (see *Chad, Niger and Yaoundé*), continued to expand family-links services in the north-east; 65 children were reunited with their families.

The ICRC acted as a neutral intermediary in the handover, to the authorities, of 82 girls kidnapped from Chibok in 2014. Afterwards, it visited these girls, and the 22 others from Chibok who had been handed over previously and were in the government's care; it also gave the authorities technical support for the girls' social reintegration.

The ICRC provided IT equipment, expert advice and other support for the national committee in charge of establishing a database of missing persons. With a view to helping resolve missing-persons cases, the ICRC provided a working group on forensics with support for developing national guidelines and policies for managing human remains.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited people held by the Nigerian Prisons Service (NPS), the police and the military; 8,074 particularly vulnerable detainees, such as security detainees, were monitored individually. Findings and recommendations from these visits, which were conducted in line with standard ICRC procedures, were communicated confidentially to the authorities, to help them improve detainees' living conditions and treatment, including respect for judicial guarantees and procedural safeguards. The ICRC also continued to seek access to more detainees, including others held in connection with the conflict, through dialogue with the authorities concerned.

Joint ICRC-NPS working groups strove to improve health care in detention and prison infrastructure, and promote respect for judicial guarantees. At one prison, ICRC-trained staff transferred detainees' case files into a database, to expedite judicial procedures. NPS personnel attended workshops on internationally recognized standards for treating detainees, and for maintaining prison infrastructure; at three prisons, the ICRC helped establish technical committees for dealing with such matters.

Malnourished inmates receive supplementary rations and therapeutic food

When necessary, the ICRC gave the authorities material support for dealing with emergencies and for improving detainees' living conditions. The ICRC provided supplementary rations and therapeutic food for roughly 10,300 detainees suffering from or at risk of malnutrition. About 14,000 people benefited from various

water and habitat projects; for instance, the ICRC installed septic tanks, built outdoor areas, renovated prison infirmaries and kitchens, and conducted sanitation- and hygiene-promotion campaigns. Around 21,200 detainees also received blankets, hygiene supplies, basic medicines, and other essentials.

Detainees contacted their relatives through ICRC family-links services.

WOUNDED AND SICK

Thousands of casualties of bombings and other emergencies were attended to and/or evacuated by ICRC-trained first responders, mainly National Society and community volunteers. Some 3,500 people throughout Nigeria – National Society personnel, community members, weapon bearers, and members of religious organizations – trained in first aid at ICRC-organized courses and simulation exercises.

ICRC teams continue to provide surgical treatment

A growing number of people were referred from various parts of Borno and Yobe to the State Specialist Hospital in Maiduguri (SSH-M); the ICRC thus focused on supporting this facility so that weapon-wounded people could get treatment. This support included supervision and training from two ICRC surgical teams and upgrades to the facilities of the SSH-M for instance, the ICRC renovated the mortuary and 62-bed paediatric ward, and installed an incinerator for waste disposal. The two teams also made outreach visits to host communities near ICRC-supported facilities (see *Civilians*) to identify prospective patients, who were referred to the SSH-M; occasionally, the teams also went to other hospitals to help them deal with mass-casualty situations.

Elsewhere, nine hospitals were provided with medical supplies for mass-casualty emergencies; upgrades to their facilities were postponed because of the need to prioritize SSH-M. At an ICRC-supported physical rehabilitation centre at a hospital in Kano, 192 people were fitted with prostheses.

ICRC seminars enabled 230 doctors to develop their capacities in trauma management and war surgery.

ACTORS OF INFLUENCE

Contact with various actors helped to cultivate support for the ICRC and facilitate its work. Tens of thousands of people – community members, traditional and religious leaders, local officials and weapon bearers – learnt more about the Movement and its activities in Nigeria through information sessions and other events organized by the ICRC, in some cases, with the Nigerian Red Cross Society. Members of the local and the international media used briefings and communication materials from the ICRC to broaden public awareness of its work – for instance, its role in the handover of the girls kidnapped from Chibok (see *Civilians*).

Military and security forces personnel learn about IHL

The situation in the north-east, the Middle Belt and the south made it more necessary than ever to promote respect for IHL and other applicable norms among all parties concerned. However, some obstacles remained in place, particularly in relation to dialogue with armed groups in the north-east.

At ICRC information sessions throughout Nigeria, some 12,000 military and police personnel – including troops in the north-east – developed their understanding of IHL and/or

international law enforcement standards. Some of these sessions were combined with first-aid training (see *Wounded and sick*). Such sessions were also held for 34 senior officials from the ECOWAS Standby Force.

Messages related to the Health Care in Danger project were incorporated in first-aid workshops and other events (see above). A working group in Rivers state took steps to promote these messages, and to gather data on attacks against health-care workers. In Abuja, the ICRC also organized a round-table on these topics for medical staff, local officials and others concerned.

Senior officials and the ICRC discuss implementation of the African Union Convention on IDPs

In its discussions with the authorities, the ICRC stressed the importance of implementing the African Union Convention on IDPs. To support the authorities' efforts, the ICRC continued to share a report that it published in 2016 – which contained concrete recommendations in this regard – with members of the National Assembly and officials at local and national levels.

ECOWAS and the ICRC hosted an annual seminar to promote implementation of IHL and IHL-related treaties, including the Arms Trade Treaty. At the seminar, they presented a joint report on States' progress in treaty implementation to approximately 80 ambassadors, parliamentarians and other officials from ECOWAS Member States and donor countries; participants were also briefed on regional issues of humanitarian concern and the activities of ECOWAS and the ICRC.

Lecturers and students from several universities received support for teaching and studying IHL. Some scholars, sponsored by the ICRC, attended events abroad (see *Niger*, for instance) on the points of correspondence between IHL and Islamic law.

RED CROSS AND RED CRESCENT MOVEMENT

The Nigerian Red Cross strengthened its operational capacities with the ICRC's support, which included workshops and/or on-the-job training for National Society personnel in such areas as: the Safer Access Framework, at fifteen branches; providing first aid, family-links services and psychosocial support; implementing economic-security and water-and-sanitation activities; and addressing weapon contamination. The ICRC also donated nine vehicles and helped the National Society renovate, construct and/or furnish 15 offices.

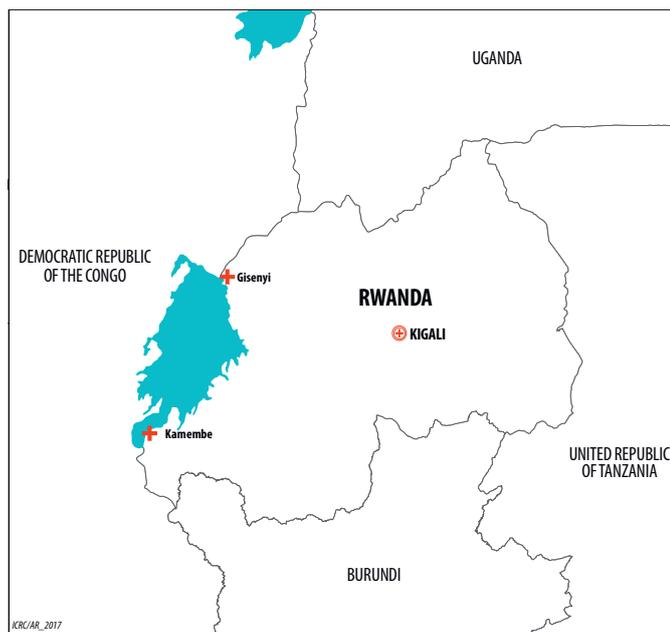
To support the National Society's organizational development, the ICRC trained its personnel in financial management, and helped it implement systems for managing and reporting on projects and for managing its volunteer database. National Society representatives, sponsored by the ICRC, attended Movement events abroad – such as a conference on the Health Care in Danger project, and a meeting of legal advisers. The National Society also received support for strengthening its public-communication capacities.

The ICRC, the International Federation and other Movement components in the Lake Chad region coordinated their activities, with a view to improving communication and cooperation within the Movement, including in connection with fundraising and cross-border activities. The ICRC also gave the International Federation financial support for its activities in north-eastern Nigeria, and helped the National Society engage other Movement components to discuss joint initiatives.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		416	41		
RCMs distributed		451	17		
Phone calls facilitated between family members		2,139			
Reunifications, transfers and repatriations					
People reunited with their families		72			
	<i>including people registered by another delegation</i>	41			
People transferred or repatriated		87			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		8,650	1,021	2,427	1,211
	<i>including people for whom tracing requests were registered by another delegation</i>	41			
Tracing cases closed positively (subject located or fate established)		206			
	<i>including people for whom tracing requests were registered by another delegation</i>	13			
Tracing cases still being handled at the end of the reporting period (people)		13,376	1,328	4,379	3,458
	<i>including people for whom tracing requests were registered by another delegation</i>	100			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		166	73		
UAMs/SC reunited with their families by the ICRC/National Society		65	17		11
	<i>including UAMs/SC registered by another delegation</i>	40			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		456	176		23
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		33			
Detainees in places of detention visited		28,021	1,037	827	
Visits carried out		92			
			Women	Girls	Boys
Detainees visited and monitored individually		8,071	477	70	493
	<i>of whom newly registered</i>	3,312	332	56	299
RCMs and other means of family contact					
RCMs collected		256			
RCMs distributed		81			
Phone calls made to families to inform them of the whereabouts of a detained relative		35			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	407,388	150,084	164,406
	<i>of whom IDPs</i>	138,541	49,989	57,825
Essential household items	Beneficiaries	70,860	18,041	38,692
	<i>of whom IDPs</i>	48,728	11,562	27,466
Productive inputs	Beneficiaries	503,250	146,522	201,718
	<i>of whom IDPs</i>	15,394	5,377	6,238
Cash	Beneficiaries	175,818	61,252	80,378
	<i>of whom IDPs</i>	131,335	47,651	58,309
Services and training	Beneficiaries	45	15	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,080,569	551,090	529,479
Health				
Health centres supported	Structures	31		
Average catchment population		753,311		
Consultations		710,364		
	<i>of which curative</i>	581,834	170,663	316,474
	<i>of which antenatal</i>	128,530		
Immunizations	Patients	1,056,748		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	771,811		
Referrals to a second level of care	Patients	2,382		
	<i>of whom gynaecological/obstetric cases</i>	529		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	10,325	476	792
Essential household items	Beneficiaries	21,287	3,260	813
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	14,000	280	280
Health				
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	662	97	174
	Non-weapon-wound admissions	25		
	Operations performed	2,871		
Gynaecological/obstetric admissions		669	365	6
Consultations		2,010		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		916		
Weapon-wound admissions (surgical and non-surgical admissions)		227	23	48
Weapon-wound surgeries performed		173		
Patients whose hospital treatment was paid for by the ICRC		553		
First aid				
First-aid training				
	Sessions	146		
	Participants (sum of monthly data)	3,546		
Water and habitat				
Water and habitat activities	Beds	500		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		215	31	16
New patients fitted with prostheses	Patients	192	27	14
Prostheses delivered	Units	190	27	13
New patients fitted with orthoses	Patients	2		2
Orthoses delivered	Units	2		2
Walking aids delivered	Units	131	22	12

RWANDA



KRC/AR_2017
 ⊕ ICRC delegation ⊕ ICRC office/presence

Having worked in the country since 1960, the ICRC opened a delegation in Rwanda in 1990. It visits detainees held in central prisons and places of temporary detention such as police stations and military facilities, while supporting the authorities in improving detainees' living conditions. It helps reunite children and their families who were separated in relation to the genocide and its aftermath, or to violence in neighbouring countries, such as Burundi or the Democratic Republic of the Congo. The ICRC works with the authorities to incorporate IHL into domestic legislation. It supports the development of the Rwandan Red Cross.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ People who had fled Burundi, including minors, and others separated from their families contacted or rejoined their relatives through the Movement's family-links services.
- ▶ Detainees benefited from ICRC-supported projects at central prisons to renovate or build/install biogas systems, cooking stoves, kitchens, toilets and sleeping spaces.
- ▶ To improve health care in prisons, detaining authorities, with the ICRC's help, trained health staff in such areas as managing health-related data; they also urged the health ministry to include detainees in its national programmes.
- ▶ Government officials and other key actors learnt more about IHL and humanitarian issues in the region, at ICRC events; during a conference in Rwanda, they called for better protection for civilians during conflicts in urban areas.
- ▶ The Rwandan Red Cross, aided by the ICRC, became more capable of providing family-links and emergency services; its staff and volunteers were trained in various areas, including the Safer Access Framework.

EXPENDITURE IN KCHF

Protection	2,589
Assistance	1,486
Prevention	789
Cooperation with National Societies	498
General	55
Total	5,417
<i>Of which: Overheads</i>	<i>330</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	15
Resident staff (daily workers not included)	69

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3,560
RCMs distributed	3,858
Phone calls facilitated between family members	69,513
Tracing cases closed positively (subject located or fate established)	119
People reunited with their families	51
<i>of whom unaccompanied minors/separated children</i>	51
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	30
Detainees in places of detention visited	70,529
<i>of whom visited and monitored individually</i>	163
Visits carried out	78
Restoring family links	
RCMs collected	1,640
RCMs distributed	1,151
Phone calls made to families to inform them of the whereabouts of a detained relative	390

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	51
Essential household items	Beneficiaries	280
Cash	Beneficiaries	15

CONTEXT

Rwanda continued to host people who had fled neighbouring countries, notably Burundi. About 90,000 people from Burundi were said to be in Rwanda – mainly at four transit centres and the Mahama refugee camp in the Eastern Province or in the city of Kigali and the Huye district. Some 75,000 refugees from the Democratic Republic of the Congo (hereafter DRC; see *Congo, Democratic Republic of the*) were also in Rwanda.

Former weapon bearers of Rwandan origin, including children, continued to be repatriated from the DRC, as part of the demobilization process there. Ex-members of the M23 armed group from the DRC were accommodated in facilities run by the Ministry of Disaster Management and Refugee Affairs (MIDIMAR).

The security and justice sector reforms announced in 2016 passed into law: responsibility for the Rwanda National Police (RNP) and the Rwanda Correctional Service (RCS) shifted from the interior to the justice ministry; the new legislation also required the establishment of an investigation bureau, forensic laboratory, and law enforcement academy.

Rwanda continued to contribute troops to various peace-support missions in the Central African Republic, Haiti, Mali, South Sudan and Sudan. It continued to cooperate closely with other countries in security matters: for instance, it hosted a military exercise for 14 countries contributing troops to the African Capacity for Immediate Response to Crises, and took part in joint/regional military exercises.

ICRC ACTION AND RESULTS

The ICRC's delegation in Rwanda continued to focus on: visiting detainees and working with the authorities to improve detainees' treatment and living conditions; and restoring family links, jointly with the Rwandan Red Cross, which was also given help to strengthen its operational capacities.

The ICRC visited detainees in prisons and police facilities in accordance with its standard procedures, to monitor their treatment and living conditions. ICRC delegates followed up some of them individually: certain inmates detained on security-related charges and former weapon bearers, including minors. Detaining authorities were given technical support and training to ensure that inmates' treatment and living conditions were in line with internationally recognized standards; the ICRC also urged them to work with health and judicial bodies on detention-related concerns. The RCS advocated the inclusion of detainees in national health strategies and programmes; this led to the health ministry agreeing to conduct medical screening and vaccination campaigns in prisons. With encouragement and technical support from the ICRC, the RCS moved towards developing a national penitentiary policy; it held discussions with the health ministry on drafting guidelines for managing malnutrition in prisons.

Detainees benefited from projects – undertaken with ICRC support – to improve facilities at the central prisons. With ICRC assistance, the RCS continued to implement a project at two pilot sites to improve nutrition and hygiene, and to prevent and control the spread of disease; it renovated and expanded health facilities at the two sites. ICRC training enabled health staff from all the

central prisons to develop their ability to manage health-related data, deal with mental-health issues among detainees, and administer vaccines.

Detainees contacted their families – or consular representatives, in the case of foreigners – through the Movement's family-links services.

Members of families separated by past or ongoing conflicts or other situations of violence in the region – including former weapon bearers and people who had fled Burundi – also contacted their relatives through Movement family-links services. The ICRC monitored the welfare of unaccompanied minors – including those previously associated with fighting forces – while their families were being traced; where possible and appropriate, it reunited them with their relatives. ICRC support enabled some wounded people fleeing Burundi to receive medical attention.

Dialogue with the authorities, including military and police officials, had two main aims: to raise further support for IHL, international standards for law enforcement and internationally recognized standards for detention; and to expand cooperation in training activities. At ICRC briefings, military officers and troops added to their knowledge of IHL before departing for peace-support missions abroad. The ICRC organized training sessions, conferences and other events to help government officials and other influential parties reach a fuller understanding of IHL and humanitarian issues in the region, and of the Movement's work. At an ICRC conference in Rwanda, political figures, military officials, diplomats, humanitarian personnel, academics and members of civil society – from throughout Africa – called on their governments to protect civilians more effectively during conflicts in urban areas.

Students, teachers and the general public learnt about issues of humanitarian concern and the Movement's Fundamental Principles and activities through various means, such as: information sessions, competitions and other events, and audiovisual materials, including those produced by the National Society with ICRC support.

The ICRC continued to help the National Society expand its operational capacities, particularly in emergency response and restoring family links. The Rwandan Red Cross and other National Societies in the region took steps to incorporate the Safer Access Framework in their activities.

CIVILIANS

Minors and others who fled Burundi re-establish contact with relatives

People separated from their families by events in Burundi and the DRC, migration or other circumstances, as well as members of families dispersed by the 1994 genocide in Rwanda, restored or maintained contact with relatives in Rwanda and elsewhere. They did so by means of RCMs, phone calls and other family-links services provided by the Rwandan Red Cross and the ICRC – for instance, those available on the ICRC's family-links website (familylinks.icrc.org). Burundian and Congolese refugees in Rwanda, relatives of Rwandan refugees abroad, and former weapon bearers repatriated to Rwanda, including children (see *People deprived of their freedom*), were among the people who used these services.

At the request of their relatives, some 200 missing people's names were broadcast on national radio; some people's whereabouts were ascertained by this means. New tracing requests were filed for about 150 people; close to 120 people were found through the tracing service.

The National Society and the ICRC continued to provide family-links services for Burundian people who sought refuge in Rwanda, while monitoring the situation and adjusting their activities to meet changing needs. A total of 252, mainly Burundian, unaccompanied or separated minors were registered. They and thousands of other people fleeing violence made over 69,500 phone calls to their families back home or elsewhere; people who had their own mobile phones made use of phone-charging services and free SIM cards offered at transit centres and refugee camps by the ICRC and its partners.

Children rejoin their families

National Society and ICRC family-links services also enabled 51 children to rejoin their families. They were given aid – food and transportation, and lodgings on the way there – for their journey home, and household items to ease their return to family life. They also received follow-up visits from the ICRC to monitor their reintegration.

The ICRC continued to follow over 1,100 cases of unaccompanied minors in Rwanda; special attention was paid to around 30 children formerly associated with weapon bearers. Some children's families were located through Movement tracing services. The National Society and the ICRC maintained close coordination with MIDIMAR and humanitarian agencies involved in child protection, to ensure that unaccompanied children received proper attention and that their particular needs were met.

The National Society continued to improve its family-links services, which were a crucial element of its emergency response capacities. It received material and financial support from the ICRC – notably for starting work, at the Mahama refugee camp, on a building for housing various Movement services; it also received training and guidance from the ICRC, particularly during joint visits to and activities at refugee camps and transit centres. The National Society coordinated these activities with the local authorities, other National Societies or ICRC delegations, and other humanitarian organizations. It helped to shape the Movement's family-links strategy by serving as a member of a committee on the matter.

Wounded Burundians obtain medical care

ICRC support enabled some wounded Burundians to receive medical attention. The ICRC covered treatment costs for 22 people, and facilitated wounded people's access to secondary or tertiary care. Some hospitals were given expert guidance, with a view to bolstering their ability to treat wounded people. MIDIMAR, other humanitarian actors and the ICRC continued to make use of a referral system that was established in 2016 to ensure that wounded people received care. Rwandan government departments and the ICRC continued to discuss their roles in assisting patients, particularly those who had crossed into Rwanda from other countries.

The ICRC initiated dialogue with key institutions tasked with managing human remains following emergencies, such as MIDIMAR, the RNP forensic laboratory and institutions offering forensic training, to identify needs in relation to humanitarian

forensics. It also assessed the forensic capacities of public and academic institutions.

PEOPLE DEPRIVED OF THEIR FREEDOM

During visits to 30 detention facilities under the authority of the RCS and the RNP – conducted in accordance with standard ICRC procedures – delegates monitored detainees' treatment and living conditions, paying particular attention to: people held for reasons related to State security; former weapon bearers, including minors, in camps run by the Rwanda Demobilization and Reintegration Commission, and ex-M23 fighters housed in Rwanda; and detainees with special needs, such as the elderly, foreigners and vulnerable women. Delegates also visited people convicted by the Special Court for Sierra Leone and serving their sentences in Rwanda. The ICRC engaged the authorities in dialogue to gain access to all detainees within its purview.

After these visits, ICRC delegates communicated their findings and recommendations confidentially to the authorities concerned. They also provided material support and expert advice – to ensure respect for judicial guarantees, for example – for the authorities, to help them take further action to bring detainees' living conditions and treatment in line with internationally recognized standards.

The ICRC issued attestations of detention on an ad hoc basis and as part of an initiative with the RCS and the National Public Prosecution Authority, to enable some inmates to have their detention status reviewed by the authorities.

Detainees, including minors at the Nyagatare rehabilitation centre and women at the Ngoma and Nyamagabe central prisons, restored or maintained contact with their families through RCMs and oral messages relayed by ICRC delegates. Foreign detainees notified their consular representatives of their detention through the ICRC. The ICRC checked on the welfare of some detainees after their release.

The RCS pursues initiatives to improve detention conditions and develop a national penitentiary policy

Having established a coordination mechanism in 2016, the RCS and the ICRC met to review progress in implementing their joint plan of action to improve detainees' treatment and living conditions. The ICRC also encouraged the RCS to take steps to develop a national penitentiary policy, and offered technical and financial assistance to this end. With ICRC support, the RCS hosted a conference that gathered representatives from correctional services, academic institutions, governments and civil-society organizations from across Africa to discuss strategies for improving penitentiary systems according to internationally recognized standards; it also held events to commemorate Nelson Mandela, and thus broaden awareness of detainees' rights and humanitarian needs. Around 170 prison staff and managers learnt more about internationally recognized standards for detention during information sessions held in various prisons and at the RCS training school. The ICRC provided technical support to prison authorities for transferring some 5,000 detainees to the newly constructed Mageragere central prison.

Detainees in RCS facilities have better access to health care

Vegetables and other food for detainees was grown on farms at some RCS facilities; the farms used natural fertilizer produced through biogas systems previously installed by the ICRC.

With the ICRC's encouragement and support, the RCS took steps to ensure that the health needs of detainees were addressed. ICRC training enabled health staff from all 14 central prisons to develop their ability to manage health-related data, deal with mental-health issues among detainees, and administer vaccines, particularly for strains of hepatitis.

The RCS advocated the inclusion of detainees in national health strategies and programmes; this led to the health ministry providing 58,000 nets for inmates and staff to protect them from mosquito-borne diseases, and agreeing to conduct medical screening and vaccination campaigns in prisons. The RCS also assessed the health needs of detainees at the central prisons and the state of the prison health system as a whole; together with the health ministry, it also drafted guidelines for managing and preventing malnutrition in prisons.

As the period covered by a five-year strategic plan to improve prison health services entered its last year, the RCS, with ICRC assistance, continued to implement a project to tackle issues related to nutrition, hygiene and disease prevention and control at two pilot sites (the Huye and Ngoma central prisons; the latter held only women, some of whom had their children with them). The laboratory at Huye, and the health facilities at both Huye and Ngoma, were renovated. The infirmaries at both prisons were supplied with medicines and other medical consumables, and mobility aids.

The ICRC provided material assistance for the Ngoma district hospital, which served as the referral hospital for women from the Ngoma prison, and their children, who needed second-level care; the Rwanda Military Hospital also received assistance for treating trauma cases.

Foreign detainees and ex-members of the M23 armed group obtained ICRC-funded medical treatment and physical rehabilitation.

Detainees benefit from improvements to sanitation and other infrastructure

Some 35,000 detainees at the central prisons benefited from ICRC-supported projects to renovate or build/install biogas systems, cooking stoves, kitchens, toilets and sleeping spaces. After a fire at the Gasabo central prison, the ICRC set up temporary shelters and installed a water source for detainees. With ICRC support, the RCS assessed its production facilities at the Huye central prison – which manufactured soap, chlorine, biogas, saucepans and cooking stoves for use throughout the prison system – and trained 15 staff members to manage them.

ACTORS OF INFLUENCE

Military and peacekeeping units take steps to incorporate IHL in their operations and training

The ICRC continued to engage the authorities in dialogue on humanitarian issues in the region, and on the Movement's work. Interaction with police and military officials had two main aims: to raise further support for IHL, international standards for law enforcement and internally recognized standards for detention; and to expand cooperation in training activities, besides the regular predeployment briefings for peace-support units (see below). The justice ministry and the ICRC continued to discuss possibilities for cooperation, particularly in view of the ongoing changes in Rwanda's justice sector.

The Rwanda Defence Force, aided by the ICRC, drafted a plan for implementing the International Committee of Military Medicine's recommendations for protecting the delivery of health care; it had yet to put the plan into effect. It also received ICRC support for incorporating IHL in training for its staff.

At predeployment briefings conducted by the ICRC, hundreds of personnel bound for peace-support missions learnt more about the ICRC's work and about IHL provisions applicable to their duties; such issues as sexual violence in armed conflict and the protection of medical services were also discussed. The ICRC gave the Rwanda Peace Academy expert advice for incorporating IHL and various issues of humanitarian concern in courses covering peace-support operations; the ICRC made several presentations on IHL during the courses.

Government bodies and the National Society work on laws to implement IHL

A project to harmonize domestic legislation with IHL, undertaken jointly by the Rwanda Law Reform Commission and the ICRC, entered its implementation phase; both parties decided that it was no longer necessary to seek other partners for the project. The ministries concerned had not yet responded to a draft law submitted to them, on the Rwandan Red Cross's status as an auxiliary to the government, and on the proper use of the emblems protected under IHL; the National Society had prepared the draft with the ICRC's help. At an ICRC-supported workshop, government officials reviewed the progress that had taken place in fulfilling pledges made at the 32nd International Conference, including the establishment of a national IHL committee.

Senior government officials and other key actors across Africa call for better protection of civilians

At an ICRC conference in Rwanda, some 150 senior government officials and military officers, and political figures, diplomats, humanitarian personnel, academics and members of civil society – from throughout Africa – called on their governments to renew commitments to protect civilians more effectively during conflicts in urban areas. The conference, which was streamed live on the internet to reach a broader audience, drew attention to current crises in the region and their consequences in humanitarian terms. It helped the ICRC establish more contacts among people and organizations capable of influencing the humanitarian agenda, and opened up opportunities for working with them to organize similar events to promote IHL and humanitarian action.

Lecturers and civil-society representatives added to their knowledge of IHL at ICRC courses and training sessions, including some held outside Rwanda (see *Dakar* and *Nairobi*). Other teachers, students and the general public learnt about issues of humanitarian concern and the Movement's Fundamental Principles and activities through various events – such as those held to mark World Red Cross and Red Crescent Day (8 May) – information sessions, and audio-visual materials, including those produced by the National Society. Students tested their knowledge of IHL at competitions, including some held abroad.

RED CROSS AND RED CRESCENT MOVEMENT

The Rwandan Red Cross continued to develop its ability to respond to emergencies and raise support for the Movement, with financial, technical and material support from the ICRC. Members of the National Society's countrywide network of emergency teams – including 30 new teams (with 540 members in all) – were trained

to provide first aid and psychosocial services, notably during the annual genocide remembrance ceremonies.

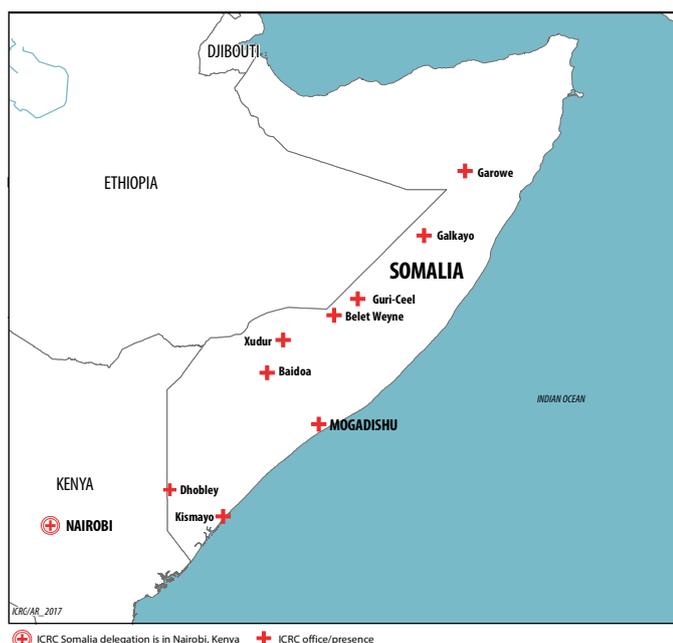
National Society volunteers participated in a countrywide simulation exercise to enhance their readiness for emergencies and coordination with others. National Society staff and volunteers attended various IHL-related training sessions, including some held outside Rwanda.

Over 300 volunteers and staff from National Society branches and headquarters, and from partner National Societies, learnt how to do their work safely at information sessions and practical exercises on the Safer Access Framework. Leaders and staff from National Societies in neighbouring countries also learnt more about the Framework through assessment and planning workshops arranged by the ICRC delegation in Rwanda.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3,560	777		
RCMs distributed		3,858	414		
Phone calls facilitated between family members		69,513			
Names published in the media		204			
Reunifications, transfers and repatriations					
People reunited with their families		51			
	<i>including people registered by another delegation</i>	9			
People transferred or repatriated		18			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		149	18	44	36
	<i>including people for whom tracing requests were registered by another delegation</i>	16			
Tracing cases closed positively (subject located or fate established)		119			
	<i>including people for whom tracing requests were registered by another delegation</i>	22			
Tracing cases still being handled at the end of the reporting period (people)		324	36	105	91
	<i>including people for whom tracing requests were registered by another delegation</i>	102			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		252	79		1
UAMs/SC reunited with their families by the ICRC/National Society		51	19		
	<i>including UAMs/SC registered by another delegation</i>	9			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1,115	292		29
Documents					
People to whom travel documents were issued		3			
Official documents delivered across borders/front lines		3			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		30			
Detainees in places of detention visited		70,529	4,591	404	
Visits carried out		78			
			Women	Girls	Boys
Detainees visited and monitored individually		163	13		4
	<i>of whom newly registered</i>	83	10		3
RCMs and other means of family contact					
RCMs collected		1,640			
RCMs distributed		1,151			
Phone calls made to families to inform them of the whereabouts of a detained relative		390			
People to whom a detention attestation was issued		319			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	51		51
Essential household items	Beneficiaries	280		280
Cash	Beneficiaries	15		15
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	35,000	2,800	350
Health				
Places of detention visited by health staff	Structures	13		
Health facilities supported in places of detention visited by health staff	Structures	2		

SOMALIA



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Millions of people, including in places reached by few other humanitarian organizations, benefited from one or more types of assistance from the ICRC.
- ▶ People coped with the immediate effects of conflict and/or drought with food, water, cash, and household and hygiene items from the ICRC; ICRC-supported centres treated thousands of people for malnutrition and cholera.
- ▶ Communities became more resilient to the effects of conflict or drought, after their access to water was broadened by the renovation or construction of water facilities, and veterinary services for their livestock improved.
- ▶ Detainees benefited from the penitentiary authorities' efforts, aided by the ICRC, to improve the provision of health care, and to curb malnutrition and outbreaks of diseases such as cholera, scabies and TB.
- ▶ Members of families separated by armed conflict or other situations of violence, or other circumstances, reconnected through the Movement's family-links services.
- ▶ Weapon bearers learnt about humanitarian principles and IHL and other norms during meetings, workshops and information sessions with the ICRC.

EXPENDITURE IN KCHF

Protection	4,012
Assistance	82,655
Prevention	3,510
Cooperation with National Societies	2,442
General	275
Total	92,895
<i>Of which: Overheads</i>	<i>5,659</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	48
Resident staff (daily workers not included)	191

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it focuses on providing emergency aid to people affected by armed conflict, runs an extensive first-aid, hospital and basic health-care programme, and supports projects to help restore or improve livelihoods in communities weakened by crises. It visits detainees and endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It supports the National Society's development.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	37,766
RCMs distributed	33,547
Phone calls facilitated between family members	49,375
Tracing cases closed positively (subject located or fate established)	486
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	21
Detainees in places of detention visited	2,842
<i>of whom visited and monitored individually</i>	45
Visits carried out	43
Restoring family links	
RCMs collected	15
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	18

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 450,000	510,643
Essential household items	Beneficiaries 130,500	110,729
Productive inputs	Beneficiaries 120,000	547,068
Cash	Beneficiaries 375,000	584,632
Services and training	Beneficiaries 500	349,023
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 1,110,000	1,296,530
Health		
Health centres supported	Structures 32	32
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 4	7
Water and habitat		
Water and habitat activities	Beds 460	725

CONTEXT

Presidential elections, much delayed, took place in February, and a new cabinet was appointed.

The armed conflict between Somali forces – supported by the African Union Mission in Somalia (AMISOM) and defence forces from other countries – and armed groups, mainly the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab), continued. Fighting between clans persisted in parts of southern and central Somalia, as did tensions between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland, and between some regional federal states. The Islamic State group claimed responsibility for an attack in Puntland.

Hundreds of arrests continued to be made, owing to the prevailing situation; this further strained judicial and penitentiary services.

A countrywide drought exacerbated food insecurity. People continued to be displaced; access to basic services, notably health care, remained precarious. Water shortages in some regions affected livelihoods and sparked outbreaks of disease, particularly cholera.

Widespread insecurity and the blurring of front lines hampered many international humanitarian agencies' ability to deliver aid, particularly to areas under the control of armed groups. In October, an explosion in Mogadishu caused hundreds of casualties and injuries; five Somali Red Crescent Society volunteers were among those killed.

Somalis returning from the Dabaab refugee camp in Kenya, and people fleeing the conflict in Yemen, added to the growing IDP population in the country.

ICRC ACTION AND RESULTS

The ICRC, in cooperation with the Somali Red Crescent Society, continued to help address the humanitarian needs of people struggling to cope with the effects of armed conflict and other violence, which were often compounded by climate-related emergencies. In response to the severe drought in Somalia (see *Context*), the ICRC launched a budget extension appeal¹ to support its multi-disciplinary efforts to provide timely assistance for people in areas where virtually no other humanitarian organization was present. Relief activities were expanded to respond to the needs of more people than initially planned. Notably, more people were given cash to buy food. Additional support was provided for repairs to water infrastructure and for health-care services.

Food and essential household items distributed by the National Society and the ICRC helped hundreds of thousands of people to cope with their situation. The ICRC also helped communities work towards self-sufficiency. Vulnerable households benefited from initiatives to: strengthen veterinary services and agricultural cooperatives; renovate water infrastructure – water storage facilities, boreholes, wells and rainwater catchment systems – for domestic and agricultural use; increase food production; and fund small businesses, particularly those run by female heads of households.

To help address people's health needs, especially during emergencies, the ICRC continued to support first-aid training programmes, National Society-run primary-health-care clinics, and facilities offering specialized treatment for malnutrition and cholera. The ICRC set up three centres to deal with the drought-related cholera outbreak, and constructed three new clinics to expand the National Society's primary-health-care services. Victims of sexual violence had access to suitable care from ICRC-trained midwives. Four hospitals received comprehensive ICRC support for developing staff capacities and upgrading infrastructure. Hygiene-promotion sessions, conducted by National Society and ICRC teams, helped curb disease outbreaks in areas without clean water.

People held in detention facilities throughout Somalia, including Puntland and Somaliland, were visited in accordance with standard ICRC procedures. Afterwards, the ICRC conveyed its findings – and where necessary, its recommendations for improving detention conditions – confidentially to the authorities. Detainees made use of the Movement's family-links services to contact their families.

Detainees in several prisons received preventive and curative care, including for malnutrition, at ICRC-supported infirmaries. The ICRC continued to help the penitentiary authorities strengthen their ability to provide health care, and to control TB and outbreaks of cholera and scabies. Infrastructural projects improved living conditions at prisons; several thousand detainees received material assistance during Ramadan.

Discussions with the authorities, weapon bearers, and community leaders advanced understanding of and acceptance for the ICRC's mandate and work among them. They also enabled the ICRC, together with the National Society, to assist communities accessible to virtually no other organization. However, restrictions on certain activities, including provision of health care, and security and access constraints remained in place in many areas (see *Context*).

Families separated by conflict and other violence benefited from the Movement's family-links services. Members of civil society, academics and the general public learnt about the ICRC and the Movement at information sessions and briefings, and through web-based and other media.

As the ICRC's main partner, the National Society received comprehensive support for strengthening its capacity to assist vulnerable communities, including in matters other than those covered by its traditionally health-focused programmes. With funding from other Movement components, the National Society was able to relocate its headquarters to a new office. The ICRC continued to facilitate the coordination of Movement activities in Somalia.

CIVILIANS

The ICRC promotes respect for IHL among relevant parties

Dialogue with the authorities, weapon bearers and community leaders helped broaden acceptance for the ICRC's neutral, impartial and independent humanitarian activities and facilitated its access to beneficiaries, including in areas under the control of armed groups.

The ICRC worked with the Somali Red Crescent Society to document incidents of sexual violence and of unlawful conduct against those seeking or providing medical care. It shared these and other documented allegations of violations of IHL with the parties

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C49892CF853FD787C12580DE002D31E0/\\$File/BEA2017_Somalia_REX139_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C49892CF853FD787C12580DE002D31E0/$File/BEA2017_Somalia_REX139_Final.pdf)

to the conflict, and urged them to do whatever was required to prevent the recurrence of such misconduct; it urged them particularly to protect people who were not or were no longer taking part in hostilities.

Based on the results of an ICRC survey, in which patients and medical staff expressed concerns for their safety, the actors concerned took steps to address the alleged presence of weapons in hospitals.

Vulnerable people receive life-saving care

The National Society and the ICRC strove to tackle the combined effects of drought and violence, particularly on people's health and access to food. The ICRC tested a web-based system for managing beneficiary registration and assistance distribution. ICRC training helped National Society volunteers to develop their ability to conduct needs assessments and respond to emergency needs.

As malnutrition and cholera rates spiked, the ICRC supported or set up facilities that provided specialized care: 6,765 children suffering from acute malnutrition, coupled with medical complications, benefited from the services provided by two ICRC-supported malnutrition treatment centres, including a new one in Kismayo. Centres set up by the ICRC in Baidoa, Bardhere and Kismayo, treated some 6,700 people for cholera.

To reinforce preventive care, the ICRC launched a community-based health programme at a Kismayo IDP settlement and established two nutritional programmes to monitor people's health: one in Baidoa, where 684 children were screened, and another in Bardhere, where 9,924 children were screened.

The National Society continued, with ICRC assistance, to run 25 fixed and 7 mobile clinics. The ICRC constructed three clinics in Bay and Banadir to help the National Society extend its reach. On average, a catchment population of slightly over 700,000 vulnerable people had access to consultations, ante/post-natal care and other health services from these clinics every month. Several of these clinics also addressed drought-related health concerns; slightly over 30,000 malnourished children and 5,000 pregnant or lactating women were treated through therapeutic nutrition programmes.

Twenty-eight victims of sexual violence obtained medical services, including post-exposure prophylaxis within 72 hours of the incident. Through ICRC-facilitated training, midwives learnt how to identify and respond to cases of sexual violence.

Communities meet their most urgent needs

Almost 1.3 million people had better access to water, for household use or for sustaining crops and livestock, as a result of ICRC water-supply projects. Roughly more than 260,000 people benefited from emergency repairs to water points and temporary storage facilities, and slightly over 400,000, from longer-term improvements to rainwater catchment systems, boreholes and wells. More than 2,900 individuals (489 households) supplemented their income through an ICRC cash-for-work scheme to repair water infrastructure. Twenty water technicians in Puntland were trained to maintain water sources.

Chlorine tablets distributed by the ICRC enabled slightly more than 520,000 IDPs and residents to have potable water; they also learnt about good hygiene practices at information sessions conducted by the National Society and the ICRC.

Some 510,000 people (85,600 households) received emergency food rations from the National Society and the ICRC. They included 110,000 displaced people (18,447 households), who were given hygiene kits and other essentials as well. Slightly more than 580,000 people (97,437 households) with access to functioning markets received cash for covering their basic needs; among them were displaced families or families with severely malnourished children.

Violence-affected households recover their livelihoods and grow more food

With ICRC support, people affected by conflict and other violence strengthened their food-production capacities or undertook income-generating activities.

The ICRC provided financial and technical support for renovating or constructing veterinary clinics in Belet Weyne, Baidoa and Wisil; these clinics, and those in Galgadud, Lower and Middle Shabelle and Sool, were supplied with equipment and drugs, with a view to making animal-health services more accessible to pastoralist households. Treatment at these clinics improved the health of livestock belonging to slightly more than 170,000 people (28,000 households); fly-traps from the ICRC provided further protection from disease for some of these animals. To reinforce veterinary services for rural areas in 12 regions, the ICRC also trained 84 community-based animal-health workers and local veterinary pharmacists; this benefited 144,000 people (24,000 households) who depended on their livestock for their living.

Irrigation pumps from the ICRC helped slightly over 220,000 people (36,758 households) from 106 farming communities improve their crop yield; some 5,700 people (950 households) received fishing equipment from the ICRC. In pastoral and farming communities, some 39,000 individuals (6,600 households) affected by the severe drought recovered their livelihoods with ICRC cash grants. In partnership with a local agricultural association, the ICRC trained 442 farmers from community-based agricultural cooperatives to become more capable of supporting their members' livelihoods.

After receiving cash and skills training, slightly over 980 women, many of whom were breadwinners, started small businesses; in all, slightly over 5,900 people benefited. Vocational training provided by the ICRC and a local NGO helped 498 young people, mainly from IDP households, to equip them with skills that would help them get a job.

Members of families separated by conflict keep in touch

Thousands of people communicated with their relatives in Somalia and elsewhere through the Movement's family-links services. RCM and phone services benefited IDPs in Mogadishu and Baidoa, and people in Puntland and Somaliland who had fled the conflict in Yemen. Families had the names of missing relatives read out on an ICRC-sponsored radio programme on the BBC's Somali service.

The National Society continued to build its tracing capacities: with ICRC support, new staff were recruited to facilitate better exchange of tracing data. The strengthening of its family-links services led to the whereabouts of 483 people being ascertained and their families being informed. ICRC travel documents enabled 20 asylum seekers to travel to the countries where they were being resettled.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees throughout Somalia receive ICRC visits and contact their families

Detainees, mainly those within the jurisdiction of the justice ministry, were visited in accordance with standard ICRC procedures. Afterwards, the ICRC communicated its findings and recommendations confidentially to the penitentiary authorities, stressing the need for a multidisciplinary approach to improving detainees' conditions.

Dialogue with AMISOM focused on the principle of *non-refoulement*, the timely handover of detainees to Somali authorities as required by standard AMISOM procedures, and the necessity of notifying the ICRC of all arrests.

Detainees contacted their relatives through the Movement's family-links services, mainly via RCMs and brief oral messages relayed by ICRC delegates. At the request of foreign detainees, the ICRC notified their embassies of their whereabouts.

Ten foreigners stranded in southern Somalia were reunited with their families in Afghanistan, the Islamic Republic of Iran and Pakistan.

Detainees obtain health care and have better living conditions

Detainees benefited from medical consultations and treatment at five ICRC-supported prison infirmaries in Baidoa, Bossaso, Hargeisa, Mandheera and Mogadishu, where some 16,700 consultations were conducted. Around 500 inmates with severe acute malnutrition, and 800 with moderate acute malnutrition, benefited from therapeutic feeding programmes run by several of these infirmaries. The infirmaries also reinforced TB screening after receiving ICRC funding for transporting specimens from patients to a TB laboratory for testing.

The ICRC trucked in chlorinated drinking water for slightly over 100 cholera-stricken detainees at one prison for three months; a scabies eradication campaign in another prison helped 1,200 detainees. Almost 4,900 inmates received hygiene items, many of them attended hygiene-promotion sessions.

Some 5,800 detainees received food, hygiene items and other material assistance during Ramadan; 2,350 among them received books and other recreational items. Seventy detainees acquired skills to improve their chances of getting a job, through vocational training.

ICRC-supported improvements to prison facilities enhanced living conditions for nearly 2,000 detainees. For example, 1,200 of them had better access to water, following the installation of a new supply system. At another prison, detainees who had participated in an ICRC vocational training programme repaired or built beds. Maintenance teams at two prisons were trained in plumbing, carpentry and electrical repair work.

A project to plant vegetable gardens at the Garowe and Mandheera central prisons was in the planning stage, but scheduled for implementation in 2018.

WOUNDED AND SICK

Wounded people and others receive medical care

The Somali Red Crescent Society received logistical, technical and financial assistance from the ICRC, enabling it to train, equip and operate emergency response teams; it held simulation exercises to

fine-tune its emergency teams' ability to respond to mass-casualty situations. It conducted first-aid training for 637 members of communities in violence-prone areas, 239 hospital and health-care staff, 303 National Society volunteers, and 95 troops from the Galmudug and Puntland forces.

Following the explosion in Mogadishu (see *Context*), the National Society's emergency response teams provided first aid and medical evacuation for 365 wounded people, and transported 126 dead bodies. Six hospitals received kits for treating wounded people and body bags from the ICRC.

Several thousand wounded people were treated at four ICRC-supported hospitals – two in Mogadishu (Keysaney and Medina), and two in Baidoa and Kismayo. Medical staff at the four hospitals, who received on-site guidance from an ICRC surgical team, developed their ability to treat wounded people and manage mass-casualty situations through ICRC courses on emergency-room trauma care and war surgery. ICRC-supported infrastructure projects also helped enhance the hospitals' services. These projects included the construction of a 110-bed malnutrition treatment centre, and a 20-bed isolation area for patients with infectious diseases, in Kismayo; and repairs to the ceiling of the intensive care unit in Baidoa. The electrical systems at the Keysaney and Medina hospitals were renovated. The maintenance team at the Kismayo hospital received ICRC training.

The ICRC donated medical supplies to a fistula treatment programme in Keysaney. Three hospitals received supplies for treating wounded people; an armed group in Baidoa was given a medical kit for the same purpose.

ACTORS OF INFLUENCE

The ICRC sought to foster awareness of and respect for its activities and humanitarian principles in general; to that end, it maintained dialogue (see *Civilians*) and regular contact with the authorities, weapon bearers, community leaders and others.

Weapon bearers learn more about IHL and other relevant norms

Meetings and dissemination sessions with slightly over 2,400 weapon bearers and central/regional officials in Somalia focused on promoting respect for IHL and other applicable norms. Somali federal and state forces, AMISOM troops and other weapon bearers learnt more about IHL and the ICRC's mandate and activities through training and workshops or through code-of-conduct booklets distributed by the ICRC. The ICRC expanded its dialogue with military forces affiliated with AMISOM, such as the Ethiopian and Kenyan armed forces, to encourage further cooperation in incorporating IHL in their training and operations. The ICRC provided first-aid training for members of state forces in Jubaland, Galmudug and Puntland, and information sessions for them on various humanitarian issues, such as the necessity of protecting medical personnel and facilities and preventing sexual violence, the use of children as fighters, indiscriminate firing and the use of explosive weapons in populated areas.

Various audiences familiarize themselves with the Movement

The ICRC's public-communication efforts aimed to advance the general public's understanding of IHL, the humanitarian situation in Somalia and the Movement's work, especially in areas under the control of armed groups. Representatives of civil society, local

authorities, community leaders and academics learnt more about these matters at briefings and certain events, such as an IHL workshop in Kenya and dissemination sessions at seven universities. University students tested their grasp of IHL at a debate competition. A broad range of people, including Somalis living abroad and various weapon bearers, could learn about IHL and the Movement from ICRC-produced materials available via traditional or web-based channels, including social media.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent Society remained the ICRC's primary partner in addressing the emergency and chronic needs of vulnerable people. It continued to receive ICRC support for strengthening its ability to respond to such needs in line with the Safer Access Framework. The ICRC organized training for National Society staff and volunteers (see *Civilians*), particularly in

areas other than those covered by its traditionally health-focused programmes; it also provided the National Society with material and technical support for renovating facilities and expanding its capacities in logistics and project management.

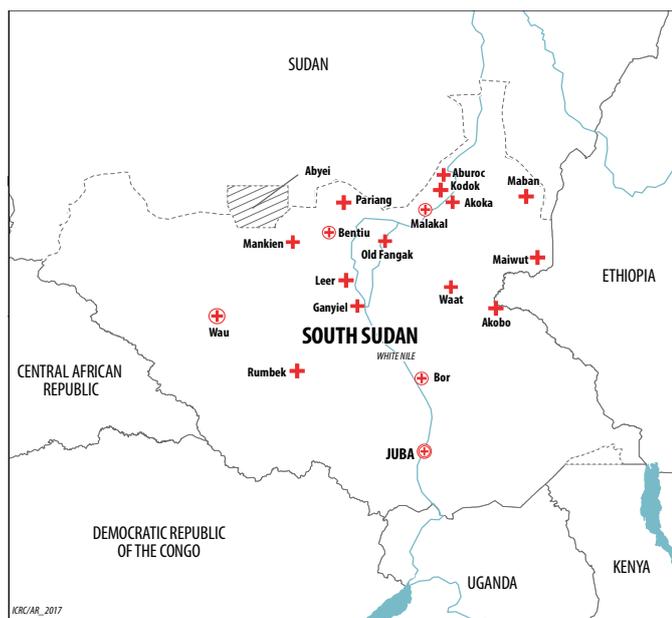
With support from other Movement components, the National Society moved to another building after the bombing in Mogadishu destroyed its headquarters. It also pursued internal reforms, particularly with regard to human resources and financial management, and strategic review and planning.

The National Society and the ICRC continued to coordinate with Movement partners to ensure a coherent response to emergencies and to develop operational partnerships. This helped to identify unmet needs and prevent duplication of activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		37,766			
RCMs distributed		33,547			
Phone calls facilitated between family members		49,375			
Names published in the media		7,812			
Names published on the ICRC family-links website		4,390			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,299	235	424	318
<i>including people for whom tracing requests were registered by another delegation</i>		257			
Tracing cases closed positively (subject located or fate established)		486			
<i>including people for whom tracing requests were registered by another delegation</i>		21			
Tracing cases still being handled at the end of the reporting period (people)		2,725	8	32	6
<i>including people for whom tracing requests were registered by another delegation</i>		374			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
Documents					
People to whom travel documents were issued		20			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		21			
Detainees in places of detention visited		2,842	57	270	
Visits carried out		43			
			Women	Girls	Boys
Detainees visited and monitored individually		45	1	1	2
<i>of whom newly registered</i>		29			1
RCMs and other means of family contact					
RCMs collected		15			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		18			
Detainees released and transferred/repatriated by/via the ICRC		10			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	510,643	79,267	352,109
	<i>of whom IDPs</i>	107,493	18,273	70,947
Essential household items	Beneficiaries	110,729	18,815	73,099
	<i>of whom IDPs</i>	66,108	11,238	43,632
Productive inputs	Beneficiaries	547,068	93,144	360,344
Cash	Beneficiaries	584,632	101,004	383,964
	<i>of whom IDPs</i>	145,311	24,704	95,903
Services and training	Beneficiaries	349,023	59,306	230,056
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,296,530	350,063	596,404
	<i>of whom IDPs</i>	181,514	49,008	83,496
Health				
Health centres supported	Structures	32		
Average catchment population		725,536		
Consultations		528,193		
	<i>of which curative</i>	456,000		411
	<i>of which antenatal</i>	72,193		
Immunizations	Patients	207,678		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	52,270		
Referrals to a second level of care	Patients	11,882		
	<i>of whom gynaecological/obstetric cases</i>	315		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	5,805		
Essential household items	Beneficiaries	5,476		
Services and training	Beneficiaries	70		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	7,580	152	606
Health				
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	5		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	7		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	4		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	4,445	895	634
	(including those related to mines or explosive remnants of war)	117	3	8
	Non-weapon-wound admissions	5,152		
	Operations performed	21,789		
Medical (non-surgical) admissions		2,052	51	1,695
Consultations		27,973		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		65		
Weapon-wound admissions (surgical and non-surgical admissions)		65		
Weapon-wound surgeries performed		65		
Patients whose hospital treatment was paid for by the ICRC				
		69		
First aid				
First-aid training				
	Sessions	58		
	Participants (sum of monthly data)	1,274		
Water and habitat				
Water and habitat activities	Beds	725		

SOUTH SUDAN



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Newly displaced people and their hosts received emergency aid from the South Sudan Red Cross and the ICRC; aid was airdropped to isolated communities. Women and children were given nutritional supplements.
- ▶ People pursued their livelihoods with ICRC-provided seed, tools and veterinary services. ICRC-organized seminars helped communities design small businesses, which were then run with cash and other aid from the ICRC.
- ▶ IDPs and residents had better access to water after the ICRC repaired or installed water points. By chlorinating water and promoting hygiene in vulnerable areas, the ICRC also helped to minimize the threat of cholera.
- ▶ Over 830 wounded civilians and fighters, nearly twice as many as in 2016, were evacuated to and treated at hospitals supported by ICRC surgical teams. Owing to the prevailing violence, however, some teams had to be relocated.
- ▶ The ICRC monitored the well-being of people held – by the authorities, armed groups, and UN peacekeepers – in connection with the conflict. Detainees and people held by armed groups received food aid during times of scarcity.
- ▶ The ICRC served as a neutral intermediary to facilitate the release and repatriation to Sudan of 125 people, who were released in South Sudan by a Sudanese armed group.

EXPENDITURE IN KCHF

Protection	9,664
Assistance	91,720
Prevention	8,324
Cooperation with National Societies	5,925
General	494
Total	116,128
<i>Of which: Overheads</i>	<i>7,009</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	180
Resident staff (daily workers not included)	688

Present in Juba since 1980, the ICRC opened a delegation in newly independent South Sudan in mid-2011. It works to ensure that people affected by non-international and international armed conflicts are protected in accordance with IHL, have access to medical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits detainees and seeks to increase knowledge of IHL among the authorities, armed forces and other weapon bearers. It works with and supports the South Sudan Red Cross.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	2,814
RCMs distributed	2,142
Phone calls facilitated between family members	66,198
Tracing cases closed positively (subject located or fate established)	651
People reunited with their families	150
<i>of whom unaccompanied minors/separated children</i>	98
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	39
Detainees in places of detention visited	5,053
<i>of whom visited and monitored individually</i>	316
Visits carried out	130
Restoring family links	
RCMs collected	201
RCMs distributed	51
Phone calls made to families to inform them of the whereabouts of a detained relative	41

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	330,000 511,847
Essential household items	Beneficiaries	138,000 226,857
Productive inputs	Beneficiaries	498,000 816,750
Cash	Beneficiaries	573
Vouchers	Beneficiaries	16,800
Services and training	Beneficiaries	380 564
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	390,000 383,787
Health		
Health centres supported	Structures	11 12
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	4 10
Water and habitat		
Water and habitat activities	Beds	240 271
Physical rehabilitation		
Projects supported	Projects	4 3
Patients receiving services	Patients	2,800 3,156

CONTEXT

Violence persisted in South Sudan, despite efforts to implement a 2015 peace agreement between the parties to the non-international conflict that began in 2013. Armed confrontations between government troops and opposition forces affected the Bahr al-Ghazal, Equatoria, Jonglei and Upper Nile regions. Scarcity of resources, and ethnic and communal tensions, led to violent clashes between armed groups throughout the country. Violence and other abuse against civilians continued to be reported.

Reportedly, nearly 4 million people had been displaced by the violence; of these, 2 million were seeking refuge in neighbouring countries. Among those internally displaced, over 200,000 were at “protection-of-civilians” sites run by the UN Mission in South Sudan (UNMISS). Tens of thousands of people were newly displaced in the Upper Nile region; many of them took refuge in the town of Aburoc.

More people than in previous years were at risk of malnutrition and disease, owing to the combined effects of intense violence, critical shortages of basic commodities, and unavailability of essential services, including health care.

Security and other constraints hampered humanitarian organizations’ ability to assist vulnerable communities, especially in isolated areas. Over 28 humanitarian aid workers were killed in 2017, including one ICRC staff member.

ICRC ACTION AND RESULTS

The ICRC sustained its multidisciplinary response to the humanitarian needs of people in South Sudan. Together with the South Sudan Red Cross, it helped residents and IDPs to meet their immediate needs and to become more resilient to the effects of armed conflict and other situations of violence. The National Society received support for strengthening its operational and administrative capacities.

Through confidential dialogue, the ICRC urged authorities and weapon bearers on all sides to: protect people who were not or were no longer participating in the hostilities; facilitate their safe access to humanitarian aid and essential services, including health care; and address and prevent abuses against them. Dialogue with these parties, and with communities, helped broaden acceptance and support for the ICRC, enabling it to assist people in remote communities and those affected by recent clashes.

The ICRC adapted its activities to the complexity of the situation in the country, in order to provide timely assistance while also ensuring the safety of its staff; for instance, it relocated teams from areas affected by intense fighting to more stable areas. ICRC aircraft continued to transport staff and airdrop food supplies; the latter were collected by National Society and ICRC teams at designated sites and then distributed. Items that could not be airdropped were delivered by smaller aircraft capable of landing in difficult terrain. The ICRC delivered supplies by land when the roads were passable.

As more people were displaced and humanitarian needs rose, the ICRC carried out more aid distributions than planned. Vulnerable people were given food, shelter materials and household essentials, and communities had access to clean water after the ICRC upgraded or built water systems; these efforts, together with hygiene promotion sessions, mitigated the threat of cholera. The ICRC also helped people start small businesses and become more

self-sufficient. Some households cultivated crops or caught fish with ICRC-provided tools. Animal vaccination and treatment campaigns organized by the authorities and the ICRC enabled pastoralists to protect their livestock against diseases.

The ICRC sought to scale up its support for health services. Because of poor security conditions, however, it suspended its assistance to some medical facilities; those in other areas, such as Ganyiel, began receiving support. People wounded in clashes were given first aid by ICRC-trained emergency responders; hundreds of people were evacuated to ICRC-backed medical facilities. Four hospitals – prior to the ICRC’s evacuation of two of them – received comprehensive support: on-site assistance and supervision from an ICRC surgical team, medical supplies and infrastructural upgrades; mobile surgical teams supported other facilities. The ICRC also provided supplies and technical assistance to 12 clinics, which delivered several services, such as ante/post-natal and paediatric care, and treated victims of sexual violence. Disabled people received treatment at three ICRC-supported physical rehabilitation centres.

The ICRC visited people held by the government, armed groups and UNMISS, in accordance with its standard procedures; it monitored particularly vulnerable detainees, including women and children, individually. It communicated its findings confidentially to the relevant authorities, to help them bring detainees’ treatment and living conditions in line with IHL and/or internationally recognized standards. Detainees benefited from food donations and infrastructural upgrades, carried out by the authorities and the ICRC. Prison clinics received ICRC-donated medical supplies for malnourished detainees; ailing detainees were treated by ICRC teams. The ICRC served as a neutral intermediary in the release and repatriation of people formerly held by armed groups; for example, 125 people – released in South Sudan by an armed group – returned to Sudan under the ICRC’s auspices.

Members of families separated by violence, detention or other circumstances contacted each other through phone calls and other Movement family-links services.

CIVILIANS

The ICRC maintained its confidential bilateral dialogue with parties to conflict, with a view to promoting protection for civilians, especially those seeking to return home. It made oral and written representations to all sides, urging them to meet their obligations under IHL and other applicable bodies of law, particularly to: protect people who were not or were no longer participating in hostilities, including those seeking or providing health care; address and prevent sexual and other abuse; protect civilian property and infrastructure from being looted or destroyed; and facilitate access to essential services and humanitarian assistance.

As more people were displaced and humanitarian needs rose, the ICRC carried out more aid distributions than planned and more people received material assistance, such as food and livelihood support.

Isolated communities receive essential supplies

Because of persistent insecurity and logistical constraints, the ICRC continued to airdrop food supplies to isolated communities. Staff from the South Sudan Red Cross and the ICRC collected the items at designated sites, and then distributed them. Items that could not be airdropped – such as shelter materials and household essentials – were transported by small aircraft capable of landing

in difficult terrain. The ICRC used helicopters to take supplies and staff members to locations without airstrips. Aid was also delivered over land during the dry season, when the roads were passable.

More than 511,800 people (85,300 households) – mostly IDPs and their host communities – had food to eat during times of scarcity, because of ICRC food distributions. These distributions helped farming households avoid consuming the seed given to them for planting (see below). Where high malnutrition rates were reported, food rations included nutritional supplements for children and pregnant or lactating mothers. Some 226,900 people (37,800 households) were able to build shelters and maintain personal hygiene with household essentials distributed by the ICRC directly or through the National Society.

IDPs and residents are less at risk of cholera

Around 321,000 IDPs and residents in rural and urban areas had better access to potable water after local authorities and the ICRC repaired or installed water points. Some 2,100 of them benefited from the ICRC's construction of a market in one town.

The ICRC responded to water/sanitation-related emergencies in conflict-affected areas: for example, wells dug by the ICRC provided clean water for some 15,000 people, which helped end a cholera outbreak in Aburoc. People there and in other cholera-prone areas learnt good hygiene practices at information sessions conducted by the National Society and the ICRC. Another 47,000 people in Juba benefited from a water-treatment plant, installed by the ICRC in 2015 and run by local authorities and ICRC-trained National Society volunteers.

Conflict-affected people, including victims of sexual violence, receive health care

One mobile clinic and 11 primary-health-care clinics in conflict-affected areas sustained their services with ICRC support: medical supplies, training and supervision for staff, and infrastructural repairs that expanded the clinics' capacities and helped improve conditions for staff members and patients. Staff at these centres facilitated childbirths, provided vaccinations, and offered ante/post-natal and paediatric care. Because of increasing violence in certain areas, however, five clinics suspended their activities by July; two of them were functioning at year's end.

Victims of sexual violence obtained specialized services at some of the clinics, including prophylactic treatment within 72 hours of the incident, and psychosocial care; they were referred to other facilities when necessary. At ICRC information sessions, over 5,500 people learnt more about the consequences of sexual violence, and the services available to victims.

Communities take steps to regain self-sufficiency

Vulnerable communities augmented their food supply, and recovered or maintained some degree of self-sufficiency, with ICRC support. People benefited from multiple forms of assistance.

Over 56,400 households (338,000 people) cultivated crops with ICRC-donated seed and tools; others (2,800 households; 16,800 people) were given vouchers exchangeable for seed at local markets. Some 400 people learnt farming techniques at ICRC-organized courses. More than 38,000 households (230,000 people) received fishing kits that they could easily carry if they had to flee for their safety.

Treatment and vaccination campaigns organized by the animal resources ministry and the ICRC helped about 128,000 households (352,800 people) to take care of their herds. At training sessions conducted by the ministry and the ICRC, 159 animal-health workers received veterinary kits and learnt more about dealing with livestock diseases. Some of them, and others previously trained by the ICRC, participated in the campaigns mentioned above.

During ICRC-facilitated discussions, community members developed ideas for small businesses to preserve or boost their livelihoods. These were subsequently implemented with the ICRC's help: 90 households (540 people) received cash; 212 households (1,200 people) were given vouchers; and 1,300 households (8,100 people) benefited from productive inputs.

At information sessions conducted during the ICRC's assistance activities, beneficiaries learnt how to make the best use of the aid they had received, and about the ICRC and its work.

Members of families separated by conflict restore contact

Members of dispersed families – particularly those in isolated communities and informal settlements, and at UNMISS "protection-of-civilians" sites – restored contact through the Movement's family-links services. Given the growing number of South Sudanese seeking refuge in other countries, efforts to strengthen coordination in such services were discussed at a regional meeting (see *Ethiopia*). Some people reconnected with their relatives after they allowed their pictures to be published in ICRC-produced booklets, which were shown to people during ICRC field trips within South Sudan and in neighbouring countries (see *Ethiopia* and *Nairobi*).

Under the ICRC's auspices, 150 people were reunited with their families; these included 19 Congolese and Ethiopian children whose repatriation was facilitated by the ICRC. Within South Sudan, the ICRC helped 37 widows and children return to their places of origin. A few of these people were also provided with cash and other assistance.

The ICRC trained National Society staff in managing human remains; forensic authorities and other stakeholders strengthened their knowledge of this subject and sought to coordinate their activities at an ICRC-organized roundtable. The National Society and the ICRC gave the relevant authorities material, technical and other support for managing human remains, so that these remains could be identified and handed over to the families for burial.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained dialogue with the authorities and weapon bearers about its mandate and working procedures, and followed up allegations of arrest, with a view to gaining access to all people held in connection with the conflict. The ICRC visited – in accordance with its standard procedures – people held by the government, armed groups and UNMISS. It monitored the situation of 316 detainees, including women and children, individually. Afterwards, findings and, when necessary, recommendations were communicated confidentially to the relevant authorities, to help them ensure that detainees' treatment and living conditions complied with IHL and, where applicable, met internationally recognized standards.

Detainees contacted their relatives through ICRC family-links services, which included phone calls arranged by the ICRC with the authorities' consent. The ICRC acted as a neutral intermediary

in the release and handover of one soldier, formerly held by an armed group, to the government. It also facilitated the repatriation of 125 people, after their release in South Sudan by a Sudanese armed group. These people were interviewed by ICRC staff, to confirm their willingness to return to Sudan; they were given medical check-ups by the ICRC, as well as food, blankets and clothes. They travelled under the ICRC's auspices from South Sudan to Sudan, via Uganda (see *Sudan*).

Malnourished and ill detainees receive treatment

The National Prisons Service and the ICRC had discussions – through a working group established in 2016 – with key stakeholders about structural problems in the penitentiary system, including judicial delays. The group also sought to tackle urgent issues, such as malnutrition, by diversifying the food supply and improving food-supply management in prisons. The ICRC reinforced the group's work by providing training and tools for detainees and staff in two prisons to cultivate crops. Staff from seven facilities attended ICRC seminars on treating and preventing malnutrition.

Nearly 3,560 people, including detainees in facilities experiencing food shortages, and people held by armed groups, benefited from ICRC-donated food supplies; 1,071 of them with severe malnutrition received treatment and therapeutic food supplements from the ICRC. The South Sudan Red Cross supported the ICRC's work in four of these facilities. Eight prison clinics received medical supplies and technical support from the ICRC; detainees with vitamin-deficiency illnesses received treatment from ICRC teams. The ICRC enabled several detainees needing further treatment to be transferred to external medical facilities.

The authorities and the ICRC renovated or installed kitchens, toilets and ventilation systems for some 3,200 detainees at seven prisons. Nearly 1,100 detainees received hygiene items and other essentials, which helped improve their living conditions.

WOUNDED AND SICK

The ICRC reminded the parties to the conflict of the protection afforded by IHL to patients and medical workers and facilities (see *Civilians*). Public-communication efforts by the South Sudan Red Cross and the ICRC broadened the general public's awareness of this aspect of IHL.

Casualties are treated by ICRC surgical teams

Despite the poor security conditions, the ICRC sought to increase support for people needing medical services. Wounded civilians and fighters received life-saving care from first responders, including weapon bearers who received first-aid training and kits from the National Society and/or the ICRC. Hundreds of people, nearly twice as many as in 2016, were airlifted by the ICRC to facilities providing higher-level care, including ICRC-supported hospitals.

ICRC surgical teams reinforced local capacities in providing treatment; they performed over 4,300 operations. Initially, they were stationed in hospitals in Juba, Kodok, Maiwut and Wau, but the Kodok and Maiwut hospitals were evacuated by July because of intensified violence. In September, another team began operating in a field hospital set up by the ICRC in Ganyiel. During emergencies, mobile surgical teams were sent to temporary field hospitals set up in Akobo and Old Fangak.

The hospitals mentioned above – including Kodok and Maiwut before they were evacuated – improved their obstetric, paediatric and other services with ICRC support: supervision and training for staff and medical supplies. Several other hospitals used medical supplies from the ICRC to cope with shortages.

Patients and staff at ICRC-supported hospitals and physical rehabilitation centres (271 beds in all) benefited from infrastructural repairs or upgrades.

Physically disabled people regain some mobility

Physically disabled people received assistive devices and rehabilitative services at centres in Juba, Rumbek and Wau, recipients of ICRC material, technical and financial support. The ICRC continued referring disabled people from remote areas to these centres; it covered food and transportation expenses for destitute patients. Uncertain security conditions forced the ICRC to postpone the opening of an orthopaedic referral centre in Waat that it had built in 2016.

The ICRC promoted the social inclusion of disabled people through sports: it covered transportation expenses for people attending weekly training sessions in Juba with the national wheelchair basketball association, and sponsored the training of the association's members with a coach from abroad.

ACTORS OF INFLUENCE

Dialogue with all sides facilitates delivery of humanitarian aid

The ICRC – sometimes together with the South Sudan Red Cross – sought to advance understanding of its mandate and of the Movement's activities among the authorities, weapon bearers, community leaders and members of civil society. The National Society received ICRC support for enhancing its capacities in public communication. The ICRC's dialogue with weapon bearers also covered compliance with IHL (see below).

Beneficiaries shared their concerns during ICRC information sessions, at which they also learnt about the ICRC and the National Society, and discussed the best use of the aid they had received (see *Civilians*).

Coverage by international and local media of the Movement's activities was enhanced with ICRC input. Content printed in local languages, and posted on online platforms, helped broaden the general public's awareness of neutral, impartial and independent humanitarian action. They also drew attention to issues of humanitarian concern, such as sexual violence and attacks against medical personnel and facilities. Law students demonstrated their knowledge of IHL in local and regional moot court competitions organized by the ICRC; a university lecturer, sponsored by the ICRC, attended a training course in teaching IHL (see *Nairobi*).

These efforts helped broaden acceptance for the National Society and the ICRC, and facilitated their access to vulnerable people.

Weapon bearers acquaint themselves with IHL

About 2,300 weapon bearers from all sides furthered their understanding of IHL through dissemination sessions that were often combined with first-aid training (see *Wounded and sick*). These sessions, and the reference materials distributed to participants, emphasized compliance with IHL, particularly its provisions

on: protecting civilians and detainees; facilitating safe access to medical care; and preventing sexual violence and other abuse. The ICRC sponsored the participation of a South Sudanese military officer in an advanced IHL course in San Remo (see *International law and policy*). With ICRC support, military instructors attended train-the-trainer sessions conducted by the South Sudanese army, and developed their ability to teach IHL.

Peacekeepers stationed in Abyei, human rights officers from UNMISS and South Sudanese law enforcement officials learnt more about IHL, international human rights law and other norms applicable to their duties at ICRC dissemination sessions.

The ICRC discussed domestic implementation of IHL with the pertinent authorities.

RED CROSS AND RED CRESCENT MOVEMENT

The South Sudan Red Cross remained the ICRC's main partner in assisting vulnerable communities. It strengthened its operational and administrative capacities with the help of the ICRC and other Movement partners.

With the ICRC's technical, material and financial support, the National Society created two new emergency response teams and bolstered the capacities of existing teams; it improved its first-aid programme by expanding its staff and by working with the Norwegian Red Cross to refresh the skills of experienced trainers. National Society personnel learnt more about needs assessment and post-distribution monitoring through workshops and on-the-job training. The ICRC renovated a National Society office and donated vehicles to boost the National Society's logistical capabilities.

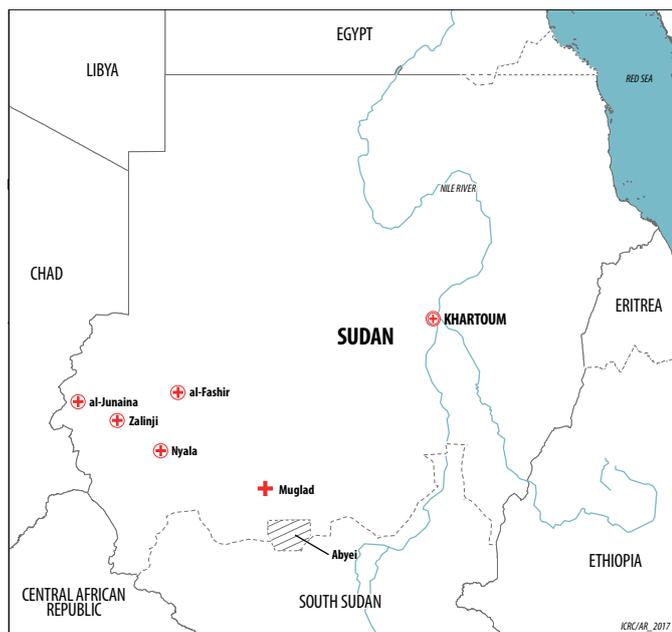
The National Society drew on ICRC expertise to improve its financial management and to revise its plan of action for implementing the Safer Access Framework; it hired someone to manage security-related matters. With Movement partners, the National Society continued to develop strategies for mobilizing resources, responding to emergencies and managing its volunteer base.

Movement components met regularly to coordinate their activities, including assistance activities led by the National Society. Several National Societies supported ICRC activities in South Sudan; the ICRC, in turn, shared its expertise in needs assessment, public communication, logistics, and security management.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		2,814	6		
RCMs distributed		2,142	3		
Phone calls facilitated between family members		66,198			
Names published on the ICRC family-links website		1,158			
Reunifications, transfers and repatriations					
People reunited with their families		150			
	<i>including people registered by another delegation</i>	77			
People transferred or repatriated		56			
Human remains transferred or repatriated		25			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,833	375	378	15
	<i>including people for whom tracing requests were registered by another delegation</i>	1,278			
Tracing cases closed positively (subject located or fate established)		651			
	<i>including people for whom tracing requests were registered by another delegation</i>	420			
Tracing cases still being handled at the end of the reporting period (people)		3,020	593	651	34
	<i>including people for whom tracing requests were registered by another delegation</i>	2,057			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		50	26		3
UAMs/SC reunited with their families by the ICRC/National Society		98	50		12
	<i>including UAMs/SC registered by another delegation</i>	51			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		52	30		1
Documents					
Official documents delivered across borders/front lines		10			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		39			
Detainees in places of detention visited		5,053	267	311	
Visits carried out		130			
			Women	Girls	Boys
Detainees visited and monitored individually		316	3		6
	<i>of whom newly registered</i>	202	3		6
RCMs and other means of family contact					
RCMs collected		201			
RCMs distributed		51			
Phone calls made to families to inform them of the whereabouts of a detained relative		41			
Detainees released and transferred/repatriated by/via the ICRC		127			
People to whom a detention attestation was issued		131			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	511,847	187,509	228,270
	<i>of whom IDPs</i>	375,045	134,750	166,873
Essential household items	Beneficiaries	226,857	91,463	101,100
	<i>of whom IDPs</i>	182,269	71,250	83,398
Productive inputs	Beneficiaries	816,750	310,035	334,640
	<i>of whom IDPs</i>	470,077	176,770	195,513
Cash	Beneficiaries	573	230	286
	<i>of whom IDPs</i>	378	151	189
Vouchers	Beneficiaries	16,800	6,240	7,920
	<i>of whom IDPs</i>	4,800	1,440	1,920
Services and training	Beneficiaries	564	162	194
	<i>of whom IDPs</i>	211	61	73
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	383,787	76,757	230,272
Health				
Health centres supported	Structures	12		
Average catchment population		149,387		
Consultations		87,424		
	<i>of which curative</i>	80,664	22,819	38,878
	<i>of which antenatal</i>	6,760		
Immunizations	Patients	34,840		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	20,815		
Referrals to a second level of care	Patients	754		
	<i>of whom gynaecological/obstetric cases</i>	46		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	3,559	523	737
Essential household items	Beneficiaries	1,488	176	599
Productive inputs	Beneficiaries	60	6	9
Services and training	Beneficiaries	60	6	9
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,248		
Health				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	8		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	10		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	8		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	1,436	59	92
	Non-weapon-wound admissions	249		
	Operations performed	4,308		
Medical (non-surgical) admissions		477	277	
Gynaecological/obstetric admissions		295	274	
Consultations		15,677		
Patients whose hospital treatment was paid for by the ICRC				
		2		
First aid				
First-aid training				
	Sessions	167		
	Participants (sum of monthly data)	3,983		
Water and habitat				
Water and habitat activities	Beds	271		
Physical rehabilitation				
Projects supported	Projects	3		
Patients receiving services (sum of monthly data)		3,156	600	233
New patients fitted with prostheses	Patients	165	34	18
Prostheses delivered	Units	525	109	33
	<i>of which for victims of mines or explosive remnants of war</i>	17	2	
New patients fitted with orthoses	Patients	166	27	56
Orthoses delivered	Units	305	49	104
	<i>of which for victims of mines or explosive remnants of war</i>	1	1	
Patients receiving physiotherapy	Patients	877	179	102
Walking aids delivered	Units	2,141	384	89
Wheelchairs or tricycles delivered	Units	298	86	29

SUDAN



ICRC delegation ICRC sub-delegation ICRC office

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ In July, the authorities allowed the ICRC to increase its assistance activities, which had been limited in the past three years. It started emergency aid distributions for returnees and IDPs in Central Darfur and South Kordofan.
- ▶ In Central Darfur and South Kordofan, people benefited from aid distributions and repairs to water systems, carried out by the Sudanese Red Crescent Society and the ICRC within the framework of an agreement signed in July.
- ▶ Disabled people received assistive devices and physiotherapy at ICRC-supported physical rehabilitation centres. Local authorities worked with the ICRC to renovate a referral centre in Khartoum.
- ▶ The ICRC served as a neutral intermediary in the handover to the government of 125 people released by an armed group. Detainees released by the government received financial and material assistance for their journey home.
- ▶ Police and military officers were trained to apply IHL, international human rights law and other norms applicable to their operations, in line with a new agreement between the interior ministry and the ICRC.

EXPENDITURE IN KCHF

Protection	2,370
Assistance	2,878
Prevention	2,039
Cooperation with National Societies	1,410
General	110
Total	8,807
<i>Of which: Overheads</i>	<i>538</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	13
Resident staff (daily workers not included)	150

The ICRC has been present in Sudan since 1978 to address the consequences of non-international and international armed conflicts. While pursuing dialogue with the authorities on increasing its direct access to conflict-affected people, it focuses on activities that aim to: promote respect for IHL; respond to the emergency needs of conflict-affected people; help physically disabled people obtain rehabilitative services; re-establish links between separated family members; and seek information on the fate of persons allegedly detained in relation to the conflicts. The ICRC works with and supports the Sudanese Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	794
RCMs distributed	347
Phone calls facilitated between family members	5,675
Tracing cases closed positively (subject located or fate established)	167
People reunited with their families	4
<i>of whom unaccompanied minors/separated children</i>	<i>4</i>

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	31
Essential household items	Beneficiaries	9,031
Cash	Beneficiaries	3,471
Vouchers	Beneficiaries	2,950
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities ¹	Beneficiaries	
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	10 11
Patients receiving services	Patients	3,000 5,878

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Sporadic clashes between government forces and armed groups were reported in Darfur, and in Blue Nile and South Kordofan, despite unilateral ceasefires announced by various parties. Peace talks – mediated by the African Union – between the Sudanese government, the Sudan People's Liberation Movement-North (SPLM-N) and other armed groups in Darfur had yet to produce results. Communal violence over natural resources continued in various parts of Sudan. The government began a nationwide disarmament campaign.

Sudan continued to host refugees from South Sudan. Tensions persisted between the two countries, particularly in connection with the disputed area of Abyei.

Many international organizations continued to channel humanitarian aid through the authorities, the Sudanese Red Crescent Society and/or local NGOs, in compliance with government directives. However, international organizations had more access than in previous years to conflict-affected communities in Darfur, South Kordofan and Blue Nile, after the revised directives issued by the government in December 2016.

ICRC ACTION AND RESULTS

The ICRC sought to build acceptance for its neutral, impartial and independent approach to humanitarian action and for its activities for people affected by armed conflict and other situations of violence. It focused on these two topics, and on the importance of having independent and direct access to vulnerable communities, in its discussions with the authorities on the full resumption of its activities, which it suspended from February to September 2014, as per a government directive. Following these discussions, and an agreement between the Sudanese Red Crescent Society and the ICRC in July, the authorities allowed the ICRC to increase its assistance activities for conflict-affected people – beginning with those in Central Darfur and South Kordofan.

In Central Darfur, the National Society and the ICRC distributed household essentials to returnees and IDPs. In South Kordofan, newly displaced people received cash to meet their basic needs for one month. In both areas, people had better access to water after hand pumps were repaired and water systems renovated; the ICRC carried out these projects with the National Society and/or the local authorities.

In addition to its bilateral talks with the authorities, the ICRC held dissemination sessions and other events for local authorities, community leaders and military and police personnel. It sought by these means to broaden support for its mandate and work, and promote respect for IHL and other norms. Police and military officers were also trained in the application of IHL, international human rights law, and other norms applicable to their operations, in line with an agreement that the interior ministry and the ICRC signed in May.

The ICRC engaged the Sudanese authorities and armed groups in dialogue on its work for people deprived of their freedom; its aim was to gain access to these people and check if their treatment and living conditions complied with IHL or met internationally recognized standards. In February, at the request of all parties concerned, the ICRC served as a neutral intermediary in the handover to the Sudanese authorities of 125 people released by

the SPLM-N. The ICRC gave detainees released by the government material and financial assistance to return home.

The ICRC provided the National Authority of Prosthetics and Orthotics (NAPO) and the Khartoum Cheshire Home, an NGO, with materials, technical guidance, training and other forms of assistance for running physical rehabilitation centres; as a result, physically disabled people could obtain assistive devices and physiotherapy. The ICRC also provided technical and material support for a prosthetic/orthotic repair shop in Al Fashir that was run by a disabled people's association. NAPO drew on ICRC guidance for its long-term efforts – for instance, renovations to a referral centre – to improve the quality of physical rehabilitation services in Sudan. The ICRC continued to promote the socio-economic inclusion of disabled people: it gave disabled people cash grants to start small businesses and supported the development of a wheelchair basketball programme.

Members of dispersed families benefited from the ICRC's family-links services; for instance, some learnt about the fate and whereabouts of their relatives who had gone missing in connection with armed conflict or migration.

CIVILIANS

The ICRC extends assistance activities to Central Darfur and South Kordofan

The ICRC sustained its efforts to foster acceptance for its activities, and broaden respect for IHL, in Sudan. These efforts consisted mainly of bilateral talks with the authorities and dissemination sessions and other events for them (see *Actors of influence*). Dialogue with the authorities also focused on the importance of having independent and direct access to people affected by armed conflict and other situations of violence. The ICRC clarified the arrangements – with regard to travel permits, for example – necessary to implement the agreements signed with the government and federal ministries in 2014 and 2015; these agreements were meant to enable the ICRC to fully resume activities that were suspended from February to September 2014, in accordance with a government directive.

In the first half of 2017, while negotiations with the authorities were ongoing, the ICRC helped address humanitarian needs by donating supplies and/or equipment to local institutions or to other international organizations. An international organization responding to emergency medical needs in Khartoum was given wound-dressing kits; another organization, which was involved in water-supply projects in Darfur, received a generator, tools and technical manuals.

Following sustained dialogue with the authorities, the ICRC was allowed, in July, to increase its assistance activities. In Central Darfur, the Sudanese Red Crescent Society and the ICRC distributed kitchen items, blankets and tarpaulins to around 1,500 returnee and IDP households (9,000 people). In South Kordofan, some 670 newly displaced households (3,370 people) received cash – and 590 households (2,950 people) received vouchers – to meet their basic needs for one month, until other organizations gave them longer-term assistance; people there also had better access to water after local authorities, the National Society and the ICRC repaired hand pumps. Together with local water boards, the ICRC renovated one water system in South Kordofan, and two others in Central Darfur. In total, some 19,500 people had better access to water, after these projects.

People receive information on the fate and whereabouts of their relatives

Families dispersed by armed conflict, detention or migration benefited from the ICRC's family-links services: for instance, the fate and whereabouts of 167 people were ascertained and relayed to their relatives, and four children were reunited with their families. Some of these people also received cash, food and household essentials from the ICRC. People in Central Darfur, Khartoum and White Nile sent or received RCMs through the ICRC and/or the National Society.

The National Society continued to reinforce its family-links services, with the ICRC's support. At an ICRC workshop, organized within the framework of an action plan signed with the National Society (see *Red Cross and Red Crescent Movement*), 16 National Society staff members learnt more about restoring family links.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained dialogue with the Sudanese authorities and armed groups, with a view to gaining access to people held in relation to the armed conflict and other violence in the country. The ICRC wanted to check whether detainees' treatment and living conditions were in line with IHL or internationally recognized standards, and where necessary, to offer detainees family-links services. At a workshop organized with the national IHL committee, penitentiary authorities, members of the IHL committee, and officials from the foreign ministry and other government bodies learnt more about the ICRC's activities for people deprived of their freedom and the legal bases for such work.

The ICRC submitted and followed up requests for information about people allegedly arrested or captured; these requests were based on reports from families who had sought the ICRC's help in locating their relatives (see *Civilians*).

People released by an armed group are handed over to the authorities

During discussions with military officials and members of armed groups, the ICRC emphasized its readiness to serve as a neutral intermediary in the handover of people in their custody. In February, at the request of all parties concerned and in line with its standard procedures, the ICRC facilitated the repatriation of 125 people formerly held by the SPLM-N. Under the ICRC's auspices, these people traveled from South Sudan to Uganda, and eventually to Sudan, where they were received by the Sudanese authorities. Before their repatriation, they were interviewed and given medical examinations by ICRC staff members; during the interviews, they confirmed their willingness to return to Sudan.

Hygiene kits and other essential items were given to over 240 detainees released by the Sudanese authorities in March; they also received financial assistance for their journey home. The ICRC covered treatment costs for those who needed medical attention.

WOUNDED AND SICK

Physically disabled people obtain rehabilitative services

Disabled people received assistive devices, and physiotherapy and other services, from eight centres and one mobile workshop run by NAPO; the ICRC provided raw materials, technical guidance and other support for the centres and the workshop. Destitute and other extremely vulnerable people from Darfur and West Kordofan

were among those who obtained services at the NAPO-run centre in Nyala; the ICRC covered their expenses for transportation, food and accommodation. Service providers and patients at some centres were given Arabic-language leaflets and videos on physiotherapy and on managing cases of clubfoot.

Some 880 children with physical disabilities, such as clubfoot, received rehabilitation services at the Khartoum Cheshire Home, which was given equipment and raw materials, and technical guidance, by the ICRC. The ICRC organized a training course for local personnel in making corrective devices for treating clubfoot. At a fundraising event for the centre, the ICRC encouraged other organizations to support the centre and help ensure the sustainability of its services; one organization assigned a volunteer physiotherapist to the centre and donated a vehicle.

Nearly 50 people benefited from maintenance services at a prosthetic/orthotic repair shop in Al Fashir that was run by a disabled people's association, and given technical and material support by the ICRC.

Local authorities and physiotherapists become more capable of providing good-quality services

NAPO continued – with technical guidance and financial support from the ICRC – to work on improving the accessibility and quality of physical rehabilitation services in Sudan. For instance, NAPO and the ICRC shared the cost of renovating the referral centre in Khartoum. They also worked together to standardize procedures at NAPO-run centres, following ICRC information sessions at which staff discussed best practices and learnt more about assessing patients. NAPO was also working with the ICRC and other organizations to establish wheelchair services in Khartoum.

Physiotherapists, assistants and benchworkers from NAPO and the Khartoum Cheshire Home expanded their capacities through ICRC training courses and sessions. Fourteen students continued to attend a diploma course established by NAPO, a local university and the ICRC. With ICRC financial support, four NAPO employees studied physiotherapy at another local university, and four others were enrolled in prosthetics and/or orthotics courses abroad.

Efforts to promote the socio-economic inclusion of disabled people continued: some 70 disabled people started small businesses with ICRC cash grants, to support their families. A local organization developed a wheelchair basketball programme with ICRC support; it also received wheelchairs from the ICRC.

ACTORS OF INFLUENCE

The ICRC continued to build acceptance for its neutral, impartial and independent approach to humanitarian action and for its activities for people affected by armed conflict and other violence. It followed up discussions with the authorities regarding its activities, and in relation to the agreements it signed with government bodies in 2014 and 2015. In July, the authorities allowed the ICRC to increase its activities. The ICRC informed local authorities, community leaders, and military and police commanders in Darfur, South and West Kordofan of the expansion of its activities; some of them helped facilitate its assistance activities in those areas (see *Civilians*).

Members of an armed group learnt more about the ICRC's mandate, and its activities in Sudan, at an ICRC dissemination session.

Police and military officers learn more about IHL, international human rights law and other norms

The ICRC sought to foster respect for IHL and other pertinent norms among the authorities, through bilateral talks and dissemination sessions and other IHL-related events for them. ICRC presentations helped justice ministry officials to learn more about IHL. Discussions were ongoing on carrying out similar activities for the military, as agreed upon in a 2015 memorandum of understanding between the defence ministry and the ICRC. With ICRC financial support, a legal adviser from the national IHL committee strengthened his grasp of IHL at an ICRC course abroad (see *Lebanon*).

At ICRC workshops, senior police officers and the military were trained in the application of international human rights law, IHL and other norms applicable to their duties. The ICRC organized information sessions on similar topics for 650 police officers and 250 senior military officers during their training at the national police academy. These activities arose from a three-year memorandum of understanding – signed by the interior ministry and the ICRC in May – to help the ministry build its capacities in training police personnel to comply with the norms mentioned above.

Two Islamic scholars contributed to discussions on the similarities between Islamic law and IHL at an ICRC regional event (see *Nairobi*). Journalists learnt more about conflict reporting and IHL at ICRC workshops. University students participated in events organized by or with the ICRC, such as IHL seminars and a national moot court competition.

RED CROSS AND RED CRESCENT MOVEMENT

The Sudanese Red Crescent continued to provide assistance – including first aid and material support – for vulnerable people, with technical, financial and logistical backing from the ICRC. The National Society, with the ICRC's help, acquired new offices, training halls and equipment for strengthening its logistical capacities and increasing its operational reach. At ICRC workshops, National Society personnel and volunteers learnt more about the Fundamental Principles, and developed their ability to restore family links and apply the Safer Access Framework to their activities. When the ICRC extended its work to Central Darfur and South Kordofan, the National Society carried out assistance activities with it (see *Civilians*).

The National Society and the ICRC signed an agreement in July, which reflected a renewal of their commitment to work together, and clarified their roles and responsibilities in addressing humanitarian needs; the activities mentioned above were in line with it. This agreement was in addition to the plans of action the two organizations signed in March, concerning family-links activities. Increased assistance activities having been given priority, the ICRC put on hold plans to help the National Society review its statutes.

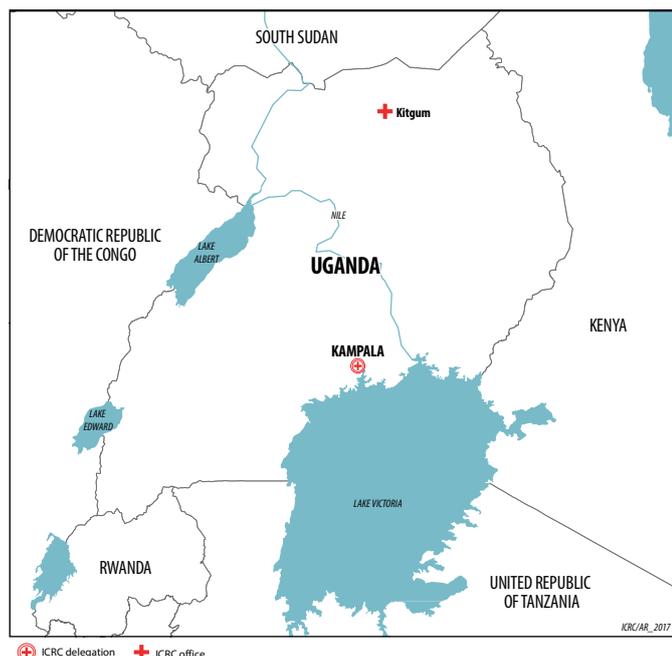
Despite the absence of a new Movement coordination agreement, the National Society, the International Federation, the ICRC and other components of the Movement met regularly to discuss their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		794	1		
RCMs distributed		347			
Phone calls facilitated between family members		5,675			
Reunifications, transfers and repatriations					
People reunited with their families		4			
	<i>including people registered by another delegation</i>	2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		373	101	56	72
	<i>including people for whom tracing requests were registered by another delegation</i>	81			
Tracing cases closed positively (subject located or fate established)		167			
	<i>including people for whom tracing requests were registered by another delegation</i>	35			
Tracing cases still being handled at the end of the reporting period (people)		808	153	99	74
	<i>including people for whom tracing requests were registered by another delegation</i>	124			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		4	3		
UAMs/SC reunited with their families by the ICRC/National Society		4	3		1
	<i>including UAMs/SC registered by another delegation</i>	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		28	16		1
Documents					
Official documents delivered across borders/front lines		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
RCMs and other means of family contact					
Detainees released and transferred/repatriated by/via the ICRC		125			
People to whom a detention attestation was issued		48			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	31		31
Essential household items	Beneficiaries	9,031	1,890	5,431
	<i>of whom IDPs</i>	9,000	1,890	5,400
Cash	Beneficiaries	3,471	728	2,053
	<i>of whom IDPs</i>	3,377	710	2,022
Vouchers	Beneficiaries	2,950	620	1,769
	<i>of whom IDPs</i>	2,950	620	1,769
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities ¹	Beneficiaries			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	242		
Cash	Beneficiaries	242		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	11		
Patients receiving services (sum of monthly data)		5,878	1,208	1,605
New patients fitted with prostheses	Patients	678	139	22
Prostheses delivered	Units	1,494	336	62
	<i>of which for victims of mines or explosive remnants of war</i>	29	1	3
New patients fitted with orthoses	Patients	638	54	517
Orthoses delivered	Units	1,478	147	1,151
Patients receiving physiotherapy	Patients	5,748	577	3,838
Walking aids delivered	Units	2,130	295	173
Wheelchairs or tricycles delivered	Units	2		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

UGANDA



The ICRC has been present in Uganda since 1979. It helps reunite children and their families who were separated in relation to the non-international armed conflict in northern Uganda (1986–2006), or to violence in neighbouring countries, such as South Sudan or the Democratic Republic of the Congo. The ICRC monitors the treatment of detainees and strives to raise awareness of IHL and humanitarian principles among the armed and police forces. Whenever possible, the ICRC supports the Uganda Red Cross Society in its efforts to improve its capacities.

YEARLY RESULT

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

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Refugees from conflict-affected countries kept in touch with their relatives through the ICRC's family-links services. Together with the Uganda Red Cross Society, the ICRC expanded these services, owing to increased needs.
- ▶ Missing persons' families received psychosocial support through ICRC-backed initiatives; some started income-generating activities and improved their economic situation.
- ▶ Peacekeepers bound for the African Union Mission in Somalia learnt about IHL and international human rights law, and the ICRC's mandate, at predeployment briefings conducted by the ICRC.
- ▶ The Ugandan Red Cross, with ICRC support, developed its capacity to deliver family-links services, first aid and emergency response in accordance with the Fundamental Principles and the Safer Access Framework.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3,480
RCMs distributed	2,150
Phone calls facilitated between family members	68,810
Tracing cases closed positively (subject located or fate established)	73
People reunited with their families	136
<i>of whom unaccompanied minors/separated children</i>	115
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	15
Detainees in places of detention visited	12,650
<i>of whom visited and monitored individually</i>	174
Visits carried out	44
Restoring family links	
RCMs collected	500
RCMs distributed	425
Phone calls made to families to inform them of the whereabouts of a detained relative	285

EXPENDITURE IN KCHF

Protection	2,997
Assistance	-
Prevention	505
Cooperation with National Societies	509
General	73
Total	4,085
<i>Of which: Overheads</i>	<i>249</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	43

ASSISTANCE

	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	43
Essential household items	Beneficiaries	4,400
Productive inputs	Beneficiaries	4,721
Cash	Beneficiaries	56
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	5,000

CONTEXT

Occasional outbreaks of violence linked to political tensions, “terrorism” and communal disputes persisted in parts of Uganda. Casualties, arrests, displacement and damage to public property were often the result.

There were reportedly more than a million refugees in Uganda, in flight from armed conflict and other situations of violence in neighbouring countries, mainly Burundi, the Democratic Republic of the Congo (hereafter DRC) and South Sudan. The influx of refugees strained the country’s resources and created security issues. Riots and clashes took place in certain refugee settlements; scarcity of space and resources, and communal tensions, were said to be the reasons. The number of South Sudanese refugees decreased in the second half of 2017, but arrivals from the DRC increased.

Thousands of families remained without news of relatives who went missing in connection with the 1986–2006 non-international armed conflict in northern Uganda.

The Uganda People’s Defence Force (UPDF) contributed troops to the African Union Mission in Somalia (AMISOM) and to military operations against the Lord’s Resistance Army in the Central African Republic.

ICRC ACTION AND RESULTS

The ICRC continued to monitor the situation of vulnerable people in Uganda, particularly refugees, missing people’s families and detainees.

Cooperation between the Uganda Red Cross Society and the ICRC gradually revived. In particular, joint delivery of family-links services resumed – in fact, the National Society and the ICRC sought to expand these services – in response to the ceaseless influx of refugees. The ICRC supported the National Society in recruiting, training and equipping new tracing officers. As a result of these joint efforts, thousands of refugees restored or maintained contact with their families through phone calls and RCMs. The ICRC paid particular attention to unaccompanied minors, including those previously associated with armed groups; several of them were reunited with their families.

Families of people missing in connection with the 1986–2006 non-international armed conflict in northern Uganda were given various forms of assistance. Some of them received psycho-social support from trained volunteers, under an ICRC-backed programme. With ICRC assistance, missing people’s families undertook income-generating activities to improve their economic situation. The ICRC continued to broaden awareness of the issue of missing persons and to remind the authorities to do their part to address the needs of the families concerned.

ICRC delegates visited places of detention and assessed the treatment and living conditions of detainees. Afterwards, findings and, where necessary, recommendations were submitted confidentially to the authorities. Detainees used the ICRC’s family-links services to keep in touch with their relatives; some benefited from ICRC-arranged family visits. Detainees were given hygiene and recreational items to ease their living conditions; the ICRC also worked with detention authorities to assess infrastructural needs

at several facilities. A meeting with the inspector-general of the Uganda Police Force (UPF) resulted in the ICRC securing access to detainees held at one police station.

The ICRC maintained its efforts to advance understanding of IHL and strengthen support for the Movement among government officials, military personnel and academics. It continued to brief UPDF officers, and troops bound for AMISOM, on IHL; it also worked with the UPDF’s legal training centre to help military legal advisers and senior officers learn more about international rules governing military operations. Military officers strengthened their grasp of IHL and other relevant norms through ICRC information sessions.

The ICRC continued to support the national authorities in ratifying or acceding to IHL treaties – particularly the Arms Trade Treaty and the Convention on Cluster Munitions; to that end, it organized workshops for them and enabled them to attend courses abroad. University lecturers and students added to their knowledge of IHL, including its points of correspondence with Islamic law, at ICRC dissemination sessions and workshops.

Together with other Movement partners, the ICRC helped the National Society become more capable of providing family-links services, first aid and emergency response in line with the Fundamental Principles and the Safer Access Framework.

The ICRC’s delegation in Uganda continued to manage a warehouse storing supplies bound for ICRC food distributions in South Sudan (see *South Sudan*).

CIVILIANS

The ICRC continued to monitor the situation of violence-affected people, including those who had fled armed conflict in neighbouring countries (see *Context*). It continued to advocate respect and protection for them; it reminded the authorities, weapon bearers and community leaders, during meetings with them, of the necessity of complying with IHL and other relevant norms.

Unaccompanied minors are reunited with their families

As more and more refugees entered Uganda, the need for family-links services increased. The Uganda Red Cross Society and the ICRC therefore took steps to resume, and expand, their joint family-links activities. However, a lack of staff and volunteers made it difficult for the National Society to deliver these services in north-western Uganda. To remedy this situation, the ICRC provided support for recruiting, training and equipping new tracing officers.

With ICRC assistance, people who had fled armed conflict and other violence in South Sudan (see *South Sudan*) and other countries (see *Burundi* and *Congo, Democratic Republic of the*) restored or maintained contact with relatives through phone calls (68,810) and RCMs (3,480 collected; 2,150 distributed). Some people in places of detention were visited by relatives (see *People deprived of their freedom*).

National Society and ICRC staff visited refugee settlements regularly and monitored the needs there. Information collected by the ICRC was shared with its delegation in South Sudan, which enabled them to carry on a protection dialogue with the parties concerned. Where necessary, the ICRC referred refugees with

specific vulnerabilities to ICRC delegations abroad and other organizations, including UNHCR and providers of psychosocial support. Travel documents were issued to 15 refugees to facilitate their resettlement in third countries.

The ICRC paid particular attention to unaccompanied minors, including those formerly associated with armed groups or in flight from violence in Uganda or elsewhere. Ugandan officials were apprised of these minors' concerns and urged to address their specific needs. The National Society and the ICRC registered some 611 unaccompanied minors – 599 of whom were South Sudanese. Their joint efforts resulted in 115 minors being reunited with their families; four children among them were repatriated to the DRC.

Emergency activities covering water and sanitation for refugees were carried out by other organizations.

Missing people's families receive psychosocial support

Thousands of families remained without news of relatives who went missing during the 1986–2006 non-international armed conflict in northern Uganda. As part of a programme initiated by the ICRC, 984 families received psychosocial support through peer-support sessions led by volunteers recruited and trained by the ICRC. Some families were referred to other organizations for assistance in meeting their specific needs, such as health care.

Missing people's families were also given aid to meet some of their financial needs. They received seed and farming tools, cash boxes and training materials to help them run more than 25 savings and loan associations and over 15 small-scale agricultural projects; 764 households (4,721 people) benefited. Among them, 4,440 people (717 households) also received essential household items.

The ICRC also kept up its efforts to broaden awareness of the plight of missing people's families at local, regional and national levels; it continued to remind the relevant authorities of their roles and responsibilities in addressing the families' needs. For example, during round-table discussions, the ICRC urged members of parliament to develop a national framework to address the needs of missing people's families.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited 15 places of detention – holding 12,650 detainees – in accordance with its standard procedures. Among those being held were people alleged to be members of armed groups or facing charges of “terrorism” or armed rebellion; 174 detainees were followed up individually. Afterwards, delegates' findings, on detainees' treatment and living conditions, were submitted confidentially to the authorities. The authorities were also given recommendations on issues of concern, such as respect for judicial guarantees and access to health care. A total of 18 penitentiary staff from six prisons attended ICRC-supported paralegal training to enhance their capacity to address detainees' concerns about judicial procedures.

The ICRC continued to engage the authorities in dialogue, with a view to gaining access to people held in police stations. Dialogue with the UPF resumed after six years; a meeting with the inspector-general led to the ICRC being granted access to one police station, where it visited 21 male detainees. Discussions with the relevant authorities – about further visits and to follow up past recommendations – continued.

Some detainees are visited by relatives

Detainees contacted their relatives through ICRC family-links services. Some sent or received RCMS, or informed their families of their whereabouts through phone calls. With the ICRC's help, the families of 55 detainees, including foreigners, were able to visit their relatives in prison. The ICRC enabled 17 foreign inmates to notify their diplomatic representatives, or UNHCR, of their situation. Some detainees received financial support for transportation upon their release.

The ICRC delegation in Uganda helped facilitate the repatriation – from South Sudan to Sudan via Uganda – of people previously held by a Sudanese armed group (see *Sudan*). The ICRC acted as a neutral intermediary, at the request of the governments and the armed group involved.

Detention authorities take steps to improve detainees' living conditions

The ICRC provided hygiene supplies and recreational items to some 12,400 detainees. As it planned to help the authorities align detention conditions with internationally recognized standards, the ICRC also assessed infrastructural needs in three main prisons and three police stations.

To facilitate the processing and follow-up of detainees' cases, the ICRC continued to give the penitentiary authorities technical advice for improving case management. It also facilitated coordination between detention and health authorities, to open up access to medical care for detainees.

ACTORS OF INFLUENCE

The ICRC's president visited Uganda in August and discussed the situation of South Sudanese refugees in the country, and the situation in neighbouring countries, with the president and the foreign minister of Uganda. Media coverage of this meeting helped broaden awareness of the ICRC's activities in Uganda.

UPDF officers and peacekeepers learn more about IHL

ICRC presentations during predeployment briefings enabled over 4,000 officers and troops bound for AMISOM to strengthen their understanding of various matters: IHL; the Movement's activities for violence-affected people; the prevention of sexual violence in armed conflict; and the necessity of protecting health-care services. These officers and troops were also given copies of an ICRC publication that contained first-aid instructions and a code of conduct incorporating the basic principles of IHL.

During an ICRC seminar organized at the request of the UPDF's legal training centre, over 150 military legal advisers and commanders learnt more about international rules governing military operations. The ICRC also donated IHL publications to the training centre. Several IHL modules, designed with the ICRC's technical assistance, continued to be part of the syllabus at the Junior and the Senior Command and Staff College. Military personnel engaged in law enforcement operations attended IHL information sessions. With ICRC support, one military officer attended an advanced course in San Remo, Italy, and another, a workshop for senior military officers in Mexico (see *Mexico City*).

A police officer attended a workshop on internationally recognized detention standards; however, the UPF showed no interest in the ICRC's offer to conduct dissemination sessions for their personnel on international human rights law and international policing standards.

National authorities receive support for implementing IHL

Government authorities drew on the ICRC for guidance in incorporating provisions of IHL in domestic legislation, and in ratifying, acceding to or implementing IHL treaties. At an ICRC seminar, officials from key government ministries and the prime minister's office discussed, with the legal adviser of the Uganda Red Cross Society, the progress Uganda had made in ratifying and implementing the Arms Trade Treaty. The ICRC also provided technical support for the ratification seminar on the Convention on Cluster Munitions attended by African signatory States. ICRC support enabled defence and justice ministry officials to discuss IHL implementation with their regional counterparts at workshops abroad (see *Nairobi*).

Over 180 students learnt more about IHL through ICRC presentations at three universities; five universities participated in an annual IHL moot court competition. With ICRC support, two university lecturers attended a workshop in Kenya on the points of correspondence between Islamic law and IHL (see *Nairobi*).

RED CROSS AND RED CRESCENT MOVEMENT

The Uganda Red Cross Society and the ICRC strove to address the family-links needs of refugees in the country (see *Civilians*). The ICRC provided the National Society with training to build up its operational capacities, and financial support to cover staff salaries and other operational expenses, with a view to helping it to work in accordance with the Fundamental Principles and the Safer Access Framework. The National Society also maintained its efforts to carry out structural and financial reforms, in order to boost its organizational capacities.

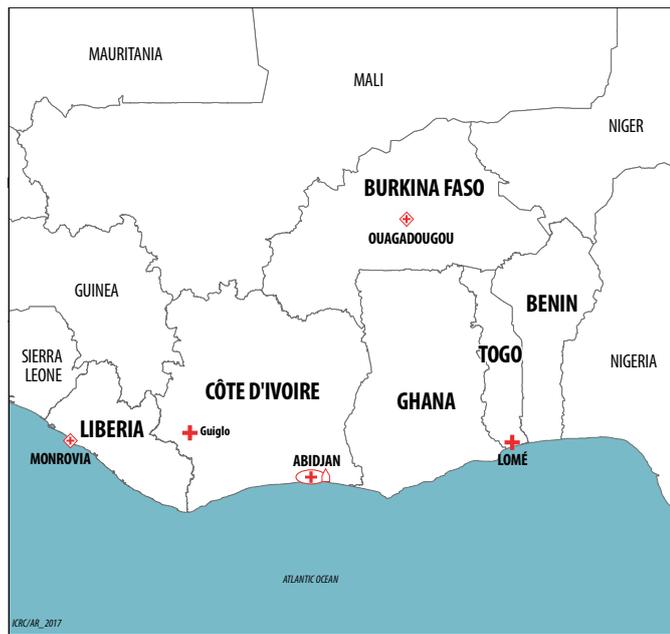
Workshops organized by the National Society, the International Federation and the ICRC provided training in family-links services and first aid for National Society staff and volunteers working in settlements for South Sudanese refugees. Over 90 members of the National Society's disaster response team were also trained to carry out water and sanitation initiatives and emergency relief, at courses organized by the National Society, the Belgian Red Cross and the ICRC. National Society personnel also learnt how to protect themselves when responding to emergencies.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3,480	291		
RCMs distributed		2,150	14		
Phone calls facilitated between family members		68,810			
Reunifications, transfers and repatriations					
People reunited with their families		136			
People transferred or repatriated		4			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		344	111	53	51
<i>including people for whom tracing requests were registered by another delegation</i>		36			
Tracing cases closed positively (subject located or fate established)		73			
<i>including people for whom tracing requests were registered by another delegation</i>		30			
Tracing cases still being handled at the end of the reporting period (people)		308	100	47	37
<i>including people for whom tracing requests were registered by another delegation</i>		27			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		611	291		
UAMs/SC reunited with their families by the ICRC/National Society		115	49		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		505	229		
Documents					
People to whom travel documents were issued		15			
Official documents delivered across borders/front lines		10			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		15			
Detainees in places of detention visited		12,650	648	67	
Visits carried out		44			
			Women	Girls	Boys
Detainees visited and monitored individually		174	14		1
<i>of whom newly registered</i>		67	8		1
RCMs and other means of family contact					
RCMs collected		500			
RCMs distributed		425			
Phone calls made to families to inform them of the whereabouts of a detained relative		285			
Detainees visited by their relatives with ICRC/National Society support		55			
People to whom a detention attestation was issued		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	43	18	6
Essential household items	Beneficiaries	4,400	2,196	6
Productive inputs	Beneficiaries	4,721	2,196	
Cash	Beneficiaries	56	13	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	5,150	540	
Essential household items	Beneficiaries	12,413	700	5
Cash	Beneficiaries	4		

ABIDJAN (regional)

COVERING: Benin, Burkina Faso, Côte d'Ivoire, Ghana, Liberia (see separate report), Togo



ICRC/AR_2017
 ICRC regional delegation ICRC office/presence ICRC regional logistics centre ICRC mission

In the countries covered by the delegation, established in 1992, the ICRC supports the authorities in implementing IHL, encourages the armed/security forces to respect that law and visits detainees, working with the authorities to improve conditions of detention. It works with and supports the development of the region's National Societies. The delegation focuses on responding to the protection and assistance needs of people, including refugees, affected by armed conflicts and other situations of violence in the greater region.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ As the situation in northern Burkina Faso deteriorated, the ICRC, in cooperation with the Burkinabe Red Cross Society, scaled up material assistance – food and household essentials – for IDPs and their hosts.
- ▶ The ICRC strengthened its efforts to monitor the well-being of people detained in relation to violence in northern Burkina Faso. In Côte d'Ivoire, it continued to aid officials' efforts to improve detainees' nutrition and health care.
- ▶ Children who had fled to Liberia because of past violence rejoined their families in Côte d'Ivoire with the help of the ICRC and the National Societies concerned; all such cases were resolved by year's end.
- ▶ Burkinabe, Ivorian and Togolese military and police officers, including those preparing to join multinational forces in the region or elsewhere, learnt more about IHL and international policing standards at ICRC briefings.
- ▶ Diplomats, humanitarian workers, military officials, and academics from French-speaking Africa attended a series of conferences on preventing IHL violations during protracted conflict.

EXPENDITURE IN KCHF

Protection	2,537
Assistance	3,772
Prevention	2,223
Cooperation with National Societies	1,690
General	145
Total	10,367
<i>Of which: Overheads</i>	<i>633</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	37
Resident staff (daily workers not included)	185

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	289
RCMs distributed	162
Phone calls facilitated between family members	841
Tracing cases closed positively (subject located or fate established)	30
People reunited with their families	18
<i>of whom unaccompanied minors/separated children</i>	17
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	27
Detainees in places of detention visited	17,554
<i>of whom visited and monitored individually</i>	308
Visits carried out	78
Restoring family links	
RCMs collected	170
RCMs distributed	80
Phone calls made to families to inform them of the whereabouts of a detained relative	201

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 4,500	6,328
Cash	Beneficiaries 3,000	
Vouchers	Beneficiaries	5,706
Services and training	Beneficiaries 36,000	26,574
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 54,000	54,427
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	3

CONTEXT

Cross-border attacks by armed groups based in Mali caused a further deterioration in the security situation in northern Burkina Faso; in response, the Burkinabe army joined Malian and French forces in military operations on both sides of the border. The G5 Sahel force – made up of troops from Burkina Faso, Chad, Mali, Mauritania and Niger – began operations against armed groups in the wider Sahel region. Northern Burkina Faso was also hit by a region-wide drought; over 33,000 Malian refugees remained in UN camps or host communities, further straining already limited resources.

Incidents of violence took place throughout the region. Gunmen attacked a restaurant in Ouagadougou, Burkina Faso. Communal, political and/or socio-economic tensions led to a mutiny by Ivorian soldiers, occasional clashes in western Côte d'Ivoire, and mass demonstrations in Togo.

Thousands of Ivorian refugees, who had fled past violence, voluntarily returned home from Liberia under a UNHCR-led process; this ended in 2017. Thousands of Ivorian refugees remained in Ghana and Togo.

People from the countries covered by the regional delegation sought to migrate elsewhere in West Africa, or to Europe. Côte d'Ivoire remained both a transit and a destination country for migrants.

ICRC ACTION AND RESULTS

The ICRC responded to the deteriorating situation in northern Burkina Faso by scaling up, together with the Burkinabe Red Cross Society, relief distributions for IDPs and their hosts. It improved access to water and sanitation by repairing and constructing infrastructure such as latrines and wells. It also continued to carry out animal vaccination campaigns that helped both residents and Malian refugees to protect their livestock against contagious diseases.

The ICRC intensified its efforts to monitor the well-being of people detained in connection with the violence in northern Burkina Faso; in November, it began to visit people in places of temporary detention in this area. Visits to detainees in Côte d'Ivoire, Togo and Benin continued. After these visits, delegates discussed their findings confidentially with the authorities, to help them improve detainees' treatment and living conditions. Particular attention was paid to security detainees, including people held in connection with: past conflict and other violence in Côte d'Ivoire; the 2014 protests and the 2015 coup attempt in Burkina Faso; and demonstrations in Togo.

In Côte d'Ivoire, the penitentiary authorities drew on material and technical support from the ICRC to improve nutrition and health care in prisons. The ICRC helped them organize workshops for health staff on medical ethics and nutrition in places of detention, and guided prison managers in streamlining the food-supply chain. Detainees were screened by ICRC and health ministry staff; where necessary, they were included in therapeutic feeding programmes or referred to prison infirmaries for further care. Both the programmes and the infirmaries received ICRC support. The ICRC also donated essential items for detainees, such as hygiene kits, to help ease their living conditions. Inmates at certain prisons benefited from improvements to infirmaries and to water, sanitation and cooking facilities.

With ICRC support, National Societies in the region strengthened their capacities; the ICRC helped them respond to emergencies (see *Context*) by providing them with equipment and supplies. The ICRC also donated medical supplies to facilities in Côte d'Ivoire and Togo, and worked with the Red Cross Society of Côte d'Ivoire to distribute household essentials to IDPs.

Malian refugees in Burkina Faso and Ivorian refugees in Ghana re-established or maintained contact with their families via the Movement's family-links services. Children who had fled to Liberia because of past violence were reunited with their families in Côte d'Ivoire by the ICRC and the National Societies concerned; all such cases were resolved by the end of 2017.

The ICRC sought, throughout the region, to reinforce support for IHL and humanitarian action. For instance, it organized a series of conferences on preventing IHL violations during protracted conflict; these conferences were attended by diplomats, humanitarian workers, military officials, and academics from French-speaking Africa. Briefings for military and security forces in the region – including peacekeepers and members of mixed units fighting armed groups – helped to strengthen their grasp of IHL and international law enforcement standards; and contact with violence-affected communities in Burkina Faso and Côte d'Ivoire facilitated the Movement's work. Academics, journalists and community leaders broadened their understanding of IHL and the ICRC at workshops and other events.

The regional delegation in Abidjan continued to provide communications, logistical and technical support for ICRC operations in central, northern and western Africa. By the end of the year, the ICRC delegation in Liberia (see separate report for its activities in 2017) became a mission reporting to the regional delegation in Abidjan.

CIVILIANS

In response to the deterioration of the situation in northern Burkina Faso, the ICRC, together with the Burkinabe Red Cross Society, resumed field visits to the area and scaled up activities for people affected by the violence, reallocating resources from certain activities to aid distributions. It also raised humanitarian concerns – linked to the use of force, for example – with the authorities and other parties concerned (see *Actors of influence*). These discussions helped facilitate access to the affected communities.

The ICRC monitored the situation in western Côte d'Ivoire, in coordination with UN agencies, NGOs and the Red Cross Society of Côte d'Ivoire, and provided some assistance (see below) during emergencies.

Violence-affected people in Burkina Faso and Côte d'Ivoire obtain urgent aid

In northern Burkina Faso, around 5,700 IDPs and their hosts (700 households) were given household essentials and vouchers for a month's worth of food. In addition, about 14,300 people in communities hosting refugees from Mali had more sanitary living conditions and had better access to water after the ICRC built latrines, repaired hand pumps and wells, and distributed jerrycans. All this was done in cooperation with the Burkinabe Red Cross. The ICRC also carried out a campaign to vaccinate livestock belonging to some 4,400 households (26,500 people) – residents and Malian refugees – to protect them against contagious diseases.

In Côte d'Ivoire, National Society volunteers, trained by the ICRC, promoted good hygiene practices among nearly 40,100 people in violence-prone areas.

Victims of emergencies receive first aid and other emergency assistance

The ICRC helped National Societies in the region respond to violent incidents. Following clashes in Côte d'Ivoire, an attack on a restaurant in Ouagadougou and protests in Togo, it gave equipment and supplies, such as first-aid kits, to the National Societies concerned, which treated and evacuated casualties. The ICRC also donated medical supplies to a total of 3 hospitals in Côte d'Ivoire and Togo, and worked with the Ivorian Red Cross to distribute household essentials to roughly 600 people who had fled their villages.

People get in touch with relatives through the Movement's family-links network

Malian refugees in Burkina Faso, Ivorian refugees in Ghana, and other people separated from their families by violence, migration or other circumstances restored or maintained contact with relatives via RCMs and telephone calls facilitated by the National Societies concerned, which received training and other support from the ICRC. The ICRC and the pertinent National Societies helped reunite 17 Ivorian children – who had been living in refugee camps in Liberia (see *Liberia*) – with their families in Côte d'Ivoire; this marked the resolution of all such cases. Two people who were resettled in Ghana after their release from the US internment facility at Guantanamo Bay Naval Station in Cuba benefited from ICRC-facilitated family visits.

At an ICRC seminar, National Societies from the wider region exchanged operational experiences and best practices in restoring family links, especially in connection with migration.

In Côte d'Ivoire, the ICRC continued to provide equipment and other support for the national medico-legal institute to bolster its forensic capacities.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC begins to visit people in places of temporary detention in northern Burkina Faso

The ICRC visited people in 27 places of detention (total inmate population: around 12,900 in Côte d'Ivoire; 2,500 in Burkina Faso; 2,000 in Togo; and 10 in Benin) in order to check their well-being. It responded to the deteriorating situation in northern Burkina Faso by visiting the main facilities in Ouagadougou more frequently; in November, it was also able to start visiting people in places of temporary detention in the north.

After these visits, which were conducted in accordance with its standard procedures, findings and recommendation were communicated confidentially to the authorities concerned, to help them improve detainees' treatment and living conditions. Some 300 detainees were monitored individually. In Côte d'Ivoire, these included: inmates in solitary confinement or preventive detention, or under interrogation; people arrested in relation to the 2011 conflict and violence in the west; and people held by intelligence services and armed/security forces in connection with the mutiny and attacks on police/*gendarmérie* posts. In Burkina Faso, these detainees included people arrested in connection with the violence in the north, the 2014 protests, and

the 2015 coup attempt. Opposition members who had been arrested during mass demonstrations in Togo, and people serving sentences in Benin under the UN Mechanism for International Criminal Tribunals (see *Paris*), were also given close attention.

Detainees contacted their relatives via the ICRC's family-links services. The ICRC helped foreign inmates to notify their consular representatives of their situation.

Ivorian authorities take steps to improve the provision of food and health care in prisons

In Côte d'Ivoire, efforts to reform penitentiary services continued. With ICRC technical support, the health and justice ministries developed tools for managing detainees' health information, promoted them in prison clinics and trained 58 health staff in their use. Health staff worked directly with the ICRC to: screen thousands of detainees for signs of malnutrition; refer sick inmates to ICRC-supported prison infirmaries for further care; treat inmates suffering from vitamin-deficiency illness; and conduct therapeutic feeding for severely malnourished detainees.

To help make the food-supply chain more efficient, the ICRC helped managers at nine prisons to identify and resolve recurring issues. The managers were urged to implement standardized menus; findings from medical screenings and technical assessments were shared with them. Two ICRC workshops helped 45 prison managers to learn more about health care and nutrition.

Authorities in Côte d'Ivoire and Burkina Faso upgrade prison infrastructure

In Côte d'Ivoire, about 9,500 detainees had more sanitary living conditions after the ICRC carried out vector-control campaigns and distributed hygiene kits; 7,400 of them also benefited from the renovation or construction of infirmaries and water, sanitation and cooking facilities. In Burkina Faso, the ICRC also built a kitchen in a prison housing around 1,900 detainees. All of these projects were carried out with the authorities concerned.

Officials from Côte d'Ivoire and Burkina Faso, sponsored by the ICRC, attended a workshop abroad (see *Dakar*) on best practices in managing prison infrastructure.

ACTORS OF INFLUENCE

Military and security personnel add to their knowledge of IHL

Over 1,800 Burkinabe, Ivorian and Togolese military and police officers strengthened their grasp of IHL and international law enforcement standards at ICRC dissemination sessions. Among them were: people bound for peace-support operations in Mali and elsewhere; military officers attending multilateral military exercises in Ghana; officers preparing to join the G5 Sahel force; and members of Ivorian mixed police/*gendarmérie*/military units and anti-terrorist mixed units in Burkina Faso. During these sessions, the ICRC emphasized the importance of incorporating humanitarian considerations in operational decision-making. Further to this end, it sponsored key officers to attend an advanced IHL course for instructors in San Remo, Italy. Health staff from the Ivorian military learnt more about their rights and responsibilities during situations of violence, and about other matters related to the Health Care in Danger project, at an ICRC workshop.

Government officials and influential members of civil society learn more about the Movement

The ICRC, together with the pertinent National Societies, maintained contact and cultivated relationships with influential parties in the countries covered by the regional delegation; this helped to promote IHL and raise support for the Movement's neutral, impartial and independent humanitarian action in the region and beyond.

In violence-affected areas of Burkina Faso and Côte d'Ivoire, the ICRC conducted briefings and dissemination sessions for community leaders and local authorities, and produced radio spots on humanitarian principles, with a view to facilitating the Movement's access to people in need (see *Civilians*).

Journalists from Burkina Faso, Côte d'Ivoire and Togo advanced their understanding of humanitarian action at workshops organized by the ICRC and the pertinent National Societies; in Côte d'Ivoire, the ICRC also organized a contest on humanitarian reportage. In Togo, the ICRC organized a workshop on IHL for members of parliament and the national IHL committee, and a briefing on the Movement and its work for youth leaders from various political parties.

The ICRC also organized conferences in Abidjan, Dakar and Ouagadougou on preventing IHL violations during protracted conflict; the conferences sought to promote IHL and other relevant norms among diplomats, humanitarian workers, military officials, and academics from French-speaking Africa. The ICRC held discussions with multilateral institutions; discussions with the African Development Bank focused on the synergy between development and humanitarian work, with a view to paving the way for future cooperation with it.

Authorities in the region draw on the ICRC's expertise regarding IHL implementation

The ICRC urged governments in the region to implement IHL and related treaties, and gave them support for doing so. It sponsored representatives from several countries to attend a regional meeting on such matters (see *Nigeria*). It also contributed to workshops organized by the national IHL committee of Burkina Faso, such as one on the Hague Convention on Cultural Property.

Students debated IHL-related matters at national moot court competitions in Burkina Faso, Côte d'Ivoire and Togo, and at a regional competition that convened representatives from 11 West African countries. Students in Burkina Faso and Togo learnt about IHL and the Movement at ICRC dissemination sessions.

RED CROSS AND RED CRESCENT MOVEMENT

Material, financial and technical support from the ICRC helped the National Societies bolster their ability to respond to emergencies (see *Civilians*), promote IHL and the Movement, and strengthen their organizational development. The ICRC donated an ambulance to the Togolese Red Cross and trained its volunteers in the Safer Access Framework; it also conducted workshops for Burkinabe Red Cross Society volunteers on implementing projects to improve water and sanitation in northern Burkina Faso. The communication coordinator of the Burkinabe Red Cross, sponsored by the ICRC, attended a meeting of her peers from other National Societies.

The ICRC coordinated its activities with those of other Movement components in the region to maximize impact and avoid duplication of effort. Besides bilateral discussions with National Societies, it also participated in various events with them, including a conference of African National Societies organized by the Red Cross Society of Côte d'Ivoire with the International Federation's support.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		289	15		
RCMs distributed		162	9		
Phone calls facilitated between family members		841			
Reunifications, transfers and repatriations					
People reunited with their families		18			
	<i>including people registered by another delegation</i>	18			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		100	20	30	18
	<i>including people for whom tracing requests were registered by another delegation</i>	14			
Tracing cases closed positively (subject located or fate established)		30			
	<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases still being handled at the end of the reporting period (people)		236	35	37	34
	<i>including people for whom tracing requests were registered by another delegation</i>	30			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		2			
UAMs/SC reunited with their families by the ICRC/National Society		17	9		
	<i>including UAMs/SC registered by another delegation</i>	17			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		14	5		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		27			
Detainees in places of detention visited		17,554	439	481	
Visits carried out		78			
			Women	Girls	Boys
Detainees visited and monitored individually		308	14		2
	<i>of whom newly registered</i>	174	11		2
RCMs and other means of family contact					
RCMs collected		170			
RCMs distributed		80			
Phone calls made to families to inform them of the whereabouts of a detained relative		201			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	6,328	2,624	1,499
	<i>of whom IDPs</i>	5,983	2,531	1,343
Vouchers	Beneficiaries	5,706	2,454	1,198
	<i>of whom IDPs</i>	5,706	2,454	1,198
Services and training	Beneficiaries	26,574	7,972	13,288
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	54,427	16,328	21,771
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	21,013	443	578
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	11,578	347	232
Health				
Places of detention visited by health staff	Structures	17		
Health facilities supported in places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
Services at hospitals not monitored directly by ICRC staff				
Weapon-wound admissions (surgical and non-surgical admissions)		10		

ANTANANARIVO (regional)

COVERING: Comoros, Madagascar, Mauritius, Seychelles



ICRC regional delegation

Having worked in Madagascar intermittently during the 1990s, the ICRC has been permanently present in the country since 2002. In 2011, it opened its regional delegation in Antananarivo. The ICRC visits detainees in the Comoros and Madagascar, working closely with the authorities to help improve conditions in prisons. It raises awareness of IHL and international human rights law among the authorities and the armed and security forces. It supports the activities of the region's National Societies, while helping them strengthen their capacities.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Malagasy prison staff and a local NGO, the Aumônerie Catholique des Prisons, became more capable of implementing the nutritional programme for malnourished inmates unassisted, with ICRC guidance and training.
- ▶ Senior prison officials in the region evaluated their working procedures and discussed internationally recognized standards for prison administration at a round-table organized by the Mauritius Prison Service and the ICRC.
- ▶ Partly as a result of the ICRC's efforts, the Malagasy justice and health ministries signed a ministerial order enabling destitute detainees to have access to hospital care free of charge.
- ▶ Madagascar ratified the Convention on Cluster Munitions and the Seychelles became party to the Convention on Enforced Disappearance, both with ICRC technical assistance.
- ▶ In Madagascar, the police and the *gendarmérie* learnt more about international human rights law and international policing standards through ICRC training; *gendarmérie* personnel received booklets on police conduct.

EXPENDITURE IN KCHF

Protection	1,059
Assistance	1,848
Prevention	389
Cooperation with National Societies	295
General	55
Total	3,646
<i>Of which: Overheads</i>	223

IMPLEMENTATION RATE

Expenditure/yearly budget	105%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	33

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	22
RCMs distributed	24
Tracing cases closed positively (subject located or fate established)	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	25
Detainees in places of detention visited	15,504
<i>of whom visited and monitored individually</i>	124
Visits carried out	56
Restoring family links	
RCMs collected	53
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	347

CONTEXT

Political tensions persisted in Madagascar and occasionally led to violence. Mob justice was prevalent. The Comoros remained vulnerable to social and political unrest. In both countries, economic difficulties hindered the provision of basic services, including in prisons. Mauritius and the Seychelles were politically stable.

In Madagascar, the latest outbreak of plague, which began in August 2017, affected several areas.

Comoran migrants continued to be deported from the French department of Mayotte.

The region was affected by natural disasters of varying scale. For instance, in March, Cyclone Enawo caused extensive damage to infrastructure and agricultural production in Madagascar. Thousands of homes were destroyed as well.

ICRC ACTION AND RESULTS

In 2017, the ICRC's regional delegation in Antananarivo continued to assist the authorities in Madagascar – and to a lesser extent, in the Comoros – in improving detainees' treatment and living conditions. It fostered awareness of and support for the Movement and IHL throughout the region, and urged respect for international policing standards, especially in Madagascar. Whenever possible, it worked with National Societies in the region and backed their response to emergencies.

The ICRC visited detainees in the Comoros and Madagascar, in line with its standard procedures, to monitor their treatment and living conditions. It paid particular attention to women, children, elderly people and foreigners. Afterwards, findings and recommendations were communicated confidentially to the authorities, who were also helped to bring detainees' living conditions and treatment in line with internationally recognized standards. For example, the ICRC gave prison staff material and technical assistance to manage detainees' case files. Detainees maintained contact with their relatives through family-links services such as RCMs and phone calls. At the request of foreign detainees, the ICRC sent notifications of detention to the pertinent embassies. It also covered transport costs for detainees returning home after their release.

Senior prison officials in the region evaluated their working procedures and discussed humanitarian issues and internationally recognized standards for prison administration at a round-table organized by the Mauritius Prison Service and the ICRC.

Food rations in most Malagasy prisons did not increase. The Aumônerie Catholique des Prisons (ACP) and the ICRC continued to distribute meals to malnourished inmates. Food storage facilities were renovated to help prison authorities manage food stocks more efficiently; energy-saving stoves were constructed and solar-powered heaters installed. On-site guidance and training from the ICRC helped the ACP and prison health workers become more capable of implementing the nutritional programme unassisted. The ICRC also gave the authorities technical assistance for managing the food supply in prisons. The ICRC-supported nutritional monitoring system in 42 prisons made data on detainees' malnutrition and other health-related information available to the pertinent authorities.

The ICRC urged the justice and health ministries to work together to improve health care in prisons. Partly as a result of the ICRC's efforts, the Malagasy justice and health ministries signed a ministerial order enabling destitute detainees to have access to hospital care free of charge. The central pharmacy supplying medicines to prisons in Madagascar was given financial assistance to buy essential medicines. The ICRC also mitigated risks to detainees' health by renovating and disinfecting prison infrastructure. Inmates in Malagasy prisons minimized the spread of disease with soap and cleaning materials from the ICRC, and through good hygiene practices learnt at ICRC workshops.

The ICRC pursued contact and dialogue with influential parties throughout the region – authorities, police forces, members of civil society and others – to broaden awareness of and support for IHL, international human rights law, the Movement's neutral, impartial and independent humanitarian action, and its own mandate. For instance, in Madagascar, police and *gendarmerie* personnel learnt more about international human rights law and international policing standards through ICRC training; *gendarmerie* personnel received booklets on police conduct. Madagascar ratified the Convention on Cluster Munitions and the Seychelles became party to the Convention on Enforced Disappearance – in both cases, with ICRC assistance. Members of national IHL committees in the region attended the annual regional seminar on IHL in Pretoria. ICRC events, and articles or reports published by journalists after attending ICRC dissemination sessions, helped raise public awareness of humanitarian issues.

National Societies in the region reinforced their capacities in emergency preparedness and response, promoted the Movement and its activities through various events and communication channels, and supported their national authorities in providing emergency relief; support for all this was provided by the International Federation, the ICRC and other Movement partners. The ICRC coordinated its efforts with Movement partners to maximize the impact of activities and avoid duplication of effort.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in the Comoros and Madagascar receive ICRC visits

Detainees held in 24 prisons under the authority of the justice ministry in Madagascar and at the Moroni detention centre in the Comoros, were visited in accordance with ICRC standard procedures. ICRC delegates monitored the treatment and living conditions of detainees, paying particular attention to women, children, elderly people and foreigners. After these visits, ICRC delegates discussed their findings and recommendations confidentially with the authorities to help them bring detainees' living conditions and treatment in line with internationally recognized standards. In the Comoros, the ICRC submitted a report to the authorities that summarized its findings from five years of prison visits and its recommendations.

Detainees maintained contact with their relatives through family-links services such as RCMs or phone calls. At the request of foreign detainees, the ICRC sent notifications of detention to the pertinent embassies. It also covered transport costs for detainees who returned home after their release.

Prison officials in the region discuss internationally recognized standards for prison administration

Senior prison officials from the Comoros, Madagascar, Mauritius and the Seychelles evaluated their working procedures and discussed humanitarian issues and internationally recognized standards for prison administration during a round-table organized by the Mauritius Prison Service and the ICRC. They also took steps to create a platform that would facilitate similar discussions in the future.

In Madagascar, the national prison administration school and the ICRC continued to discuss the development of training modules on minimum standards for detention; the ICRC also developed a card game on the subject for prison staff and inmates, and distributed decks to them. A total of 120 prison staff learnt more about detainees' rights, internationally recognized standards for detention and ICRC activities through ICRC training.

In Madagascar, prison authorities improved their management of prison registries and detainees' case files with technical and material assistance from the ICRC. The technical committee on ensuring respect for judicial guarantees – established by the justice ministry and the ICRC – helped the justice ministry to issue two circulars on reducing the length of preventive detention and on commuting death sentences to forced labour in perpetuity, enabling inmates to request parole after serving 15 years of their sentence.

The National School of Magistrates and Registrars in Madagascar and the ICRC organized a debate for lawyers, magistrates, students, professors, senior civil servants and other members of civil society on the subject of fair and timely trials.

Malnourished inmates meet their nutritional needs

Food rations in most Malagasy prisons did not increase. A total of 2,340 malnourished detainees in 19 prisons met their nutritional needs with the help of meals distributed by the ICRC and its implementing partner, the ACP; detainees with acute malnutrition received high-energy food supplements. Some sick people and nursing mothers also benefited from this nutritional programme. The ICRC renovated food storage facilities so that prison authorities could manage food stocks more efficiently; energy-saving stoves were constructed and solar-powered heaters installed. On-site guidance and training from the ICRC, provided with the prison authorities' support, enabled the ACP and prison health workers to become more capable of implementing the nutritional programme for malnourished inmates unassisted. The tripartite memorandum of understanding about shifting responsibility for the nutritional programme – from the ICRC to the ACP and the prison authorities – was revised and signed by the pertinent parties by the end of the year.

Prison authorities developed their ability to manage the food supply in prisons, with on-site technical assistance from the ICRC. The ICRC-supported nutritional monitoring system in 42 prisons made data on detainees' malnutrition and other health-related information available to the pertinent authorities.

Destitute detainees receive free hospital care

In Madagascar, the ICRC urged the justice and health ministries to work together to improve health services, including the management of diseases such as TB, HIV/AIDS and malaria in 19 prisons. The ICRC facilitated dialogue between local health

and prison authorities to enable the referral of ailing inmates to external health facilities. Partly because of the ICRC's efforts to persuade the authorities to include inmates in the Malagasy health code, the justice and health ministries signed a ministerial order in November that enabled destitute detainees to obtain hospital care free of charge. The central pharmacy, which the ICRC helped establish, received financial assistance for purchasing essential medicines for Malagasy prisons. This helped it to overcome drug shortages that affected almost 22,000 detainees.

During their joint prison visits, the Malagasy prison administration's chief medical officer and the ICRC provided prison health personnel with guidance for monitoring health issues. Twenty prison nurses reviewed their protocols and discussed good practices and the challenges they faced during a seminar organized by the chief medical officer and the ICRC.

In the Comoros, the ICRC sought to persuade other actors, such as international NGOs, to strengthen their support for health and other basic services in prisons.

The ICRC gave prison staff technical and material support to prepare for and respond to medical emergencies, such as the plague outbreak in Madagascar. At the Koki prison in the Comoros, 40 detainees affected by a beriberi epidemic received medical treatment, provided with ICRC assistance.

Living conditions for inmates improve

The Malagasy technical committee on hygiene and infrastructure, set up by the justice ministry and the ICRC, met regularly and helped to implement better monitoring procedures for hygiene activities and prison maintenance, and to organize vector-control campaigns.

In the Comoros and Madagascar, 7,006 inmates at 10 detention facilities had better living conditions after the authorities and the ICRC renovated water and sanitation infrastructure and other basic facilities, such as sleeping quarters.

A total of 10,191 inmates at 24 Malagasy prisons – including some of those mentioned above – avoided the spread of disease with soap and cleaning materials from the ICRC, and through good hygiene practices learnt at ICRC workshops. Disinfection of prison cells – carried out by the authorities with support from the Pasteur Institute, the health ministry and the ICRC – lowered detainees' risk of illness and disease.

At an ICRC workshop on prison infrastructure in Dakar, two directors from the prison services in Madagascar and Mauritius exchanged best practices with their peers and learnt more about systemic issues affecting detention.

ACTORS OF INFLUENCE

The ICRC pursued contact and dialogue with influential parties throughout the region – authorities, police forces, members of civil society and others – to broaden awareness of and support for IHL, international human rights law, the Movement's neutral, impartial and independent humanitarian action, and its own mandate.

The police and the *gendarmérie* learn more about international policing standards

In Madagascar, ICRC training helped 311 police and *gendarmérie* personnel strengthen their grasp of international human rights

law and international policing standards. Senior police officers expanded their capacities in teaching these norms at an ICRC train-the-trainer session. These efforts were supplemented by the production of communication materials in the local language. For instance, in line with a memorandum of understanding signed by the *gendarmerie* and the ICRC, more than 13,000 *gendarmerie* personnel received booklets on police conduct.

The ICRC helped establish a platform for bringing together all actors interacting with the military and security forces in Madagascar, with a view to coordinating training sessions and drafting a common manual – for publication in 2018 – on international human rights law and IHL for the police, *gendarmerie* and army.

Madagascar ratifies the Convention on Cluster Munitions

The ICRC continued to work with the national IHL committees and the authorities in the region to advance the implementation of IHL. With the ICRC's technical assistance, Madagascar ratified the Convention on Cluster Munitions and the Seychelles became party to the Convention on Enforced Disappearance. The Comoros and Madagascar signed the Treaty on the Prohibition of Nuclear Weapons, while Mauritius and the Seychelles voted in favour of its adoption.

After its first meeting in 2016, the regional platform for the national IHL committees of the Comoros, Madagascar, Mauritius and the Seychelles sought to be recognized by the Indian Ocean Commission. Representatives from these committees attended the annual regional seminar on IHL in Pretoria, and members of the Mauritian IHL committee attended the Fourth Meeting of Representatives of National IHL Committees of Commonwealth States in Namibia (see *International law and policy*).

In Mauritius, its regional legal adviser presented the ICRC's priorities for IHL implementation in Africa to the foreign ministry's Institute of Diplomacy and Foreign Trade. Mauritius was also issued a grant by the Voluntary Trust Fund of the Arms Trade Treaty and subsequently organized a workshop, for pertinent actors, on implementing the treaty. Twenty-five barristers advanced their understanding of IHL through training sessions organized by the Institute for Judicial and Legal Studies and the ICRC.

ICRC videos broaden awareness of the situation of Malagasy detainees

Articles, interviews and reports published by journalists, after attending ICRC dissemination sessions, broadened awareness of various humanitarian issues among the authorities and members of civil society throughout the region. ICRC-organized public events, such as the launch of two videos about detention in Madagascar, helped draw attention to the situation of Malagasy detainees and the necessity of respecting human rights; they also added to the public's knowledge of the ICRC's mandate and activities.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region reinforced their capacities in emergency preparedness and response, promoted the Movement and its activities through various events and communication channels, and supported their national authorities in providing emergency relief; the International Federation, the ICRC and other Movement partners provided support. For instance, with ICRC support, the Comoros Red Crescent trained its staff and volunteers in first aid and restoring family links. In Madagascar, the International Federation launched an appeal for funds to assist the Malagasy Red Cross Society in delivering aid to plague victims.

Owing to various administrative issues, the Comoros Red Crescent no longer sought to provide family-links services for Comoran migrants deported from the island of Mayotte.

All Movement components in the region met regularly to coordinate their efforts, with a view to maximizing impact and preventing duplication of effort. Notably, the Indian Ocean Regional Intervention Platform, led by the French Red Cross, organized a meeting in Réunion to discuss and coordinate disaster-response activities with its Movement partners. In May, the ICRC sponsored representatives from the Comoran and Malagasy National Societies to attend a consultative meeting for francophone National Societies in Dakar, held in preparation for the 2017 Council of Delegates, which took place in November.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		22			
RCMs distributed		24			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		3	1	1	
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases closed positively (subject located or fate established)		2			
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases still being handled at the end of the reporting period (people)		18	8	1	
<i>including people for whom tracing requests were registered by another delegation</i>		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		25			
Detainees in places of detention visited		15,504	891	865	
Visits carried out		56			
			Women	Girls	Boys
Detainees visited and monitored individually		124	9		13
<i>of whom newly registered</i>		77	6		13
RCMs and other means of family contact					
RCMs collected		53			
RCMs distributed		5			
Phone calls made to families to inform them of the whereabouts of a detained relative		347			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	2,340	28	45
Essential household items	Beneficiaries	1,962	26	24
Cash	Beneficiaries	2,482	30	59
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	12,225	1,100	611
Health				
Places of detention visited by health staff	Structures	22		
Health facilities supported in places of detention visited by health staff	Structures	8		

DAKAR (regional)

COVERING: Cabo Verde, Gambia, Guinea-Bissau, Senegal



ICRC regional delegation ICRC sub-delegation ICRC mission

The ICRC opened a regional delegation in Dakar in 1989, although it had already worked in the region for several years. It focuses on promoting IHL among the armed forces and other weapon bearers and on encouraging implementation of that law by the authorities throughout the region. It supports the activities of the National Societies, assists people affected by armed conflict and other situations of violence in Casamance, Senegal, and in Guinea-Bissau, and visits detainees of ICRC concern, providing them with material aid where necessary.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The ICRC monitored the situation of detainees in Casamance. It gained access to people held in connection with “terrorism”; activities in this regard were prioritized, so follow-up to past recommendations had to be suspended.
- ▶ Returnees in Casamance resumed their livelihoods with livestock, seed and tools from the ICRC, or cash for starting small businesses; they also renovated or built homes with ICRC-donated materials.
- ▶ Returning migrants, including those from Libya, benefited from family-links services provided by the Gambian and Senegalese National Societies with ICRC support.
- ▶ Physically disabled people were treated at an ICRC-supported rehabilitation centre in Guinea-Bissau. Senegalese amputees were also referred to the centre under an agreement between Senegalese authorities and the ICRC.
- ▶ The Bissau-Guinean and Senegalese authorities maintained their efforts to implement arms-control treaties, with ICRC support. Gambia signed the Convention on Enforced Disappearance.

EXPENDITURE IN KCHF

Protection	1,735
Assistance	3,326
Prevention	1,889
Cooperation with National Societies	996
General	157
Total	8,103
<i>Of which: Overheads</i>	<i>495</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	130

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	10
RCMs distributed	115
Phone calls facilitated between family members	2
Tracing cases closed positively (subject located or fate established)	8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	8
Detainees in places of detention visited	3,092
<i>of whom visited and monitored individually</i>	47
Visits carried out	12
Restoring family links	
RCMs collected	11
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	3

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 1,800	9
Essential household items	Beneficiaries 1,800	3,386
Productive inputs	Beneficiaries 12,150	10,659
Cash	Beneficiaries 1,350	2,039
Services and training	Beneficiaries 47,700	19,886
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 8,250	7,158
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects 1	1
Patients receiving services	Patients 1,500	2,397

CONTEXT

The situation in Casamance, Senegal, remained relatively calm, but little progress was made in the talks between the government and factions of the Mouvement des forces démocratiques de Casamance. IDPs and refugees, mainly from Gambia, returned to their homes; certain areas, however, remained inaccessible because of security concerns, including mines in areas bordering Guinea-Bissau. Senegal contributed troops to peacekeeping missions abroad.

Political tensions persisted in Guinea-Bissau; the police conducted security operations and arrested people, in response to demonstrations and other incidents. In Gambia, people were temporarily displaced by political violence that began in December 2016. This violence had subsided by January 2017, when a new president took office; however, tensions remained.

The Economic Community of West African States extended the mandate of peacekeepers in Gambia and Guinea-Bissau to mid-2018.

Migrants bound for Europe or elsewhere, including asylum seekers and refugees, traveled through or from the countries covered.

ICRC ACTION AND RESULTS

In 2017, the regional delegation in Dakar focused on addressing the needs of people affected by the conflict in Casamance. The ICRC pursued dialogue with all parties concerned, and reminded them of their obligations under IHL and other norms to protect civilians and to facilitate people's access to sources of livelihood. It documented allegations of abuse, and relayed them to the parties concerned to prevent their recurrence.

The ICRC, sometimes with the Senegalese Red Cross Society, carried out activities to help conflict-affected people in Casamance meet their needs; some activities helped mitigate protection-related concerns by reducing the need for people to leave their villages. Returnees renovated or built their homes with materials from the ICRC, and pursued livelihood activities with ICRC-provided livestock, seed and tools. Female breadwinners cultivated market gardens with the ICRC's help; others hulled grain more easily using ICRC-donated cereal mills. Herders benefited from livestock services provided by ICRC-supported animal-health workers. IDPs began small businesses with cash grants from the ICRC. The ICRC provided saplings and facilitated cash-for-work programmes in support of some communities' reforestation efforts. It also upgraded or constructed wells and dikes, to help ensure that people had enough water for personal consumption and agriculture.

The ICRC visited detainees in Senegal, including those held in relation to "terrorism", to monitor their well-being. Findings from these visits, carried out in accordance with standard ICRC procedures, were communicated confidentially to the authorities, to help them ensure that treatment and living conditions met internationally recognized standards. Detaining authorities in Senegal were offered support for managing prisons. In Gambia and Guinea-Bissau, security detainees whom the ICRC had sought to visit, were released by the detaining authorities; thus, in its dialogue with them, the ICRC focused on offering support for prison management. It held a seminar in Dakar for senior prison officials, at which they discussed best practices in prison management.

In Guinea-Bissau, people received physical rehabilitation services at the ICRC-supported Centro de Reabilitação Motora (CRM). Among them were Senegalese victims of mines or explosive remnants of war (ERW), who were referred to the CRM as per an agreement between the Senegalese mine-action authorities and the ICRC. The health ministry and the ICRC signed a three-year agreement for continued support for the CRM.

The ICRC urged Senegalese authorities to provide missing people's families with more help to meet their needs. In the meantime, the Senegalese Red Cross and the ICRC continued to provide financial and psychosocial support for these families. Missing people's families continued to lodge tracing requests with the ICRC.

The National Societies in the region received support for providing family-links services to families dispersed by armed conflict, detention, migration or other circumstances. The Gambian and Senegalese National Societies provided these services in response to emergencies arising from: the growing influx of returnees from Libya; and in Gambia, the displacement of people by political violence. The ICRC arranged family visits for two people formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba, and resettled in Cabo Verde and Senegal. All four National Societies in the region drew on ICRC support for bolstering their coordination with other Movement components.

The situation in Casamance and the needs of missing migrants' families were the focus of dialogue with all parties concerned. Radio programmes, and briefings for local officials and leaders, helped broaden awareness of the Movement and its work. Troops and military magistrates in Guinea-Bissau learnt about IHL and other norms through ICRC information sessions; in Senegal, soldiers received such briefings from ICRC-trained army instructors.

At events the ICRC participated in or organized – such as an IHL course for humanitarian professionals in Africa – stakeholders from throughout the region furthered their understanding of the ICRC and its work. With ICRC support, governments in the region took steps to ratify or implement key treaties: the Bissau-Guinean and Senegalese authorities continued to work on implementing arms-control treaties. Gambia signed the Convention on Enforced Disappearance.

CIVILIANS

People in Casamance reported violations of IHL to the ICRC, which documented them. The ICRC relayed these allegations to the parties concerned, with a view to preventing their recurrence. It pursued and/or maintained dialogue with all parties concerned, and reminded them of their obligation to protect civilians and to facilitate people's access to farmland and other sources of livelihood. As part of the ICRC's multidisciplinary approach, protection concerns were taken into account in the ICRC's assistance activities (see below). Having discovered that sexual violence and the conflict were not closely linked, the delegation discontinued its awareness-raising activities in this area.

Returnees in Casamance resume farming and other livelihood activities

The ICRC's assistance activities enabled conflict-affected people in Casamance to meet some of their needs; many people benefited from more than one form of assistance. These activities also helped

mitigate the risk of sexual violence for women by making it less necessary for them to work in unsafe areas.

In total, roughly 1,600 households (10,700 people) pursued livelihood activities with supplies and equipment from the ICRC. For instance, some 100 female breadwinners (supporting 750 people) began cultivating market gardens: the ICRC gave them training and technical advice. Women in three villages sustained their market gardens with ICRC support, and transported their produce to markets on ICRC-donated ox-carts. In three other villages, women hulled grain more easily with ICRC-supplied cereal mills; this benefited almost 100 households (580 people), including those from surrounding villages.

More than 710 returnee and host households (5,200 people) diversified their sources of income, with the help of ICRC-donated livestock, seed and tools, as well as training and technical support. Over 1,000 agro-pastoralist returnee households (9,500 people) in Casamance benefited from services provided by ICRC-supported animal-health workers; 900 households (8,100 people) in Senegalese refugee communities in northern Guinea-Bissau received similar services. The ICRC trained these animal-health workers and gave them material and financial support for their services; it also gave them technical advice for conducting awareness-raising campaigns on issues related to cross-border movements of livestock. Some animal-health workers were trained by the ICRC, but were set to begin providing their services in 2018.

The ICRC facilitated the procurement and planting of 5,000 saplings to help some communities in Casamance restore their forests, and, in the long term, their livelihoods. Some 120 breadwinners (supporting 890 people) earned money through cash-for-work programmes for helping with reforestation efforts, or for repairing and constructing dikes; these programmes also benefited farmers in the area. Around 100 heads of households (supporting 920 people) in protracted displacement began small businesses with cash, training and technical support from the ICRC.

Some 3,100 people (370 households) in Guinea-Bissau and Senegal eased their situation partly through the ICRC's donation of household essentials. The ICRC gave food, cash and other assistance to nine people in Gambia, whose relatives were victims of mines/ERW.

Communities in Casamance gain access to water

Conflict-affected people in Casamance benefited from multiple projects for improving access to water. Roughly 1,440 people gained access to drinking water after the ICRC constructed wells and installed hand pumps in several villages; in cooperation with the local water board, the ICRC also provided maintenance training for 12 community members and mechanics. The ICRC repaired or constructed dikes and spillways, and installed wells and solar-powered water pumps, which benefited over 1,700 rice farmers and 200 women who were cultivating market gardens. Around 3,000 returnees renovated or built their homes with materials from the ICRC.

The ICRC installed latrines in several villages and, with ICRC-trained Senegalese Red Cross Society volunteers, conducted hygiene-promotion sessions for nearly 1,400 people. With ICRC support, the Senegalese Red Cross opened a new office in Casamance, to extend its operational reach.

The families of missing Senegalese migrants continue to receive support

The ICRC maintained its dialogue with Senegalese authorities, focusing on the necessity of creating a national mechanism for clarifying the fates of missing migrants and providing their families with assistance.

The Senegalese Red Cross and the ICRC continued to provide psychosocial and financial support for these families. The ICRC gave cash grants to some 50 households (450 people), to support their livelihoods; assessments in two communities revealed that these people increased their average income by more than 50%. Others received funds, through a revolving-credit scheme, for sustaining their businesses. Follow-up for beneficiaries of psychosocial support continued. Four women were referred to a centre for psychiatric treatment; people in two communities began receiving referrals to psychiatric facilities for treatment, when necessary.

Discussions with the parties concerned, on the fate of people missing in connection with the conflict, remained stalled by the political situation. However, the ICRC continued to collect information from missing people's families, with a view to clarifying their relatives' fate.

People search for or contact their relatives through the Movement's family-links network

Members of families dispersed by armed conflict, detention, migration or other circumstances sought to reconnect through the Movement's family-links services; the Gambian and Senegalese National Societies, with ICRC support, provided these services in response to the growing influx of migrants into their countries, particularly people from retention centres in Libya. The Gambia Red Cross Society resumed offering tracing services – and, when necessary, referrals to facilities providing health care and psychosocial support – for returning migrants. Following the political violence in Gambia, it also mobilized emergency response teams to provide family-links services for displaced people.

Relatives of missing Senegalese migrants continued to file tracing requests with the Senegalese Red Cross and the ICRC; these cases were forwarded to other countries through the Movement's worldwide family-links network. The ICRC and the relevant authorities arranged family visits for two people formerly held at the Guantanamo Bay internment facility, and resettled in Cabo Verde and Senegal (see *Libya* and *Paris*).

With training and other support from the ICRC, National Societies in the region continued to strengthen their family-links services; for instance, they attended regional meetings, locally and abroad, to share their experiences and coordinate the provision of such services with other National Societies (see *Abidjan*). ICRC support contributed to, among others, the reunification of over a thousand children with their families, during festivals and other crowded events in Guinea-Bissau and Senegal. The Senegalese Red Cross continued to gradually take charge of family-links services; the ICRC slowly phased out direct support, as another organization stepped in.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in Casamance, in accordance with its standard procedures, and monitored particularly vulnerable people individually. After discussions with the detaining authorities, the

ICRC was also granted access to visit people held on charges of “terrorism” in Senegal. In Gambia and Guinea-Bissau, security detainees whom the ICRC had sought to visit, were released by the detaining authorities; thus, in its dialogue with them, the ICRC focused on the possibility of providing support for prison management.

In Senegal, the ICRC communicated findings from its prison visits confidentially to the authorities, to help them ensure that detainees’ treatment and living conditions – including respect for their judicial guarantees – met internationally recognized standards. For instance, based on the ICRC’s recommendations, the authorities took measures to improve infrastructure and sanitation at one prison. The ICRC did not follow up the recommendations it had made in the past for reducing overcrowding in prisons, as it prioritized activities for newly accessible detainees.

Around 40 senior prison officials from 16 African countries were invited to an ICRC-organized seminar in Dakar, where they shared experiences, challenges and best practices in prison management. Discussions focused on maintenance of infrastructure and food-supply management. The seminar culminated in a visit to two major prisons in Dakar.

Detainees used the ICRC’s family-links services to inform their families – or, in the case of foreigners, their consular representatives – of their situation. Because the need for these services was limited, plans to involve the Senegalese Red Cross Society remained on hold.

WOUNDED AND SICK

Physically disabled people obtained physiotherapy and other services at the CRM, which was Guinea-Bissau’s only physical rehabilitation centre and received comprehensive support from the ICRC. More than 40 children with clubfoot were treated by ICRC-trained personnel at the CRM and at Hospital Simão Mendes; the ICRC provided financial assistance for covering treatment and transportation expenses for the children who had to have surgery. The CRM’s patients also included Senegalese victims of mines or ERW, who were referred to the centre to be fitted with prostheses, as per an agreement between the Senegalese mine-action authorities and the ICRC.

The health ministry and the ICRC signed a three-year agreement in 2017 for the continuation of support to the centre. To help ensure the quality and sustainability of the CRM’s services, ICRC technicians gave its staff technical and managerial advice, and on-the-job training, particularly for treating clubfoot. The ICRC also supplied the CRM with equipment and raw materials, which helped the centre give patients 125 prosthetic and orthotic devices free of charge. Sponsored by the ICRC, two CRM technicians completed their training, and a director of the centre attended a project management course – in both cases, outside Guinea-Bissau.

People were referred to the CRM through field visits coordinated with the Red Cross Society of Guinea-Bissau, disabled people’s associations, and other parties concerned. The ICRC also continued to work with local organizations to promote the social inclusion of disabled people; for instance, it donated wheelchairs to athletes in Guinea-Bissau.

ACTORS OF INFLUENCE

The situation in Casamance and the needs of missing migrants’ families (see *Civilians*) remained the focus of dialogue with pertinent parties in Senegal and with others in the region. Local officials, community and religious leaders, and members of civil society groups learnt about the Movement and its work through ICRC information sessions.

Radio programmes, produced by the Senegalese Red Cross Society and the ICRC, informed people in Casamance about the humanitarian aid available to them. Journalists drew on ICRC communication materials to report on humanitarian issues in the region; they covered such subjects as family reunification, assistance for displaced people and the challenges faced by the penitentiary system.

Senegalese troops learn more about IHL from ICRC-trained army instructors

Through ICRC briefings, foreign troops and military magistrates in Guinea-Bissau learnt more about IHL, and *gendarmes* in Casamance added to their knowledge of international standards for law enforcement, particularly regarding the use of force during arrests. In Senegal, ICRC-trained army instructors conducted information sessions on IHL for over 2,800 other soldiers, including troops bound for Casamance or for peacekeeping missions. On these occasions, the necessity of preventing sexual violence, and protecting those seeking or providing health care, was emphasized.

With ICRC support, a senior officer attended an advanced IHL course abroad (see *International law and policy*).

Representatives of governments and international organizations further their understanding of IHL

At events attended or organized by the ICRC, stakeholders from the region learnt more about IHL, the ICRC and its work in Casamance and elsewhere, and humanitarian issues related to health care, migration and sexual violence. For instance, Francophone humanitarian professionals working in Africa learnt more about such matters at an ICRC-organized course in Senegal, in May.

Authorities in the region are encouraged to ratify IHL treaties

Regional efforts to ratify or implement key treaties continued, with ICRC support; discussions with the ICRC, and a regional seminar (see *Nigeria*), helped authorities in the region to better understand the importance of IHL-related treaties, including the African Union Convention on IDPs. Bissau-Guinean and Senegalese authorities worked on ratifying a regional convention on small arms and light weapons; the latter also took steps to adopt a military justice code that incorporated pertinent IHL provisions. Gambia signed the Convention on Enforced Disappearance. A national commission in Cabo Verde held meetings on the implementation of ratified treaties, including the Arms Trade Treaty.

With ICRC support, religious scholars attended a conference abroad on the common ground between IHL and Islamic law (see *Niger*). Senegalese students demonstrated their grasp of IHL at national and regional moot court competitions organized by the ICRC (see *Abidjan*). In Cabo Verde, university professors learnt more about IHL at an ICRC workshop.

RED CROSS AND RED CRESCENT MOVEMENT

All four National Societies bolstered their operational capacities with ICRC support (see *Civilians*). Gambian and Senegalese National Society staff were trained to conduct their activities in line with the Safer Access Framework; these National Societies and pertinent authorities participated in a cross-border simulation exercise in Gambia, which helped strengthen coordination among them. The ICRC helped the Bissau-Guinean and Senegalese National Societies prepare for the possibility of political violence by giving their personnel refresher training in first aid and family-links services.

With ICRC support, the four National Societies promoted IHL and the Movement's work, notably, through radio programmes and events to celebrate World Red Cross and Red Crescent Day (8 May). The National Societies of Cabo Verde, Gambia, and

Guinea-Bissau strengthened their legal bases and worked on revising laws protecting the red cross emblem; the ICRC provided technical support. In Senegal, an awareness-raising campaign, concerning the emblem and the respect due to it, continued in areas bordering Gambia.

The National Societies of Gambia, Guinea-Bissau and Senegal received support from the International Federation and the ICRC for reviewing their financial practices and for improving their capacities in financial management; the Senegalese Red Cross Society hired an auditor and a financial assistant.

The Movement components in Dakar met regularly to coordinate their activities, including provision of support for National Societies in the region, and to discuss various matters, such as needs related to migration and food security.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		10			
RCMs distributed		115			
Phone calls facilitated between family members		2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		59			4
Tracing cases closed positively (subject located or fate established)		8			
Tracing cases still being handled at the end of the reporting period (people)		435	5		20
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		8			
Detainees in places of detention visited		3,092	63	19	
Visits carried out		12			
			Women	Girls	Boys
Detainees visited and monitored individually		47	3		
	<i>of whom newly registered</i>	47	3		
RCMs and other means of family contact					
RCMs collected		11			
RCMs distributed		4			
Phone calls made to families to inform them of the whereabouts of a detained relative		3			
People to whom a detention attestation was issued		3			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	9	3	6
Essential household items	Beneficiaries	3,386	1,112	1,321
Productive inputs	Beneficiaries	10,659	3,473	4,414
	<i>of whom IDPs</i>	450	162	144
Cash	Beneficiaries	2,039	838	951
	<i>of whom IDPs</i>	1,236	439	445
Services and training	Beneficiaries	19,886	7,963	3,544
	<i>of whom IDPs</i>	936	332	338
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	7,158	3,588	2,153
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		2,397	716	669
New patients fitted with prostheses	Patients	44	12	4
Prostheses delivered	Units	59	19	4
	<i>of which for victims of mines or explosive remnants of war</i>	23	7	
New patients fitted with orthoses	Patients	55	5	40
Orthoses delivered	Units	66	5	51
Patients receiving physiotherapy	Patients	1,842	633	370
Walking aids delivered	Units	144	52	13
Wheelchairs or tricycles delivered	Units	73	25	8

HARARE (regional)

COVERING: Malawi, Namibia, Zambia, Zimbabwe



ICRC/AR_2017
 ○ ICRC regional delegation + ICRC office

The ICRC has been present in some of the countries covered by the Harare regional delegation since the Second World War. It visits detainees in the region and, in Zimbabwe, works closely with the authorities to improve detainees' treatment and living conditions. It supports the Zimbabwe Mine Action Centre in strengthening its capacities. Regionwide, it enables members of dispersed families, including refugees, to restore or maintain contact; raises awareness of IHL and international human rights law among the authorities and the armed and security forces; and helps the National Societies develop their operational capacities.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ With ICRC support, Zimbabwean detaining authorities improved their capacity to manage, in particular, food supply in prisons, which helped curb malnutrition at those facilities.
- ▶ The Zimbabwe Mine Action Centre expanded its capacities with the ICRC's help, benefiting people in mine-contaminated areas. As planned, the ICRC ended its support for Zimbabwe's mine-action sector at the end of 2017.
- ▶ Members of families separated by violence and migration, for instance, reconnected via the Movement's family-links services. People in Zimbabwe approached the ICRC for assistance in getting news of missing relatives.
- ▶ Throughout the region, contact with the ICRC enabled members of national IHL committees, military and police officers, and other influential actors to learn more about IHL and other relevant norms and standards.
- ▶ The National Societies of the countries covered developed their ability to respond safely and effectively to humanitarian needs, especially during situations of violence, with financial, logistical and technical backing from the ICRC.

EXPENDITURE IN KCHF

Protection	1,590
Assistance	2,340
Prevention	1,310
Cooperation with National Societies	652
General	73
Total	5,966
<i>Of which: Overheads</i>	<i>364</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	64

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	780
RCMs distributed	532
Phone calls facilitated between family members	114
Tracing cases closed positively (subject located or fate established)	12
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	38
Detainees in places of detention visited	20,371
<i>of whom visited and monitored individually</i>	80
Visits carried out	117
Restoring family links	
RCMs collected	6
Phone calls made to families to inform them of the whereabouts of a detained relative	71

CONTEXT

Economic difficulties in the region persisted, compounded by political and social issues and adverse climatic conditions caused by the El Niño phenomenon.

In Zimbabwe, people grappled with the unavailability of essential goods and services, including within the penitentiary system. Detention facilities remained overcrowded and dilapidated.

Refugees and asylum seekers from the wider region (see, for example, *Burundi, Congo, Democratic Republic of the Congo, and Pretoria*) continued to arrive or remained in the countries covered.

People living along the Zimbabwe–Mozambique border remained at risk from mines and explosive remnants of war (ERW).

Civil protests in Zimbabwe, prompted in part by the approach of the 2018 general elections, occasionally turned violent. In November, the Zimbabwean president stepped down after 37 years in office. The political transition was relatively peaceful.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Harare worked with the authorities and the National Societies in the four countries covered to help address the needs of vulnerable people. It also supported the National Societies in bolstering their ability to restore family links, respond to emergencies, and broaden public awareness of their activities and the Movement. The conduct of humanitarian activities in Mozambique had been handed over to the ICRC regional delegation in Pretoria at the end of 2016 (see *Pretoria*).

The ICRC visited detainees in Namibia and Zimbabwe in accordance with its standard procedures. Findings, and recommendations for improvement, were communicated confidentially to the authorities concerned. Some detainees contacted their relatives through the Movement's family-links services. With the ICRC's help, detaining authorities in Zimbabwe began to assume more responsibility for seeing to detainees' needs, despite resource constraints. They sought to ensure that detainees could meet their dietary requirements – for example, by streamlining the management of prison farms; they also drew on ICRC-donated rations to fill intermittent food shortages. Together with the ICRC, prison health workers monitored detainees' nutritional status regularly; malnutrition cases could thus be diagnosed in a timely manner and the detainees affected given supplementary food by the detaining authorities, the health ministry and/or the ICRC. Detainees had access to health-care services at prison clinics; when necessary, they were referred to hospitals. These efforts helped curb malnutrition in Zimbabwean prisons. The renovation of infrastructure – ventilation, drainage and roofing systems, and kitchens – helped improve living conditions for detainees in some prisons. In some cases, inmates helped to make their surroundings more sanitary, by participating in projects to produce chlorine solution and cleaning materials.

The 2012 cooperation agreement between the authorities and the ICRC, to tackle the issue of mines and ERW in Zimbabwe, had concluded in 2016. Following this, the ICRC focused on promoting local ownership of the issue, through dialogue and by mobilizing key actors. Mine-action authorities sought the ICRC's help to strengthen their capacities in such areas as mine-clearance training, quality assurance and control, and information management. With the

ICRC's financial backing, the Zimbabwean government launched a national mine-action strategy covering a seven-year period from 2018 to 2025. As planned, the ICRC ended its support for humanitarian mine action in the country at the end of 2017.

Members of families dispersed by violence, migration and detention – in the countries covered and in the wider region – reconnected through the Movement's family-links services. The ICRC launched a pilot project to trace missing Zimbabwean migrants and inform their relatives of their fate and whereabouts; the project was carried out in coordination with the pertinent South African and Zimbabwean authorities.

Throughout the region, the ICRC – at times with the National Societies – maintained contact with the authorities, weapon bearers, members of the international community, and civil society representatives through dialogue, networking and events of various kinds. This fostered acceptance for IHL and other pertinent norms and standards, and for the Movement's work. National IHL committees, in particular, drew on the ICRC's expertise to promote IHL.

The four National Societies enhanced their ability to operate safely and effectively, with financial, logistical and/or technical support from the ICRC. Movement partners met periodically to coordinate their activities.

CIVILIANS

Throughout the region, the ICRC monitored the situation of people in areas affected by or prone to violence; when necessary, it made representations on their behalf to the parties concerned. Whenever possible, the ICRC partnered with the Malawi Red Cross Society, the Namibia Red Cross, the Zambia Red Cross Society and the Zimbabwe Red Cross Society to respond to people's needs. The National Societies enhanced their ability to operate safely and effectively, with financial, logistical and/or technical support from the ICRC.

Members of separated families keep in touch

In all the countries covered, members of families dispersed by violence and other causes (see *ICRC action and results*) reconnected through the Movement's family-links services; when necessary, they were referred to State agencies or the UNHCR.

The National Societies in the region received ICRC training – including during joint field activities – and/or financial support to strengthen their ability to provide family-links services, especially during emergencies. This helped, for example, the Zambian Red Cross when such services began to be offered in Zambia's Nchelenge region, to meet the needs of refugees from the Democratic Republic of the Congo (see *Context*). The cases of unaccompanied minors were followed up systematically by the National Societies concerned.

People approached the ICRC for assistance in getting news of missing relatives. The bulk of the requests came from people in Zimbabwe wanting to know the fate and whereabouts of relatives who had migrated to South Africa. To respond more effectively to these requests, the ICRC, in coordination with the pertinent South African and Zimbabwean authorities, started a pilot project aimed at facilitating the identification of human remains and helping to resolve tracing cases (see also *Pretoria*). Human resource and other constraints delayed the start of the project.

Zimbabwean mine-clearance authorities continue to mitigate risks from mines and ERW

At the request of the Zimbabwe Mine Action Centre (ZIMAC), the ICRC gave the centre's staff technical advice and training in specific areas. During workshops, mine-clearance instructors learnt to conduct basic training courses autonomously. Other personnel developed their capacities in quality assurance and control, and in information management. The ICRC also helped ZIMAC bolster its capacity to spread mine-risk education among communities affected by mines and ERW.

The ICRC provided the Zimbabwean authorities with financial support for launching a national mine-action strategy covering a seven-year period from 2018 to 2025. The strategy was prepared by ZIMAC, with the support of the Geneva International Centre for Humanitarian Demining and in consultation with all of the sector's stakeholders in the country.

The ICRC withdrew its support for humanitarian mine action in Zimbabwe at the end of 2017.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC sought and/or maintained dialogue with detaining authorities in the countries covered. In accordance with its standard procedures, the ICRC visited people detained in Zimbabwe – by the Zimbabwe Prisons and Correctional Services (ZPCS) – and in Namibia, to monitor their treatment and living conditions. Particular attention was given to vulnerable detainees, such as minors, people held for security reasons and people with mental illnesses. Findings, and recommendations for improvement, were shared confidentially with the authorities concerned. Some detainees contacted their relatives through the Movement's family-links services.

Despite the scarcity of resources at its disposal, the ZPCS regularly addressed the points raised by the ICRC. It assumed more responsibility for seeing to the needs of detainees (see below), as ICRC assistance to places of detention was gradually withdrawn.

ZPCS personnel develop their ability to carry out their duties

ZPCS representatives attended ICRC workshops, held at the request of the ZPCS. Some mid-level penitentiary managers learnt more about internationally recognized detention standards, and ways to improve their oversight of food supply in prisons. At one prison, officers strengthened their grasp of their responsibilities in relation to international and domestic standards for the treatment of detainees, in line with a pilot project to build on their entry-level training. Officials at one forensic mental-health institution increased their understanding about the specific needs of people with mental illnesses.

Discussions between the ZPCS and the ICRC, on extending such training to other prisons and incorporating it in the standard curriculum for detaining authorities, were ongoing. With the ICRC's help, the ZPCS's audit and inspectorate unit incorporated new assessment tools and methods in its usual procedures; and, in line with the curriculum it developed with the ICRC in 2016, it trained additional personnel.

Detainees have increased access to adequate food

Budgetary and administrative constraints led to intermittent food shortages and contributed to some detainees' malnutrition or

illness; the ZPCS, however, strove to ensure an adequate supply of food, for instance, by improving the management of prison farms (see below). Over 17,000 detainees benefited from rations of sugar and soya beans supplied by the ICRC to help fill shortages. Some detainees were also given groundnuts to eat, to help them stave off pellagra, a vitamin-deficiency disease.

In 18 detention facilities, the ZPCS and the ICRC conducted assessments, with a view to using existing resources to improve the availability of food for inmates; the ICRC monitored the situation through follow-up visits. In some prisons, food committees – made up of officials involved in stock management and food production and distribution – were formed. ZPCS authorities at the provincial level visited prisons more frequently and supervised their functioning more closely, partly with ICRC encouragement.

The ZPCS strove to sustain long-term measures to provide sufficient food to all detainees, with the help of ICRC-provided transport and/or fuel, and technical advice. It cultivated over 200 hectares of land at some 20 prison farms, using ICRC-provided seed and fertilizer. The ZPCS continued to streamline the management of these farms, the produce from which – either fresh or preserved in prisons equipped with food-drying facilities – detainees used to supplement their diets; the farms produced enough food to sustain thousands of detainees at 30 places of detention. Detainees, ZPCS officers and prison-farm managers learnt best agricultural practices during on-site training sessions with the ICRC.

Around 13,700 detainees received food containers and other household essentials from the ICRC, which helped ease their circumstances. Some detainees received clothing that ZPCS personnel and other detainees had made, using ICRC-supplied fabric and knitting and sewing machines.

Malnourished detainees receive supplementary food

In Zimbabwe, the nutritional status of detainees was periodically assessed – on their arrival and every month thereafter – by ZPCS health workers, who continued to receive regular on-the-job training from the ICRC. Such systematic monitoring enabled the ZPCS to detect cases of malnutrition and respond in a timely manner.

Over 2,800 malnourished detainees received supplementary food through a nutrition programme, jointly organized with the ZPCS, that covered 25 prisons; the ICRC provided the food and the ZPCS distributed it. In February, the ZPCS and the health ministry, which coordinated their activities with technical input from the ICRC, started providing assistance in some of these prisons autonomously, in view of the gradual phase-out of the above-mentioned programme. The ZPCS checked the health of all these detainees every week. These efforts helped curb malnutrition in Zimbabwean prisons.

The ICRC donated medical essentials and office equipment and supplies to some prisons. When necessary, sick detainees were transferred to referral hospitals. Some detainees who had undergone mental-health rehabilitation were released to their families' care. Prior to this, local social workers – with financial support from the ICRC – had monitored the situation of these detainees and provided them with appropriate care, visited the families concerned, and obtained the affidavits required for the detainees' release.

Detainees help to make their living conditions more hygienic

In Zimbabwe, living conditions for a total of 7,400 detainees improved after the ZPCS and the ICRC renovated infrastructure, including ventilation, drainage and/or roofing systems. At five prisons, holding a combined total of around 4,300 detainees, the ICRC renovated or reconstructed kitchens and provided them with energy-saving stoves. The ICRC urged the ZPCS to install electric stoves at other prisons to improve the functioning and maintenance of their kitchens; to this end, it gave the detaining authorities financial support for carrying out a technical assessment. Twelve ZPCS technical staff learnt how to repair electric stoves, which helped save the costs of buying new stoves. The detaining authorities and the ICRC also undertook projects to optimize the allocation of space in prisons, with a view to alleviating overcrowding.

Some inmates helped to make their surroundings more sanitary, by taking part in ongoing projects to produce chlorine solution and cleaning materials. The ZPCS implemented a delousing campaign at the second of two prisons, completing a pilot run of the campaign begun in 2016. The ZPCS had drafted the relevant protocol with ICRC support.

ACTORS OF INFLUENCE

In the countries covered, the ICRC – at times with the National Societies – maintained contact with the authorities, weapon bearers, members of the international community and civil society representatives through dialogue, networking and events. These efforts fostered acceptance for IHL and other international norms, applicable standards, and the Movement; they also broadened awareness of humanitarian concerns and helped facilitate activities for vulnerable people.

Military and police officers learn more about IHL and other applicable norms and standards

Senior Malawian military officers participated in an advanced IHL workshop held in Mexico City, Mexico, where they learnt more about incorporating IHL in military operations (see *International law and policy*).

Before their deployment to field exercises or peace-support operations, approximately 1,800 members of armed forces from the region were briefed by the ICRC on IHL, international human rights law and the Movement. They included Malawian and Zambian troops bound for UN peace-support operations. As part of their regular training, over 700 military personnel from the countries covered also attended dissemination sessions on IHL, organized by military academies and the ICRC.

The Zimbabwe-based Southern African Development Community (SADC) training centre and the ICRC organized courses on norms and standards pertinent to armed conflict and law enforcement operations for more than 150 military and police officers studying at the centre. Military medical personnel from the four countries, bound for peace-support operations in the SADC region, learnt about the proper management of human remains at a workshop on the subject.

National IHL committees strive to promote IHL

The ICRC continued to lend support to the national IHL committees. Members of the Malawian, Namibian, Zambian and Zimbabwean committees furthered their understanding of IHL

and international human rights law at ICRC training sessions and workshops, in the region and elsewhere.

The Zimbabwean committee organized a workshop on the Hague Convention on Cultural Property, with a view to advancing incorporation of its provisions in domestic legislation; the ICRC contributed its expertise. Representatives of 23 countries attended the Fourth Meeting of Representatives of National Committees on IHL of Commonwealth States, held in Swakopmund, Namibia, in June. At this event, representatives were able to share with their peers best practices in promoting and implementing IHL and IHL-related treaties.

In April, representatives from States party to the African Union Convention on IDPs met in Harare, Zimbabwe, to consider how to improve implementation of the Convention; the ICRC's regional delegation in Harare provided support for the discussions led by the ICRC delegation to the African Union. This meeting was followed by a sub-regional meeting in Lilongwe, Malawi, in November: representatives from six southern African States and from their National Societies – and officials from various international organizations, including OCHA – discussed the incorporation of the Convention in domestic legislation.

Future decision-makers strengthen their grasp of IHL

The ICRC pursued its efforts to raise interest in IHL. ICRC lectures at universities across the region enabled over 400 students of political science, law and international relations to learn more about IHL and the humanitarian consequences of armed conflict. The ICRC sponsored students from Zimbabwe to take part in an annual all-Africa moot court competition.

With the ICRC's help, National Societies in the region carried out public-communication activities to broaden awareness of their services, especially during emergencies, and of the Movement's work.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region worked with the ICRC and were given financial, logistical and/or technical support for bolstering their emergency response – in line with the Safer Access Framework – and other capacities (see *Civilians* and *Actors of influence*). The Zimbabwean Red Cross assisted flood-affected communities and administered first aid during civil protests (see *Context*). It also finalized a contingency plan for the elections scheduled to take place in 2018. The ICRC facilitated the participation of Namibian National Society representatives at an SADC event, where they learnt more about humanitarian aid operations. The Zambian Red Cross, with ICRC support and in partnership with the UNHCR, responded to the needs of Congolese refugees (see *Civilians*).

All four National Societies continued to reinforce their legal bases and organizational structure, with the support of the ICRC and other Movement partners. The Namibian Red Cross, with the help of the International Federation and the ICRC, finished drafting its 2017–2021 strategic plan and the corresponding road map for implementation. Its personnel received coaching on financial management from the ICRC.

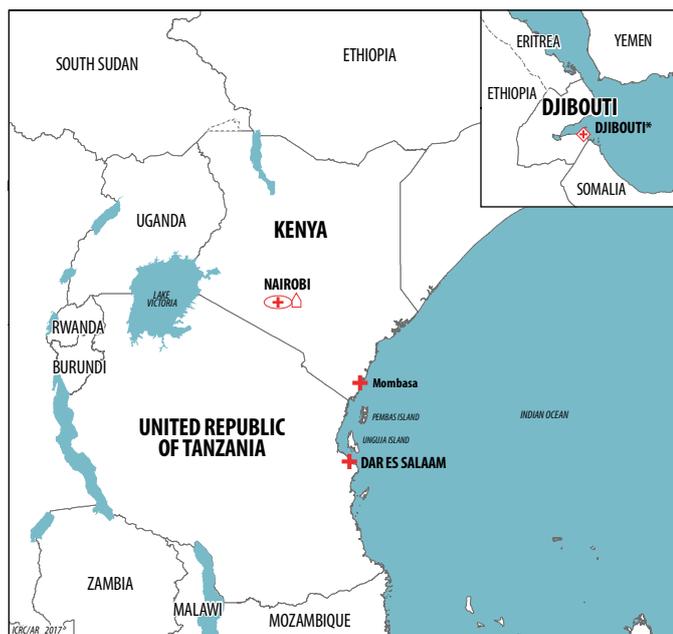
The National Societies, the ICRC and other Movement components met periodically to coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		780	33		
RCMs distributed		532	2		
Phone calls facilitated between family members		114			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		84	18	7	20
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases closed positively (subject located or fate established)		12			
Tracing cases still being handled at the end of the reporting period (people)		228	46	43	45
<i>including people for whom tracing requests were registered by another delegation</i>		23			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		40	13		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		165	72		
Documents					
People to whom travel documents were issued		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		38			
Detainees in places of detention visited		20,371	448	120	
Visits carried out		117			
			Women	Girls	Boys
Detainees visited and monitored individually		80	1		3
<i>of whom newly registered</i>		20			
RCMs and other means of family contact					
RCMs collected		6			
Phone calls made to families to inform them of the whereabouts of a detained relative		71			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	17,037	286	
Essential household items	Beneficiaries	13,691	268	
Productive inputs	Beneficiaries	10,207	36	
Services and training	Beneficiaries	511		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	7,400	296	74
Health				
Places of detention visited by health staff	Structures	25		

NAIROBI (regional)

COVERING: Djibouti, Kenya, United Republic of Tanzania



ICRC regional delegation ICRC office ICRC regional logistics centre ICRC mission
*Map shows structures supporting ICRC operations in Yemen

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Migrants, including refugees and asylum seekers, from Burundi, the Democratic Republic of the Congo, Ethiopia, Somalia, South Sudan and Yemen, got in touch with their relatives through National Society and ICRC services.
- ▶ Through National Society and ICRC projects, drought- and violence-affected Kenyans obtained food and other essentials, reinforced their livelihood activities and had more reliable access to water.
- ▶ The treatment and living conditions of detainees in Djibouti and the United Republic of Tanzania, including 19 Eritrean POWs, were monitored through ICRC visits. The POWs received medicines and other assistance.
- ▶ Governments, multilateral organizations, religious leaders and the media became more familiar with the ICRC's mandate and activities, and with issues of humanitarian concern, through various forums and events.
- ▶ Military officers added to their knowledge of IHL through ICRC-led discussions. Tanzanian police officers were trained to instruct others in international rules and standards pertinent to their duties.

EXPENDITURE IN KCHF

Protection	3,913
Assistance	4,264
Prevention	3,006
Cooperation with National Societies	1,044
General	434
Total	12,661
<i>Of which: Overheads</i>	<i>773</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	113%
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PERSONNEL

Mobile staff	60
Resident staff (daily workers not included)	386

The ICRC's regional delegation in Nairobi was set up in 1974 and has a dual purpose: first, to promote IHL and carry out operations in the countries covered, namely restoring contact between refugees and their families, protecting and assisting people injured, displaced or otherwise affected by armed conflict or other situations of violence, visiting detainees falling within its mandate, and supporting the development of the National Societies; and second, to provide relief supplies and other support services for ICRC operations in neighbouring countries in the Horn of Africa and Great Lakes regions, and further afield.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	36,950
RCMs distributed	30,227
Phone calls facilitated between family members	209,678
Tracing cases closed positively (subject located or fate established)	100
People reunited with their families	329
<i>of whom unaccompanied minors/separated children</i>	241
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	6
Detainees in places of detention visited	1,109
<i>of whom visited and monitored individually</i>	31
Visits carried out	15
Restoring family links	
RCMs collected	154
RCMs distributed	38
Phone calls made to families to inform them of the whereabouts of a detained relative	639

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 5,000	8,370
Essential household items	Beneficiaries 3,000	
Productive inputs	Beneficiaries 6,500	7,380
Cash	Beneficiaries 4,500	50,844
Services and training	Beneficiaries 2,750	7,919
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 25,000	18,963

CONTEXT

Migrants from the wider region, including refugees and asylum seekers, had a presence in Djibouti, Kenya and the United Republic of Tanzania (hereafter Tanzania). They included the people who had fled Somalia or South Sudan for Kenya, Burundi or the Democratic Republic of the Congo (hereafter DRC) for Tanzania, and Ethiopia, Somalia or Yemen for Djibouti. The repatriation of people from the Dadaab refugee camp in Kenya continued, but at a slower pace than in 2016.

Djibouti and Kenya continued to participate in military operations conducted by the African Union Mission in Somalia (AMISOM) against the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab).

Presidential elections were held in Kenya in August, and were won by the incumbent. The political opposition, citing irregularities in the vote, challenged the result. Kenya's Supreme Court then annulled the elections and ordered new elections to be held; these took place in October. The incumbent president was declared the winner. Subsequently, violent clashes between protesters and police were reported in parts of the country.

In Lamu County and other parts of Kenya, attacks by armed groups reportedly affiliated with al-Shabaab, and the security operations carried out in response, caused civilian casualties and displacement. The safety of civilians was also threatened by violence arising from disputes over resources; the severe drought affecting the country exacerbated the situation.

Overcrowding in prisons was an issue of concern in all three countries.

ICRC ACTION AND RESULTS

In 2017, the ICRC's regional delegation in Nairobi continued to provide comprehensive assistance to the National Societies in Kenya, Djibouti and Tanzania – its main partners in the field – for delivering humanitarian aid to people in need.

Migrants, including refugees and asylum seekers, restored or maintained contact with their relatives through National Society and ICRC family-links services. Allegations of abuse reported by migrants were documented by the ICRC and discussed confidentially with the parties concerned, or relayed to the pertinent ICRC delegations.

The Kenya Red Cross Society and the ICRC provided emergency relief to drought- and violence-affected people in two counties. They also gave members of vulnerable households training and material and financial assistance for their livelihood activities, with a view to increasing their resilience to the effects of violence. Fewer households than planned were given livelihood support, as drought- and violence-affected people needed more emergency relief than anticipated. The Kenyan Red Cross and the ICRC repaired or renovated water infrastructure in the two counties, and improved access to water for thousands of people.

With ICRC training and supervision, community health volunteers in Nairobi began to provide support to victims of sexual violence.

ICRC courses in emergency care and training in the management of human remains helped prepare medical personnel in Kenya and

Tanzania, and personnel in Djibouti and Kenya, respectively, to cope with mass-casualty incidents.

The ICRC continued to visit detainees at several facilities in Djibouti and Tanzania. These visits, conducted in accordance with standard ICRC procedures, sought to ensure that detainees' treatment and living conditions were in line with IHL or internationally recognized standards. These detainees included 19 Eritrean POWs being held in Djibouti in connection with the 2008 border dispute between the two countries, and 10 people detained in Tanzania under the jurisdiction of the UN Mechanism for International Criminal Tribunals (MICT). Following its visits, the ICRC communicated its findings and recommendations confidentially to the detaining authorities. Through dialogue with the authorities concerned, the ICRC continued to seek access to detainees in Kenya, and those in Tanzania not receiving ICRC visits.

Governments, regional bodies, religious leaders and the general public became more familiar with the ICRC's mandate and activities, and with issues of humanitarian concern, through various forums and events.

The ICRC continued to promote the incorporation of IHL in domestic law and military decision-making. It organized a regional seminar on IHL implementation for several African countries and, with the Intergovernmental Authority on Development (IGAD), hosted a seminar for IGAD Member States on the African Union Convention on IDPs. It provided the Kenyan national IHL committee and the Djiboutian and Tanzanian authorities with technical assistance for advancing IHL implementation. The ICRC met with defence ministry officials and conducted IHL training for military officers, including those bound for missions abroad.

The ICRC continued to train the police in international norms pertinent to their duties. Besides conducting a train-the-trainer workshop for 24 Tanzanian officers, it also assisted the Tanzanian police in ensuring that their training curricula were in line with applicable norms.

ICRC delegations in central and eastern Africa continued to obtain supplies through the logistics centre in Nairobi, and assistance from the regional delegation's training unit and other support services. Staff at the Djibouti office continued to provide administrative and logistical support for ICRC operations in Yemen.

CIVILIANS

Migrants reconnect with their families

Migrants, including refugees and asylum seekers, got in touch with their relatives through family-links services run by the Djiboutian, Kenyan and Tanzanian National Societies, in partnership with the ICRC. The ICRC provided the National Societies with financial, material and technical assistance.

People in the countries covered – mainly those who had fled Somalia or South Sudan for Kenya, Burundi or the DRC for Tanzania, and Ethiopia, Somalia or Yemen for Djibouti – sent and received some 36,900 and 30,200 RCMs, respectively, and made more than 209,600 phone calls. One hundred people being sought by their families were located. Various means were employed to help people look for their missing relatives. The names of people being sought were read out on an ICRC-sponsored radio programme on the BBC Somali Service (see *Somalia*). Somali and South Sudanese refugees allowed their photographs to be circulated in camps in

Kenya and in other places where their families might have sought refuge (see *South Sudan*). Families uploaded photographs of their missing relatives to a Movement webpage.

The Tanzania Red Cross Society and the ICRC reunited ten unaccompanied minors with their families in Burundi; some 80 other unaccompanied minors were identified, in line with Movement guidelines, as candidates for family reunification. The Tanzanian Red Cross and the ICRC also processed tracing requests between the three refugee camps in the country, leading to some 320 cases of family reunification.

Refugees in western Tanzania, mainly from Burundi and the DRC, reported to the ICRC that they had suffered abuse in camps or

in their countries of origin. To prevent the recurrence of such misconduct, the ICRC discussed these allegations confidentially with the parties concerned in Tanzania, or relayed them to the pertinent ICRC delegations (see *Burundi* and *Congo, Democratic Republic of*).

During coordination meetings with other organizations, the ICRC reaffirmed the Movement's lead role in restoring family links throughout the region. The Djiboutian health ministry launched a mobile-clinic programme to benefit migrants in Obock district; the ICRC advised the authorities on this programme and donated first-aid kits and potable water to the clinics.

CIVILIANS	Djibouti	Kenya	Tanzania
Red Cross messages			
RCMs collected	60	6,360	30,530
<i>including from unaccompanied minors (UAMs)/separated children (SC)</i>			1,615
RCMs distributed	88	6,896	23,243
<i>including from UAMs/SC</i>			1,108
Phone calls facilitated between family members	24,166	82,900	102,612
Reunifications, transfers and repatriations			
People reunited with their families			329
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered	13	205	95
<i>of whom women</i>	3	52	13
<i>of whom minors at the time of disappearance - girls</i>	4	41	29
<i>of whom minors at the time of disappearance - boys</i>	2	52	6
<i>including people for whom tracing requests were registered by another delegation</i>		47	
Tracing cases closed positively (subject located or fate established)		70	30
<i>including people for whom tracing requests were registered by another delegation</i>		11	
Tracing cases still being handled at the end of the reporting period (people)	37	852	318
<i>of whom women</i>	6	183	55
<i>of whom minors at the time of disappearance - girls</i>	6	230	102
<i>of whom minors at the time of disappearance - boys</i>	2	73	61
<i>including people for whom tracing requests were registered by another delegation</i>		185	
UAMs/SC, including demobilized child soldiers			
UAMs/SC newly registered by the ICRC/National Society		1	588
<i>of whom girls</i>			217
UAMs/SC reunited with their families by the ICRC/National Society			241
<i>of whom girls</i>			99
UAM/SC cases still being handled at the end of the reporting period		41	1,077
<i>of whom girls</i>		12	412

Local forensic agencies prepare for emergencies

With ICRC support, local forensic agencies developed their ability to manage human remains during mass-casualty incidents. Government and non-government personnel in Djibouti, including the police and *gendarmerie*, attended an ICRC training course in managing human remains. In Kenya, to prepare for the possibility of election-related violence, representatives from government agencies were trained by the ICRC to manage human remains during emergencies; police officers and investigators were trained to collect ante-mortem data.

ICRC sponsorship enabled forensic professionals from all three countries, including Djibouti's only forensic pathologist, to participate in a forensic conference in South Africa, and specialists from Kenya and Tanzania to attend the second African School of Humanitarian Forensic Action (see *Pretoria*). The ICRC supplied the Djiboutian forensic pathologist and the Tanzanian police with equipment for managing human remains.

Violence-affected people in Kenya rebuild their livelihoods

With help from the Kenyan Red Cross and the ICRC, vulnerable households worked to become more resilient to the effects of violence. Kenyan Red Cross and ICRC training benefited some 7,900 people in all: 930 households (5,580 people) in Lamu County who learnt about preventing malnutrition, 110 households (710 people) in Lamu County who were trained in basic business management, and 270 households (1,620 people) in Tana River County who, having received ICRC livelihood support in 2016, received training to establish informal credit facilities among themselves.

Around 100 of the households in Lamu County who had received business training started small businesses with ICRC cash grants, benefiting 600 people in all. About 300 fishing households (1,800 people) were given engines for their boats.

Some 18,960 people in the two counties had more reliable access to water after the Kenyan Red Cross and the ICRC repaired or renovated infrastructure.

Productive inputs and water-supply assistance were provided to fewer households than planned, and plans to provide household and hygiene items were cancelled, as drought- and violence-affected people in the two counties needed more emergency relief – in the form of cash and food – than anticipated. Cash was given to some 46,940 drought-stricken people (7,820 households); around 2,790 people received food. Another 5,580 people (930 households) who had learnt about preventing malnutrition (see above) were given both food and seed; this enabled them to save the seed for planting instead of consuming it. In Lamu County, some 550 households (3,300 people) displaced by violence were given cash to help them meet their immediate needs.

With ICRC training and other support, Kenyan Red Cross personnel strengthened their ability to implement economic-assistance and water-supply projects.

Victims of sexual violence have better access to care

The ICRC strove to improve access to appropriate care for victims of sexual violence in informal settlements in Nairobi. Together with Nairobi County authorities, the ICRC assessed the victims' needs and the services available to them. ICRC training and supervision helped four community health workers, and the 40 volunteers reporting to them, to respond more effectively to victims' needs.

Following their training, the volunteers identified 67 cases of sexual and other violence, from September to November, and referred the victims for medical, legal and psychological assistance. Through the volunteers' work, some 1,300 community members learnt about sexual violence and the support available to victims.

The health ministry, the Nairobi County authorities, the Kenyan Red Cross and the ICRC together drafted a manual to be used for training more volunteers; the ICRC provided funding and technical assistance for the drafting process.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees at several facilities in Djibouti and Tanzania, in accordance with its standard procedures, to ensure that their treatment and living conditions were in line with IHL or

internationally recognized standards. Afterwards, it communicated its findings and recommendations confidentially to the detaining authorities. Through dialogue with the authorities concerned, the ICRC continued to seek access to detainees in Kenya, and those in Tanzania not receiving ICRC visits.

Detainees receive material assistance and family-links services from the ICRC

People at the central prison in Gabode, and 19 Eritrean POWs, were among the detainees the ICRC visited in Djibouti. The 19 POWs received medicines and other assistance from the ICRC, and used ICRC family-links services. After UNHCR granted refugee status to the POWs, the ICRC began to assist in finding a country for their resettlement.

Detainees visited in Tanzania included people being held at two prisons in Zanzibar, and ten people sentenced by the International Criminal Tribunal for Rwanda and being held in Arusha under the jurisdiction of the MICT, pending appeal or transfer to Benin, Mali or Senegal to serve their sentences. The MICT detainees were not offered family-links services, as they could get in touch with their relatives through telephone and video calls provided by the detaining authorities. The MICT asked the ICRC to assist in relocating people whom it had acquitted or released.

People at detention facilities in mainland Tanzania, whom the ICRC could not visit in accordance with its standard procedures, made use of ICRC family-links services. Among them were 36 detainees affiliated with an opposition group in Zanzibar; they received some 490 family visits sponsored by the ICRC.

Officials at two prisons in Zanzibar improved living conditions for a total of 350 detainees using ICRC-donated materials. The ICRC's plans to renovate prison infrastructure in Djibouti were still being discussed by the ministries concerned.

Personnel from one detention facility learnt more about designing prison infrastructure at an ICRC seminar. Djiboutian justice ministry officials attended a similar ICRC seminar in Senegal (see *Dakar*). The ICRC discussed alternatives to detention with the Djiboutian authorities, with a view to helping them alleviate overcrowding in prisons.

PEOPLE DEPRIVED OF THEIR FREEDOM	Djibouti	Kenya	Tanzania
ICRC visits			
Places of detention visited	2		4
Detainees in places of detention visited	693		416
<i>of whom women</i>	38		7
<i>of whom minors</i>	38		8
Visits carried out	6		9
Detainees visited and monitored individually	21		10
<i>of whom women</i>	1		1
Restoring family links			
RCMs collected			154
RCMs distributed			38
Phone calls made to families to inform them of the whereabouts of a detained relative	248	298	93
Detainees visited by their relatives with ICRC/National Society support			36

WOUNDED AND SICK

Kenyan and Tanzanian medical personnel reinforce their skills in emergency care

Medical staff from various hospitals in Kenya and Tanzania prepared for the possibility of mass-casualty influxes by strengthening, through ICRC training courses, their ability to provide life-saving care; Kenyan surgeons attended an ICRC seminar on treating wounded people.

ACTORS OF INFLUENCE

Community members become more familiar with the Movement

National authorities, regional bodies, members of civil society and the general public learnt more about the ICRC's mandate and activities, and about issues of humanitarian concern – sexual violence, the plight of migrants, and other matters – through various forums and events organized by the ICRC.

The Kenyan Red Cross and the ICRC discussed the Movement and its activities at certain events in communities where they worked jointly, where the risk of election-related violence was high, or where hostility to Movement workers had been reported. Kenyan Red Cross and ICRC personnel went from door to door and conducted other activities to inform potential beneficiaries of the economic and other support available to them (see *Civilians*).

Members of the Kenyan media, including radio journalists, familiarized themselves with the Movement through events organized by the Kenyan Red Cross and the ICRC. Print, television and online media covered the Movement's provision of aid to drought-stricken people in Kenya and other countries.

In its discussions with Islamic leaders and scholars, the ICRC emphasized its neutral, impartial and independent humanitarian approach. At an ICRC seminar in Nairobi, Islamic scholars from six African countries discussed how Islamic law and IHL protected civilians during armed conflict.

Academics from six African countries discussed IHL, and what materials were required to teach it, at an ICRC course in Nairobi. Law students from nine African countries, and from Malaysia, took part in the 17th edition of the All Africa IHL Competition in Tanzania, organized by the African Court on Human and Peoples' Rights (AFCHPR) and the ICRC. Journalism students in Tanzania learnt more about IHL and the Movement through a forum arranged by the Tanzanian Red Cross and the ICRC. The ICRC donated reference materials on IHL to a Kenyan university and gave internships to several university students.

Nairobi-based representatives of NGOs and multilateral organizations, and legal staff from the AFCHPR and the East African Court of Justice, strengthened their grasp of IHL through ICRC courses.

Police officers learn about international norms pertinent to their duties

Briefings for the police emphasized the existence of international rules and standards for law enforcement, and the ICRC's role in situations of violence. The ICRC trained 1,013 police officers in these rules and standards; they included people working in parts of Kenya at risk of election-related violence or in areas of Tanzania with large numbers of refugees from Burundi and the DRC; also among them were 24 Tanzanian officers who attended a train-the-trainer workshop, thus enlarging the Tanzanian police's pool

of instructors. The Tanzanian police drew on ICRC expertise to ensure that the curricula at their various training institutions were in line with the pertinent international norms.

The ICRC continued to promote the incorporation of IHL in military decision-making, including through high-level meetings with defence ministry officials. Djiboutian and Kenyan AMISOM officers, Kenyan and Tanzanian officers bound for peace-support missions abroad, and officers from various international military contingents in Djibouti learnt more about IHL through ICRC training or dissemination sessions. At the invitation of the International Peace Support Training Centre (IPSTC) in Kenya, the ICRC conducted several IHL training sessions for senior officers. In all, 1,452 military officers were trained during the year. The IPSTC drew on ICRC expertise to design a course on the protection of refugees and IDPs. The ICRC pursued efforts to discuss IHL training with the Eastern Africa Standby Force.

Kenyan and Tanzanian military commanders, sponsored by the ICRC, attended an advanced IHL course in Mexico (see *International law and policy*).

Governments and regional bodies discuss the incorporation of IHL in domestic law

In May, the ICRC hosted a regional seminar on IHL implementation; representatives from eight African countries, and the East African Community, attended. At a seminar organized by IGAD and the ICRC, officials from IGAD Member States discussed how the African Union Convention on IDPs was being implemented; representatives from the African Union and from UN agencies, and an observer from Tanzania, also attended the seminar.

The countries covered made some progress in implementing IHL. The Kenyan national IHL committee, reactivated in June 2016, met regularly; Djibouti and Tanzania were preparing to hold workshops concerning the establishment of similar committees. The ICRC provided technical assistance for these activities.

Members of the Tanzanian parliament learnt about IHL and the Movement at a forum hosted by the Tanzanian Red Cross and the ICRC. Kenyan and Tanzanian officials, sponsored by the ICRC, attended IHL-related events abroad.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in Djibouti, Kenya and Tanzania drew on financial, material and technical assistance from the ICRC to reinforce their operational capacities and their ability to promote IHL and the Movement. The ICRC continued to cover some of their running costs, including the salaries of key National Society personnel. The Kenyan Red Cross augmented its income through a joint project with the ICRC: this involved the collection and recycling of plastic waste from the Dadaab refugee camp.

National Societies prepare for emergencies

ICRC assistance enabled the National Societies to strengthen their preparedness for emergencies, in line with the Safer Access Framework. The Kenyan Red Cross held a train-the-trainer workshop in first aid and security management; to prepare for the possibility of election-related violence, first responders from several branches underwent ICRC training in various areas of pertinence. The Red Crescent Society of Djibouti trained its personnel in emergency response.

The National Societies also pursued organizational development, with ICRC support. The Tanzanian Red Cross underwent an ICRC-funded financial audit and, together with the ICRC, trained its staff to plan, monitor and evaluate projects. With the ICRC's technical assistance, the Djiboutian Red Crescent held elections for regional officers.

Movement components coordinated their activities regularly. Tanzanian Red Cross representatives, sponsored by the ICRC, attended Movement meetings abroad and, along with Kenyan Red Cross representatives, a regional conference of National Societies.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		36,950	1,615		
RCMs distributed		30,227	1,108		
Phone calls facilitated between family members		209,678			
Reunifications, transfers and repatriations					
People reunited with their families		329			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		313	68	74	60
<i>including people for whom tracing requests were registered by another delegation</i>		47			
Tracing cases closed positively (subject located or fate established)		100			
<i>including people for whom tracing requests were registered by another delegation</i>		11			
Tracing cases still being handled at the end of the reporting period (people)		1,207	244	338	136
<i>including people for whom tracing requests were registered by another delegation</i>		185			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		589	217		
UAMs/SC reunited with their families by the ICRC/National Society		241	99		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1,118	424		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		6			
Detainees in places of detention visited		1,109	45	46	
Visits carried out		15			
			Women	Girls	Boys
Detainees visited and monitored individually		31	2		
RCMs and other means of family contact					
RCMs collected		154			
RCMs distributed		38			
Phone calls made to families to inform them of the whereabouts of a detained relative		639			
Detainees visited by their relatives with ICRC/National Society support		36			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	8,370	1,673	5,024
Productive inputs	Beneficiaries	7,380	1,475	4,430
Cash	Beneficiaries	50,844	10,170	30,504
	<i>of whom IDPs</i>	3,306	661	1,984
Services and training	Beneficiaries	7,919	1,584	4,751
	<i>of whom IDPs</i>	48	10	28
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	18,963	5,698	7,597
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	350		
Health				
Places of detention visited by health staff	Structures	1		

PRETORIA (regional)

COVERING: Angola, Botswana, Lesotho, Mozambique, South Africa, Swaziland



ICRC/AR_2017
 ICRC regional delegation ICRC sub-delegation ICRC office ICRC mission

The ICRC has worked in South Africa since the early 1960s, opening a regional delegation in Pretoria in 1978. It visits migrants at an immigration detention centre in South Africa, and other detainees within its purview in Angola, Lesotho and Swaziland to monitor their treatment and living conditions, and helps refugees, asylum seekers and other migrants restore contact with relatives. It promotes IHL treaty ratification and implementation and supports the incorporation of IHL into military training and university curricula, particularly in South Africa, given its regional influence. The ICRC supports the region's National Societies in building their capacities.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ IDPs and returnees in central Mozambique received material and other support as the ICRC increased its aid in the country. Difficulty in contacting the pertinent parties sometimes hindered the ICRC's access to conflict-affected areas.
- ▶ Members of families separated by migration, detention, and/or armed conflict or other situations of violence – in the countries covered and in the wider region – used the Movement's family-links services to contact their relatives.
- ▶ With the ICRC's support, forensic professionals and police in South Africa continued to improve their capacity to manage and identify the remains of migrants, and help families ascertain the fate of missing relatives.
- ▶ The relevant authorities and the ICRC discussed matters related to migrants, including the living conditions in immigration detention facilities. They also invited the ICRC to contribute further to a draft policy paper on migration.
- ▶ At ICRC events, military and security forces personnel learnt more about norms applicable to their duties. The South African police adopted guidelines, drafted with the ICRC's aid, for ensuring the delivery of health care during protests.
- ▶ Authorities in the region discussed the implementation of IHL and IHL-related treaties. Parties capable of influencing government policy-making, including multilateral organizations, learnt more about IHL and the Movement.

EXPENDITURE IN KCHF

Protection	1,512
Assistance	4,084
Prevention	1,726
Cooperation with National Societies	895
General	55
Total	8,272
<i>Of which: Overheads</i>	<i>505</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	104%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	42

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	334
RCMs distributed	192
Phone calls facilitated between family members	5,392
Tracing cases closed positively (subject located or fate established)	47
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	5
Detainees in places of detention visited	6,061
<i>of whom visited and monitored individually</i>	21
Visits carried out	17
Restoring family links	
RCMs collected	7
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	1,500	
Essential household items	Beneficiaries	40,000	72,852
Productive inputs	Beneficiaries	40,000	84,616
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	40,000	36,072

CONTEXT

South Africa remained influential throughout the continent. It participated in diplomatic initiatives regularly and contributed troops to peace-support operations abroad. It continued to host the Pan-African Parliament and other regional organizations, as well as an extensive diplomatic community, regional offices of the UN and other humanitarian agencies, think-tanks and major media organizations.

Migration within the region gave rise to various socio-economic issues; both migrants and their host countries were affected. South Africa continued to receive more applications for asylum than it could process, which made it difficult for many migrants to stay in the country legally. Migrants often became victims of xenophobic violence.

People affected by armed conflict or other situations of violence in neighbouring countries (see, for example, *Burundi* and *Congo, Democratic Republic of the*) fled to the countries covered, particularly Angola and Mozambique.

Peace talks between the government of Mozambique and the Mozambican National Resistance (RENAMO), which began in late 2016, were ongoing. A unilateral ceasefire declared by RENAMO stayed in effect. Tens of thousands of people were still internally displaced; others remained in the neighbouring countries to which they had fled, such as Malawi and Zimbabwe. Sporadic attacks by armed groups in the north of Mozambique displaced thousands of people.

Political tensions in Lesotho prompted the Southern African Development Community (SADC) to deploy peacekeeping troops. Angola was in a state of transition, having elected a new president for the first time in 38 years. The situation in Botswana and Swaziland remained relatively stable.

ICRC ACTION AND RESULTS

The regional delegation in Pretoria took over the conduct of humanitarian activities in Mozambique at the end of 2016, from the regional delegation in Harare. The ICRC took advantage of the ceasefire declared by RENAMO (see *Context*) to assess the situation in central Mozambique. Finding that IDPs and returnees lacked access to basic needs and services, it launched a budget extension appeal¹ and opened a sub-delegation in Beira and a mission in Maputo. There were some impediments to maintaining dialogue with civilian authorities and the armed and security forces, which had restricted its access to conflict-affected areas for three months; despite these, the ICRC was able to give material assistance to people in need and implement projects that facilitated their access to potable water and health-care services.

Together with the National Societies in the region, the ICRC continued to help people separated from their families – by migration, detention or armed conflict or other violence – to locate and connect with their relatives. It supported efforts to ascertain the fate of missing persons and provide answers to their families. In coordination with South African and Zimbabwean authorities, the ICRC started a pilot project to identify human remains – especially in connection with missing migrants – and resolve tracing cases.

With ICRC material and technical support, the authorities and forensic professionals in South Africa strove to develop the capacities necessary for the country to become a regional hub for forensic expertise.

The ICRC visited the Lindela centre in South Africa – the country's largest immigration detention facility – and places of detention in Angola and Lesotho to which it had access, in order to monitor people's living conditions and treatment. It paid particular attention to those who were most vulnerable: foreigners, women, minors and the sick. Detainees and detained migrants were able to reconnect with their relatives through the Movement's family-links services. The ICRC helped foreigners contact their consular representatives and the UNHCR.

In South Africa, parliamentarians, representatives of the home affairs department and the ICRC discussed the difficulties faced by migrants. After such dialogue, the ICRC was invited by the authorities to contribute further to a draft policy paper on migration. The ICRC urged national authorities in the countries covered to ratify and implement IHL and IHL-related treaties. It lent its expertise to national IHL committees and helped government officials to attend various events. Throughout the region, National Societies and the ICRC sought to broaden support for humanitarian principles and the Movement among multilateral organizations, academics, think-tanks, the media and the general public.

At ICRC dissemination sessions and other events, military and security forces personnel, including those bound for peace-support operations, enhanced their knowledge of IHL, international human rights law and/or other norms applicable to their duties. The ICRC shared key points of the Health Care in Danger project with these weapon bearers, and taught some of them how to manage human remains. The South African Police Service adopted guidelines – drafted with the ICRC's aid – to help ensure the delivery of medical services during university protests.

With ICRC technical and financial support, National Societies in the region strengthened their organizational development and bolstered their capacities, particularly in restoring family links.

CIVILIANS

The ICRC engaged authorities and military and security forces across the region in dialogue on various issues of humanitarian concern. In South Africa, discussions with parliamentarians and representatives of the home affairs department, on the difficulties faced by migrants (see also *People deprived of their freedom*), led to an opportunity for the ICRC to contribute further to a draft policy paper on migration.

In Mozambique, the ICRC met with key officials from the defence, foreign affairs and internal affairs ministries, to strengthen their understanding of its mandate and its neutral, impartial and independent humanitarian action, and thus ensure its safe access to people in need (see below).

Migrants are able to restore contact with their relatives

The ICRC assessed the need for family-links services among IDPs in central Mozambique; constraints such as difficulty in reaching these areas, however, limited its ability to extend the services to the conflict-affected population. With training from the ICRC, the Mozambique Red Cross Society reconnected refugees and asylum seekers – living in or near Nampula province in northern

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/renamodons.nsf/0/6EE3D9D5E3AC2F08C125811C000DA968/\\$File/BEA2017_Mozambique_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/renamodons.nsf/0/6EE3D9D5E3AC2F08C125811C000DA968/$File/BEA2017_Mozambique_Final.pdf)

Mozambique – with their relatives. ICRC-trained volunteers from the Angola Red Cross helped Congolese refugees contact their relatives. The Botswana Red Cross Society continued to receive ICRC financial and technical support for meeting the family-links needs of people in the Dukwi refugee camp.

Migrants in the region trying to locate relatives in their countries of origin lodged tracing requests; 47 tracing requests were closed in 2017. Several volunteers helped conduct tracing activities in South Africa, which facilitated matters given the ICRC's limited operational presence in the country (see *Red Cross and Red Crescent Movement*).

At the UNHCR's request, the ICRC issued travel documents for a number of migrants, including refugees and asylum seekers: 91 in South Africa and eight in Mozambique. Most of them were originally from Somalia, but some were from the Democratic Republic of the Congo, Ethiopia and Eritrea; all were bound for resettlement in Canada, the United States of America or elsewhere.

Forensic professionals in South Africa develop their capacity to identify human remains

In South Africa, forensic professionals – particularly the national government's Forensic Pathology Services – and the national police developed their ability to manage ante/post-mortem data and identify unclaimed human remains; the ICRC provided material and technical support for this. Families in Zimbabwe approached the ICRC for help in looking for relatives who had migrated to South Africa and gone missing (see also *Harare*). In coordination with the pertinent South African and Zimbabwean authorities, the ICRC therefore developed a pilot project to identify human remains – especially in connection with missing migrants – and resolve tracing cases. The project got off to a slow start because of human-resource and other constraints.

With ICRC material and technical support, the authorities and forensic professionals in South Africa strove to develop the capacities necessary for the country to become a regional hub for forensic expertise. At a training course organized jointly by the University of Pretoria, the Argentine Forensic Anthropology Team and the ICRC, participants from 11 African countries and Georgia – including judicial authorities, security forces personnel and forensic professionals – learnt best practices in managing human remains. The African Society of Forensic Medicine held its annual conference in Bloemfontein, South Africa. The event brought together nearly 150 participants, including some whose attendance was sponsored by ICRC delegations across the continent. Participants in both these events gained a new awareness of the plight of missing persons' families, and deepened their understanding of the role they play in helping these families.

Some military personnel also learnt about forensics during ICRC training sessions (see *Actors of influence*).

Conflict-affected people in central Mozambique receive assistance

Despite various impediments to reaching conflict-affected areas in central Mozambique (see *ICRC action and results*), the ICRC was able to provide people there, including IDPs and returnees, with humanitarian assistance.

In the province of Manica, around 5,500 IDPs (some 1,000 households) coped with their situation with the help of household

essentials, distributed by the Mozambican National Society and the ICRC. In Sofala province, over 67,300 people (nearly 13,500 households) received similar support; these households were also given kits containing agricultural tools and seed, which enabled them to start growing food. Some of them benefited from the ICRC's donations of peanut seed to 77 farmers' associations (with over 17,000 individual members from more than 3,400 households).

Around 36,000 people had better access to potable water after the ICRC, in coordination with local water authorities, repaired or installed nearly 40 hand pumps throughout central Mozambique. Facilities at four primary-health-care centres were renovated, which improved the quality of care available to people. The ICRC began to repair two ambulances, for use in outreach activities in two districts.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees and detained migrants receive visits from the ICRC

The ICRC pursued dialogue with various detaining authorities in the region, with a view to gaining access to all detainees within its purview.

The ICRC visited the Lindela centre in South Africa – the country's largest immigration detention facility – and places of detention in Angola and Lesotho to which it had access, in order to monitor people's living conditions and treatment, including respect for judicial guarantees. During these visits – conducted in accordance with its standard procedures – the ICRC paid particular attention to security detainees and others who were especially vulnerable, such as foreigners, women, minors and the sick. Afterwards, it communicated its findings confidentially to the authorities concerned; it also gave them its recommendations for ensuring that detainees' conditions were in line with internationally recognized standards.

In South Africa, the ICRC expanded its dialogue with parliamentarians and others; it urged them to improve the treatment and living conditions of migrants in immigration detention facilities, and to ensure their access to suitable health-care services.

Detainees contact their relatives through the Movement's family-links services

Migrants held at the Lindela centre were able to contact their relatives through phone calls facilitated by the ICRC. The Lesotho Red Cross Society and the ICRC provided this service for detainees in Lesotho. Migrants held at Botswana's only immigration detention facility benefited from family-links services provided by the Botswanan National Society, which received ICRC technical support; the ICRC joined National Society teams on some of their visits to the facility. Foreign detainees contacted their consular representatives and the UNHCR, with the ICRC's help.

ACTORS OF INFLUENCE

Military and security forces personnel learn more about IHL and other norms applicable to their duties

The ICRC continued to expand its contact with military and security forces in the region, with a view to advancing their understanding of IHL, international human rights law and/or other norms applicable to their duties. Dialogue with key members of the Mozambican military and security forces, and with RENAMO representatives, helped ensure the ICRC's access to people in need (see *Civilians*).

A representative of the South African National Defence Force (SANDF) participated in the peer-review process for the updated commentaries on the Geneva Conventions. Another representative, a senior officer, attended an advanced IHL course in Mexico City, Mexico (see *International law and policy*).

At briefings and other events organized by the ICRC or with ICRC support, military personnel, including SANDF troops bound for peace-support operations abroad, were reminded of their obligations under IHL and other norms – particularly their duty to protect civilians, ensure access to health-care services and prevent sexual violence. At ICRC training sessions, troops bound for SADC peace-support operations – from various countries – learnt how to manage human remains.

Security forces personnel in the region increased their understanding of international policing standards at briefings organized by the African Policing Civilian Oversight Forum, a non-profit coalition to which the ICRC provided technical advice. In South Africa, the ICRC – in coordination with the Nelson Mandela Foundation, Médecins Sans Frontières, Movement components, and others – shared key points of the Health Care in Danger project with military and security forces personnel. The South African Police Service adopted a set of guidelines – drafted with the ICRC's aid – to help ensure the safe delivery of medical services during university protests.

Authorities discuss the implementation of IHL and IHL-related treaties

The ICRC and authorities throughout the region maintained their dialogue on issues of common concern, such as the consequences of regional conflict and other violence (see also *Civilians*). The national IHL committees in Botswana, Lesotho and Mozambique continued to draw on ICRC expertise for incorporating IHL in domestic law and ratifying IHL instruments, such as the Arms Trade Treaty. The ICRC urged the Angolan, South African and Swazi authorities to establish or re-establish their own IHL committees.

At various events in the region or elsewhere (see, for example, *Harare*), government officials, including members of national IHL committees, learnt more about the necessity of implementing and ratifying IHL and IHL-related treaties, and about their role in the process. The 17th Annual Regional Seminar on IHL, which was held in Pretoria in September, was one such event. It was organized by the South African government's Department of International Relations and Cooperation and the ICRC; the participants included representatives from 17 African countries, the SADC, the Pan-African Parliament and the African Union. At a round-table in Pretoria, in May, representatives of five African countries, and South Africa-based academics and members of think-tanks, discussed the importance – to the African continent – of a treaty to prohibit nuclear weapons and how to contribute to negotiations in this regard. The treaty was adopted at a UN conference in July (see *New York*).

In Botswana and Lesotho, the ICRC and the National Societies urged the authorities to advance legislation recognizing the National Societies as auxiliaries to their governments.

Students strengthen their grasp of IHL

National Societies in the region and the ICRC strove to broaden support for humanitarian principles and the Movement. They maintained contact with members of civil society and others capable of influencing government policy-making: think-tanks, academics, the media, multilateral organizations such as the SADC (see above), and others. The National Societies used various modes of public communication to raise awareness of the services provided by them. The South African Red Cross Society continued, with ICRC support, to spread knowledge of the proper use of the emblems protected under IHL and of key points of the Health Care in Danger project.

Over 20 academics and post-graduate students from 13 African countries attended the ICRC's pan-African IHL course, which was held in Pretoria in late October. Participants discussed IHL, including in relation to contemporary humanitarian issues, and learnt more about the Movement and the ICRC. Some South African university students tested their grasp of IHL at moot court competitions (see, for example, *Nairobi*). Events like these helped to stimulate academic interest in IHL.

The ICRC kept media organizations based in South Africa abreast of humanitarian issues and Movement activities, enabling them to report more accurately on these matters.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region bolstered their operational and organizational capacities with technical and financial backing from the ICRC. They responded to people's needs, reconnected families, and raised awareness of humanitarian principles and the Movement (see *Civilians* and *Actors of influence*). Volunteers, especially from the Angolan and Mozambican National Societies, were trained in the Safer Access Framework by the ICRC.

The ICRC sought the South African National Society's help in assisting vulnerable migrants, with a view, in particular, to provide family-links services for these migrants and to broaden awareness of the xenophobic violence directed against them. However, because of a lack of coordination, and other difficulties, the ICRC had to carry out these activities with volunteers not associated with the National Society.

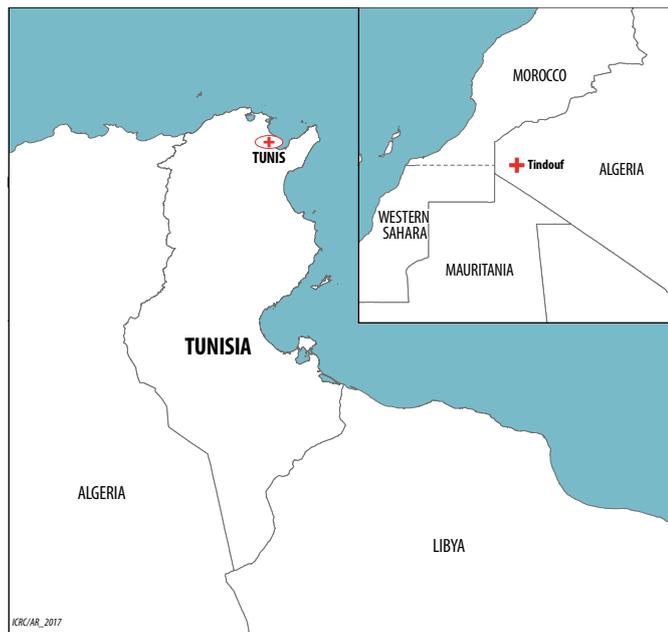
Representatives of the National Societies attended Movement statutory meetings, with ICRC sponsorship. Movement partners, and other humanitarian actors, continued to coordinate their activities, to maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		334	15		
RCMs distributed		192	3		
Phone calls facilitated between family members		5,392			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		118	31	25	21
<i>including people for whom tracing requests were registered by another delegation</i>		40			
Tracing cases closed positively (subject located or fate established)		47			
Tracing cases still being handled at the end of the reporting period (people)		249	54	48	33
<i>including people for whom tracing requests were registered by another delegation</i>		62			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		10	4		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		11	4		
Documents					
People to whom travel documents were issued		99			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		5			
Detainees in places of detention visited		6,061	105	4	
Visits carried out		17			
			Women	Girls	Boys
Detainees visited and monitored individually		21			
<i>of whom newly registered</i>		16			
RCMs and other means of family contact					
RCMs collected		7			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	72,852	22,145	32,446
	<i>of whom IDPs</i>	5,512	1,929	2,205
Productive inputs	Beneficiaries	84,616	25,485	37,940
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	36,072	9,018	18,036
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	8		
Essential household items	Beneficiaries	8		
Health				
Places of detention visited by health staff	Structures	1		

TUNIS (regional)

COVERING: Tunisia, Western Sahara



ICRC regional delegation ICRC presence

The ICRC's regional delegation based in Tunisia has been operating since 1987. It visits people deprived of their freedom in Tunisia, monitoring their treatment and living conditions, and promotes awareness of IHL among the authorities, armed forces and armed groups, as well as implementation of that law. The ICRC supports the Tunisian Red Crescent in building its capacities and works with the Polisario Front and Sahrawi organizations to address issues of humanitarian concern arising from the aftermath of the Western Sahara conflict. It helps Sahrawi refugees with disabilities obtain physical rehabilitation services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Authorities and staff at two Tunisian prisons benefited from ICRC-supported capacity-building projects; because prison authorities met constraints, however, a laboratory renovated by the ICRC remained unused all year.
- ▶ Members of families separated by armed conflict, detention or migration kept in touch through Tunisian Red Crescent/ICRC family-links services; services at a key point on the migration route were strengthened.
- ▶ Medical professionals in Tunisia expanded their skills in war surgery. A number of them were trained to be instructors, so that they could eventually conduct, unassisted, courses on managing mass-casualty incidents.
- ▶ Disabled Sahrawi refugees, including mine victims, regained some mobility through services and assistive devices from an ICRC-supported physical rehabilitation centre.
- ▶ Military and police officers learnt more about IHL and/or international law enforcement standards at ICRC briefings and lectures, and through a course organized in Tunisia by the ICRC in cooperation with the defence ministry.

EXPENDITURE IN KCHF

Protection	1,686
Assistance	2,544
Prevention	978
Cooperation with National Societies	410
General	63
Total	5,680
<i>Of which: Overheads</i>	<i>347</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	24
Resident staff (daily workers not included)	43

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links¹	
RCMs collected	86
RCMs distributed	172
Phone calls facilitated between family members	477
Tracing cases closed positively (subject located or fate established)	37
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	13
Detainees in places of detention visited	13,842
<i>of whom visited and monitored individually</i>	630
Visits carried out	32
Restoring family links	
RCMs collected	150
RCMs distributed	61
Phone calls made to families to inform them of the whereabouts of a detained relative	158

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	900
		810
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	1
		1
Patients receiving services	Patients	700
		865

CONTEXT

In Tunisia, government forces continued their campaign against armed groups reportedly operating in the region and within Tunisia – particularly along the borders with Algeria and Libya. Many arrests were made, specifically under anti-terrorism legislation. Protests linked to socio-economic issues took place occasionally and sometimes turned violent, creating tensions between protesters and the police.

Thousands of people fleeing armed conflict or instability in the region continued to seek refuge in Tunisia or pass through it on their way to Europe, their home countries or elsewhere.

The status of Western Sahara remained a point of contention between Morocco and the Polisario Front. The UN Mission for the Referendum in Western Sahara (MINURSO) was set to end in April 2018. Hundreds of people continued to wait for news of relatives missing since the 1975–1991 Western Sahara conflict. Families in Western Sahara remained at risk from mines and explosive remnants of war. Tens of thousands of Sahrawis were in refugee camps near Tindouf, Algeria.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Tunis focused on meeting the needs of people deprived of their freedom in Tunisia, and of vulnerable people separated from their families, in cooperation with government bodies and Movement partners in the region.

In Tunisia, the ICRC visited – in accordance with its standard procedures – places of detention housing thousands of detainees. Special attention was paid to people held on security-related charges and to foreigners. Discussions with the ICRC on improving detainees' living conditions and treatment encouraged detaining authorities to take steps, for instance, to review the situation of detainees in solitary confinement. Pilot projects carried out by the health ministry and the ICRC at two prisons, which ended in September, equipped prison staff to deal more effectively with health issues among detainees. Because prison authorities met shortages of funds and personnel, however, a laboratory renovated by the ICRC remained unused all year. The justice ministry reviewed the recommendations made by a multi-sectoral working group for tackling overcrowding; the group had been set up with the ICRC's help. Detainees at two facilities had better living conditions after ICRC-supported repairs to their water-supply and ventilation systems.

Members of families dispersed by armed conflict, detention or migration restored or maintained contact through Movement family-links services. The ICRC helped the Tunisian Red Crescent to strengthen its family-links services: National Society volunteers took over the maintenance of a phone service for migrants in Medenine, a key point on the migration route.

The authorities and the ICRC started initiatives to boost forensic capacities in Medenine and made preparations for renovating or constructing facilities to manage the remains of migrants found on Tunisia's southern shores.

Polisario Front authorities, and organizations such as the "Sahrawi Red Crescent" and the Sahrawi human rights committee, had discussions with the ICRC on ascertaining the fate of people missing since the past conflict.

To help ensure that wounded people could receive adequate treatment, the ICRC helped Tunisian military and civilian doctors to expand their capacities in war surgery; a number of them were also trained to be instructors, so that they could eventually conduct, unassisted, courses on managing mass-casualty incidents. The Tunisian Red Crescent and the "Sahrawi Red Crescent" developed their first-aid capacities, with material and technical support from the ICRC.

Disabled Sahrawi refugees living near Tindouf, including mine victims, regained a measure of mobility through treatment and prosthetic/orthotic devices from the ICRC-supported physical rehabilitation centre in Tindouf or during the centre's outreach activities. The families of disabled people, and others affected by the floods that struck the refugee camps in Tindouf in 2015, rebuilt their homes with ICRC assistance.

The ICRC continued to develop its relationship with the defence ministry: for instance, it organized an IHL course for Tunisian military personnel. It also continued to give the interior ministry expert advice for improving the treatment of people in police custody, and support for training its personnel and instructors in international law enforcement standards. Sahrawi and Tunisian authorities, weapon bearers, media professionals, and others capable of advancing the humanitarian agenda learnt more about IHL and about the ICRC's work through information sessions and courses held locally or abroad.

CIVILIANS

Migrants and others use Movement services to reconnect with their families

With ICRC support, the Tunisian Red Crescent enabled migrants – including asylum seekers and refugees – rescued at sea or intercepted by Tunisian authorities at the Libyan border, to phone their families; many of them were housed at the National Society-managed migrant centre in Medenine, a key point on the migration route. After training and working with the ICRC, National Society volunteers took over the task of maintaining the phone service.

Families in Tunisia also used Movement family-links services to restore or maintain contact with relatives detained or interned within the country or elsewhere. ICRC assistance enabled some families to visit or send parcels to relatives detained in Libya.

Tunisian families requested the ICRC's help in finding relatives said to be involved in conflicts abroad. The remains of two Tunisians who had disappeared in Lebanon in 2007 were identified, with the ICRC's assistance. The families of migrants who had left Libya by boat made similar requests; some of these migrants were rescued by the Tunisian coastguard and the bodies or remains of some others washed ashore in Tunisia.

Migrants and other vulnerable people, and organizations working in their behalf, learnt more about the Movement's family-links services through informational materials distributed by the National Society and the ICRC and at meetings.

The National Society's family-links services in Medenine were strengthened (see above), based on the initial findings of an assessment of its capacities. This evaluative process had, however, stalled by August, because of a shortage of personnel within the National Society.

Polisario Front authorities, and organizations such as the “Sahrawi Red Crescent” and the Sahrawi human rights committee, had discussions with the ICRC on ascertaining the fate of people missing since the past conflict; the ICRC also met with the Moroccan human rights committee to discuss this matter. The ICRC reminded all parties of its readiness to serve as a neutral intermediary and to facilitate meetings and the exchange of information between them.

The authorities and the ICRC take steps to boost forensic capacities in Medenine

Forensic doctors in Tunisia, sponsored by the ICRC, attended a training course and a regional conference abroad, where they learnt about best practices in managing human remains. Government and forensic officials in Medenine and the ICRC began a joint project to develop local capacities in managing and identifying the remains of migrants found on Tunisia’s southern shores: preparations were under way to renovate or build – beginning in 2018 – facilities for this purpose. The National Society received a vehicle for transporting human remains.

Refugee families in Tindouf rebuild their homes

Some 135 refugee families (810 individuals), whose houses were damaged by the floods that struck the refugee camps in Tindouf in 2015, were given support to rebuild their houses using local methods of construction. Among the beneficiaries were the families of disabled people treated by ICRC physical rehabilitation services (see *Wounded and sick*). The shelter reconstruction project ended in 2017 and benefited 275 families over a two-year period.

Two Sahrawi organizations involved in mine-risk education received ICRC financial support for developing informational materials and awareness-raising campaigns, and for managing projects.

PEOPLE DEPRIVED OF THEIR FREEDOM

Tunisian authorities draw on the ICRC to improve detainees’ treatment and living conditions

In Tunisia, the ICRC visited – in accordance with its standard procedures – 13 places of detention run by the justice and interior ministries, including a migrant retention centre, a facility housing only female detainees, and an interrogation centre for people arrested on charges of terrorism. The facilities held some 13,800 people in all. Particular attention was paid to vulnerable women, minors, people held on security-related charges and foreigners; 630 detainees were followed up individually. Several cases involving migrants and other foreign detainees – some of whom were at risk of deportation in violation of the principle of *non-refoulement* – were referred to UNHCR, the IOM or other organizations for specific assistance.

The ICRC communicated findings and recommendations from its visits confidentially to the prison administration. Detaining authorities and the ICRC maintained their dialogue on ensuring that detainees’ treatment and living conditions met internationally recognized standards. They discussed such matters as the management of hunger strikes and disciplinary issues, and the ICRC’s technical reports on such subjects as implementing the 2016 domestic law providing judicial guarantees for people in custody and the adverse medical consequences of prolonged solitary confinement. After receiving the latter report, the authorities reviewed the situation of some detainees in isolation and amended conditions for 20 of them.

At a workshop organized by the national prison administration and the ICRC, some 30 prison doctors and other health staff developed a fuller understanding of their role in documenting and following up cases of ill-treatment; two other doctors, sponsored by the ICRC, completed a training course on health issues in places of detention. Police and national guard officers stationed in Medenine learnt more about international standards for law enforcement, particularly those covering arrests and detention, at an information session (see also *Actors of influence*).

A multi-sectoral working group – created by penitentiary authorities with ICRC support in 2015 – met regularly to discuss how to tackle overcrowding in prisons. Justice ministry officials and the ICRC discussed the recommendations sent by the working group to the justice ministry, particularly for revising the penal code and expediting judicial proceedings.

Detainees, especially foreigners, maintained contact with their relatives through Movement family-links services; the ICRC informed several families of their relatives’ detention.

The health and justice ministries conclude pilot projects to improve health care in prisons

During follow-up visits, ICRC delegates checked the medical condition of several detainees in places of temporary and permanent detention, and of people being held at a migrant retention centre – some of whom were on hunger strike or had suffered ill-treatment.

In September, the health and justice ministries concluded and evaluated their ICRC-supported pilot projects to improve health care at the Borj El Amri and Mornaguia prisons. By the end of the three-year project, prison authorities and staff had become more capable of addressing health issues; the ICRC had lent them its technical expertise and provided training – for instance, in managing medical data and implementing standardized procedures. The ICRC also provided support for disease-prevention/eradication campaigns, and supplies and equipment for health clinics, offices and a laboratory. Because the prison authorities met shortages of funds and personnel, however, the laboratory at the Mornaguia prison – renovated by the ICRC in 2016 with a view to serving both prisons – remained unused all year. The government’s plan to transfer responsibility for health care in prisons from the justice to the health ministry was not acted on by either ministry.

Detainees have better living conditions after prison infrastructure is upgraded

Detainees at the Mahdia prison (1,500 people) had better access to drinking water following ICRC-sponsored repairs to the water system. Inmates in certain blocks of the Mornaguia prison stood to benefit from an improved ventilation system (serving about 6,500 people). The ICRC donated washing and drying machines to the Borj El Amri and the women’s prison (holding some 2,100 people in all). Two representatives of the national prison learnt more about managing prison infrastructure at a seminar abroad (see *Dakar*).

Detaining authorities in Western Sahara and the ICRC discussed living conditions at the prison in Rabouni, in Tindouf.

WOUNDED AND SICK

Medical professionals in Tunisia improve their skills in war surgery and mass-casualty management

Medical professionals in Tunisia strengthened their capacities with the ICRC's help: for example, two doctors, sponsored by the ICRC, expanded their war-surgery skills through a seminar held abroad. The ICRC also provided technical support for a workshop on war surgery that the military organized for its surgeons.

Over 20 health staff from military and civilian hospitals developed their ability to handle mass-casualty incidents through a course in emergency trauma management. Tunisian doctors facilitated some parts of the course; five of them were also trained to be instructors, so that they could eventually conduct such courses unassisted.

To advance their understanding of medical ethics in relation to IHL, military medical personnel attended a course in Tunisia and three forums in Switzerland on the subject.

The issues covered by the Health Care in Danger project were taken up in all the training courses mentioned above.

The "Sahrawi Red Crescent" continued to develop its capacity to deliver first aid; the ICRC gave it technical and material support, which included rescue equipment, an ambulance and teaching materials. Twenty-five people from the "Sahrawi Red Crescent" attended a basic course for first-aid instructors.

Disabled Sahrawis obtain physical rehabilitation services at the Rabouni hospital

Disabled people living near Tindouf, including mine victims, regained some mobility through treatment, including physiotherapy, and prostheses/orthoses from the ICRC-supported physical rehabilitation centre at the Rabouni hospital. Some 65 devices were repaired at the centre. Wheelchairs and walking aids distributed to them enabled disabled people to participate in social activities. The ICRC manufactured 108 prostheses/orthoses.

The centre maintained or improved the quality of its services with the ICRC's help. Fourteen local staff, volunteers and apprentices, including from the health authorities, developed their skills in prosthetics/orthotics and physiotherapy through on-site supervision and ICRC training sessions.

The centre – in cooperation with the Sahrawi social affairs and health authorities – conducted a dozen outreach visits to five refugee camps, to promote its services and to treat patients unable to travel easily. Public events and media campaigns also helped broaden awareness of the centre's services.

ACTORS OF INFLUENCE

Authorities, military and security forces in the region, and other actors capable of facilitating humanitarian activities for vulnerable people and detainees, or of persuading others to do so, furthered their understanding of IHL and Movement action. They were enabled to do so through ICRC publications, information sessions and meetings with delegates – all of which emphasized the ICRC's activities in certain areas: protection of people deprived of their freedom; restoration of family links; migration; and management of human remains.

At an IHL course in Arabic organized by the League of Arab States and the ICRC in Tunisia, representatives from national IHL

committees, parliaments, government ministries, academic institutions, Islamic organizations and National Societies in the region learnt more about IHL and its links to Islamic law and international human rights law. Among the participants were two military judges from Tunisia.

The Tunisian defence ministry and the ICRC work together to improve IHL instruction for the military

ICRC presentations enabled government officials and Tunisian military personnel – including 600 officers – to learn more about IHL and the ICRC's neutral, impartial and independent humanitarian action. The defence ministry and the ICRC worked together more closely to improve IHL instruction for military personnel: the ICRC organized an IHL course, in tandem with a Tunisian Red Crescent first-aid training session, for some 240 troops assigned to military operations against armed groups along Tunisia's borders.

One senior military officer learnt how to take IHL considerations into account in operational decision-making at a workshop in Mexico (see *International law and policy*), and two others did the same at a course in San Remo. Military doctors discussed protection for medical workers and facilities at training/information sessions (see *Wounded and sick*).

Tunisian police and national guard officers strengthen their grasp of international policing standards

At ICRC training sessions, some 140 officers from the police and the national guard strengthened their grasp of international policing standards, particularly those covering the use of force, arrests, detention and interrogation. Police and national guard instructors were given technical guidance and the materials necessary to incorporate elements of the training sessions in their work.

The interior ministry continued to draw on ICRC expertise to improve the treatment of people in police custody (see also *People deprived of their freedom*). It also held training sessions for police commanders and senior officers on this subject. Two senior officers from the police and national guard discussed good practices in this same area at a round-table in Switzerland (see *International law and policy*).

Tunisian judges, law professors and various scholars attended IHL courses and events held locally (see above) or abroad, such as a train-the-trainer workshop (see *Morocco*), an IHL course in Arabic (see *Lebanon*) and a regional conference on the common ground between Islamic law and IHL (see *Niger*). University students and teachers added to their knowledge of IHL at ICRC presentations and moot court competitions, including regional contests.

A Tunisian university began to offer a graduate course in IHL, after developing the curriculum jointly with the ICRC. The ICRC donated reference materials on IHL to a training institute for magistrates, and provided support for other academic institutions to publish scholarly articles on IHL.

Journalists learnt more about humanitarian issues, IHL and the ICRC's activities through briefings or workshops. One workshop focused on the ways in which IHL protects journalists and included a visit to the refugee camps in Tindouf, so that participants could produce first-hand accounts of what they had seen; 20 journalists, including two from Western Sahara, attended the workshop.

Polisario Front officials add to their knowledge of IHL

Officials from the Polisario Front, the Sahrawi armed forces and other Sahrawi organizations advanced their understanding of IHL and other international norms, and humanitarian principles, through information sessions and other ICRC events. A representative of the principal Sahrawi organization dealing with cases of missing persons attended a course for humanitarian professionals (see *Dakar*).

RED CROSS AND RED CRESCENT MOVEMENT

The Tunisian Red Crescent continued to develop its capacities with financial, material and technical assistance from Movement partners. With ICRC support, it organized training sessions for volunteers from Medenine and other branches, and instructors from 12 regions, to refresh their first-aid skills; the ICRC provided

first-aid supplies. The National Society also conducted training sessions on the Safer Access Framework to strengthen its staff and volunteers' ability to safely assist people in need.

With the ICRC's assistance, the Tunisian Red Crescent continued to organize briefings for local authorities, particularly in areas affected by migration and violence, to help advance their understanding of its role and the Movement's activities. The ICRC continued to provide guidance and encouragement for the National Society to revise its statutes and draft an emblem law – in order to strengthen its legal status – and to deal with issues of governance. Because of difficulties within the National Society, no progress was made in drafting a Movement contingency plan for responding to displacement in the region.

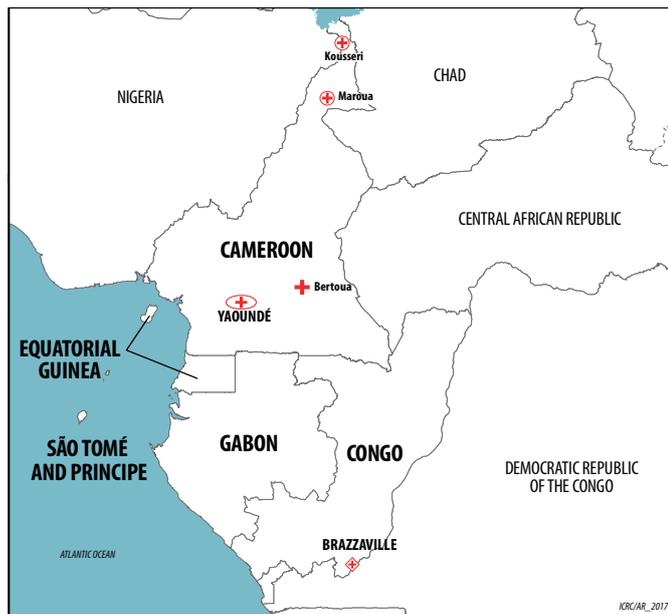
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact¹			UAMs/SC		
RCMs collected		86			
RCMs distributed		172			
Phone calls facilitated between family members		477			
Tracing requests, including cases of missing persons¹			Women	Girls	Boys
People for whom a tracing request was newly registered		106	24	14	15
<i>including people for whom tracing requests were registered by another delegation</i>		6			
Tracing cases closed positively (subject located or fate established)		37			
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases still being handled at the end of the reporting period (people)		200	20	16	21
<i>including people for whom tracing requests were registered by another delegation</i>		30			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		13			
Detainees in places of detention visited		13,842	453	39	
Visits carried out		32			
			Women	Girls	Boys
Detainees visited and monitored individually		630	53		2
<i>of whom newly registered</i>		371	26		2
RCMs and other means of family contact					
RCMs collected		150			
RCMs distributed		61			
Phone calls made to families to inform them of the whereabouts of a detained relative		158			
Detainees visited by their relatives with ICRC/National Society support		5			
People to whom a detention attestation was issued		1			

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	810	243	324
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	10,102		
Health				
Places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		865	266	219
Prostheses delivered	Units	19	3	
	<i>of which for victims of mines or explosive remnants of war</i>	13		
New patients fitted with orthoses	Patients	22	5	5
Orthoses delivered	Units	89	22	22
	<i>of which for victims of mines or explosive remnants of war</i>	5		
Patients receiving physiotherapy	Patients	662	203	191
Walking aids delivered	Units	292	76	11
Wheelchairs or tricycles delivered	Units	151	98	13

YAOUNDÉ (regional)

COVERING: Cameroon, Congo, Equatorial Guinea, Gabon, São Tomé and Príncipe



ICRC regional delegation ICRC sub-delegation ICRC mission ICRC office

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ People affected by the conflict in the Lake Chad region coped with their situation with the help of ICRC-supplied food, household essentials, supplies, tools and cash. They received suitable care at ICRC-backed health facilities.
- ▶ In northern Cameroon, people had broader access to potable water after the local water authorities and the ICRC renovated water-supply systems. Uncertain security conditions impeded the completion of some projects.
- ▶ In Cameroon, detaining authorities developed their capacities, through ICRC training, in such areas as managing the food supply. Detainees received food and medicines from the ICRC, which also repaired facilities in prisons.
- ▶ People, including IDPs in Cameroon and refugees from the Central African Republic and Nigeria, reconnected with their relatives using the Movement's family-links services; some separated children were reunited with their families.
- ▶ Authorities and military and security forces personnel in the region, especially in Cameroon and Congo, were reminded to protect civilians – including from sexual violence – and to facilitate access to basic services.
- ▶ National Societies in the region strengthened their operational capacities with ICRC support. They administered first aid, restored family links, and broadened awareness of humanitarian principles and the Movement.

EXPENDITURE IN KCHF

Protection	3,926
Assistance	15,601
Prevention	2,685
Cooperation with National Societies	1,611
General	158
Total	23,981
<i>Of which: Overheads</i>	<i>1,464</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	39
Resident staff (daily workers not included)	183

The ICRC set up its Yaoundé regional delegation in 1992 but has been working in the region since 1972. It monitors the domestic situation in the countries covered, visits security detainees, helps restore contact between separated family members, including migrants, and responds to the emergency assistance and protection needs of refugees and IDPs in northern Cameroon. It pursues longstanding programmes to spread knowledge of IHL among the authorities, the armed forces and civil society, and supports the development of the region's National Societies.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	574
RCMs distributed	290
Phone calls facilitated between family members	22
Tracing cases closed positively (subject located or fate established)	394
People reunited with their families	24
<i>of whom unaccompanied minors/separated children</i>	24
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	16
Detainees in places of detention visited	10,244
<i>of whom visited and monitored individually</i>	1,695
Visits carried out	45
Restoring family links	
RCMs collected	61
RCMs distributed	29
Phone calls made to families to inform them of the whereabouts of a detained relative	159

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	81,000 66,522
Essential household items	Beneficiaries	42,000 42,132
Productive inputs	Beneficiaries	36,000 28,284
Cash	Beneficiaries	15,000 15,228
Services and training	Beneficiaries	72,000 36
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	80,012 83,150
Health		
Health centres supported	Structures	3 5
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	1
Water and habitat		
Water and habitat activities	Beds	210 27

CONTEXT

Cameroon – along with Chad, Niger and Nigeria – continued to fight factions of the armed group known as Boko Haram; Cameroon also contributed troops to the Multinational Joint Task Force (MNJTF). People in northern Cameroon struggled to meet their basic needs. Already-scarce resources were strained. Few humanitarian actors were able to provide aid owing to financial, logistical and security constraints. Nigerians without the necessary documents continued to be transported back to Nigeria from Cameroon.

Tensions rose between State authorities and people in the English-speaking provinces of western Cameroon who were calling for greater autonomy; this led to numerous arrests and violent incidents that affected both civilians and security forces personnel.

In the Pool region of Congo, clashes between government forces and an armed opposition group continued; people reported displacement and abuses. In December, State representatives and the leader of the opposition group signed a peace agreement; a UN-supported process of disarmament, demobilization and reintegration was set to follow.

The spillover of violence from the conflict in the Central African Republic (hereafter CAR) prevented refugees from leaving eastern Cameroon and northern Congo. The expiry of their refugee status – at the end of 2017 – turned many Rwandans living in Congo into irregular migrants.

In Equatorial Guinea, an attempt at a coup d'état reportedly took place, leading to arrests and tense diplomatic relations with neighbouring countries. Gabon and São Tomé and Príncipe remained relatively calm.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Yaoundé continued to help mitigate the effects of armed conflict and other situations of violence in the countries covered. The situation in the Lake Chad region called for a budget extension¹ (see also *Chad, Niger and Nigeria*), which was used, in Cameroon, to reinforce the ICRC's cash-transfer programme.

Security concerns and logistical challenges notwithstanding, the ICRC and the Cameroon Red Cross Society distributed food, or cash to buy it, and household essentials to IDPs, residents and others in northern Cameroon – particularly in the departments of Logone-et-Chari and Mayo-Sava. Some people received seed and tools for resuming their livelihoods; the most vulnerable among them were given food to get them through the lean season. Other planned activities, such as the treatment of ailing livestock, were not carried out because of delays in the signing of a memorandum of understanding between the livestock ministry and the ICRC. The ICRC extended comprehensive support to more primary-health-care centres and to one hospital, which increased the availability of good-quality health services. With help from local water authorities, it repaired or constructed boreholes and water-supply systems, which broadened access to clean water. In parts of Mayo-Sava, however, poor security conditions delayed the completion of some projects.

Members of dispersed families – mostly IDPs in northern Cameroon, and refugees from the CAR and Nigeria – restored and maintained contact through phone calls and RCMs. Some people filed tracing requests to find missing relatives. Detainees also contacted their relatives through the Movement's family-links services. Some of them received visits from their families, with the ICRC's help.

The ICRC engaged detaining authorities throughout the region in dialogue; its aim was to gain access to all detainees – especially security detainees – and to ensure that it could visit them in accordance with its standard procedures. In Cameroon and Congo, it monitored the treatment and living conditions of detainees at places of detention to which it had access, and communicated its findings and recommendations confidentially to the authorities concerned. In Cameroon, the ICRC gave prison staff managerial training; particular attention was paid to managing the food supply. Detainees suffering from or at risk of malnutrition were given therapeutic food and supplementary rations. Facilities at some prisons were renovated, which helped improve detainees' access to water, for instance.

The ICRC pursued efforts to expand dialogue with authorities and weapon bearers in the region, especially in Cameroon and Congo, on such matters as the protection of civilians – particularly IDPs and the communities hosting them – and access to basic services. It also held dissemination sessions on IHL and other pertinent norms for military and security forces personnel in Cameroon, Congo and Gabon, including members of the MNJTF. At various ICRC events, military officers were encouraged to incorporate IHL in their doctrine, training and operations; and judges and legal experts learnt more about the applicability of IHL to the judicial process. Regular contact with influential members of civil society – reinforced with public-communication activities – helped further understanding of humanitarian principles, IHL and the Movement, and broaden support for them.

The ICRC strengthened its partnerships with all the National Societies in the countries covered. Financial, material and technical support from the ICRC helped them expand their operational capacities. Movement components met regularly to coordinate their activities.

CIVILIANS

IDPs and refugees in Cameroon and Congo reconnect with their relatives

The ICRC engaged authorities and the military and security forces, especially in Cameroon and Congo, in dialogue on the protection due to civilians under IHL, international human rights law and/or other applicable norms (see also *Actors of influence*). It urged them to protect people from abuse, including sexual violence, and to ensure access to health care and other services.

The ICRC gave the National Societies in the region, particularly the Cameroonian National Society, training and other support for improving the quality of their family-links services. Members of dispersed families – mostly IDPs in northern Cameroon, and refugees from the CAR and Nigeria – reconnected through phone calls and RCMs. Minors – 23 in Cameroon and one in Congo – were reunited with their families. Hundreds of people approached the ICRC for help in finding missing relatives; almost 400 tracing cases were closed positively.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/\\$File/PA2017_LakeChad_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/2EC80FBCFEBA4C98C125810C00207FB0/$File/PA2017_LakeChad_Final.pdf)

Conflict-affected people in northern Cameroon are able to meet their needs

Security concerns and logistical challenges notwithstanding, the ICRC continued to work with the Cameroonian National Society to assist IDPs, refugees, returnees and residents in northern Cameroon, especially in Logone-et-Chari and Mayo-Sava.

Around 61,600 people (some 10,300 households) – mostly IDPs, but also residents and refugees – met their nutritional requirements with food distributed by the National Society and the ICRC. Some 42,100 people (roughly 7,000 households) received essential household items. In Mémé, in Mayo-Sava, the ICRC's cash-transfer programme enabled some 15,200 IDPs and residents (nearly 2,540 households) to buy food and other necessities.

About 4,700 households (roughly 28,300 people) – mostly resident – used seed, fertilizer and expert advice from the ICRC to resume farming; the most vulnerable among them (around 4,900 people/800 households) were also given food rations to get them through the lean season. Some planned activities, such as the treatment of ailing livestock, were not carried out because of delays in the signing of a memorandum of understanding between the livestock ministry and the ICRC. In the meantime, the ICRC trained 17 livestock technicians to conduct vaccination campaigns. It also provided training to prison personnel (see *People deprived of their freedom*).

More than 83,000 IDPs and residents had access to drinking water after the ICRC, in cooperation with local water authorities, repaired or constructed boreholes and water-supply systems. To ensure the sustainability of the water supply in the communities concerned, the ICRC helped set up maintenance and repair committees, and trained technicians. It also spread knowledge of sanitary practices among community members. Completion of other water projects in Mayo-Sava was delayed because of uncertain security conditions.

Communities in northern Cameroon have better access to health services

The Cameroonian National Society, the Congolese Red Cross, the Gabonese Red Cross Society and the São Tomé and Príncipe Red Cross strengthened their ability to respond to emergencies with the help of first-aid training, refresher courses and/or supplies and equipment from the ICRC.

The ICRC expanded its health-related activities in northern Cameroon, by supporting five primary-health-care centres and one hospital, after supporting only two centres in 2016. It focused on fixed facilities – instead of mobile clinics, as initially planned – because they were found to be more efficient and more accessible. The ICRC gave these facilities material and financial assistance, including funds for staff salaries. ICRC training helped health personnel to expand their capacities. Two of the centres benefited from upgrades to their water and sanitation facilities.

The ICRC-supported primary-health-care centres provided people – including the malnourished, the wounded, and victims of sexual violence – with preventive and curative health care free of charge. Women attended ante- and post-natal consultations; children received comprehensive vaccinations. When needed, patients were transferred to the ICRC-supported hospital in Mada, Mayo-Sava, for caesarian deliveries and other surgical interventions.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities are urged to improve detainees' treatment and living conditions

The ICRC engaged detaining authorities throughout the region in dialogue; its aim was to gain access to all detainees – especially security detainees – and to ensure that it could visit them in accordance with its standard procedures.

In Cameroon, the ICRC visited, in accordance with its standard procedures, 14 detention facilities (holding around 9,500 people in all); 1,661 detainees were followed up individually. It also visited two places of detention in Congo (holding some 700 detainees), where it followed up 34 detainees individually. Through these visits, the ICRC checked on detainees' treatment and living conditions. Afterwards, the ICRC communicated its findings and recommendations confidentially to the authorities concerned, including, in Cameroon, the justice ministry. The ICRC discussed various matters with detaining authorities in Cameroon, such as: the treatment of detainees, particularly in places of temporary detention; respect for judicial guarantees; the effects of overcrowding on inmates' health; and means of improving detainees' access to health care – for instance, strengthening coordination between the health and justice ministries.

Some detainees were able to contact their relatives through the Movement's family-links services. Almost 70 detainees in Cameroon were visited by their families for the first time since their arrest; the ICRC helped the families cover their travel expenses. The ICRC informed some families of the whereabouts of their detained relatives, and helped foreign detainees contact their consular representatives.

Detainees in Cameroon have improved living conditions

In Cameroon, detainees at four places of detention benefited from health services at clinics, as the ICRC continued to give prison health staff material support and expert advice for providing better care. When necessary, detainees were taken to external health facilities; the ICRC covered their medical expenses.

At ICRC-organized training sessions, some guards and senior prison officials enhanced their capacity to manage prisons, particularly in terms of planning budgets and managing the food-supply system. Nearly 3,200 malnourished detainees at four prisons were given therapeutic food donated by the ICRC; some 1,700 detainees at risk of malnutrition received supplementary rations. The ICRC provided infrastructural support for some prisons (see below); it also donated a milling machine, bowls and other items to one of them, to improve the processing, storage and distribution of food.

Detainees learnt about common diseases and good hygiene practices at information sessions. Some 4,500 detainees had better living conditions, and were less at risk of illness or disease, after the ICRC, in coordination with detaining authorities, completed various infrastructural projects at four places of detention in Cameroon. Some of these projects focused on improving key elements of prison infrastructure – clinics, sanitation and water facilities, kitchens and food storage areas, and waste-management systems; others helped designate separate quarters for men, women and minors. At some prisons, maintenance and repair teams trained and equipped by the ICRC helped ensure the long-time functioning of facilities.

From April to June, seasonal power cuts narrowed access to potable water at one prison in Maroua. The city's water brigade and the ICRC trucked in water every day; some 1,600 people benefited.

ACTORS OF INFLUENCE

Armed forces and security forces in the region learn more about IHL and other norms

The ICRC sought to expand its dialogue with authorities and weapon bearers in the region, in order to advance their understanding of humanitarian principles, IHL and the ICRC's role and mandate, and to secure support for them. In Cameroon and Congo, discussions with weapon bearers also covered such matters as the protection due to civilians – particularly IDPs and their host communities – and the necessity of preventing sexual violence and ensuring access to health services.

Dissemination sessions and meetings with the ICRC enabled military and security forces personnel in Cameroon, Congo and Gabon – including members of the MNJTF – to learn more about IHL and/or other norms applicable to the conduct of hostilities and law enforcement operations.

Decision-makers were urged to incorporate IHL and other applicable norms in their doctrine, training and operations. The Cameroonian armed forces updated their manual on law enforcement operations, with technical support from the ICRC. The ICRC also provided its input on IHL-related matters to a multilateral exercise organized by the MNJTF and its partners. At the École d'État-Major de Libreville in Gabon, military officers from 19 African countries deepened their understanding of IHL through ICRC seminars that used virtual scenarios as training aids. Military officers from Cameroon and Congo also attended a workshop on the rules governing military operations (see *International law and policy*); the ICRC financed their attendance.

Authorities discuss the application and implementation of IHL and other norms

In Cameroon, the ICRC and judges, lawyers and legal experts continued to discuss the application of IHL and other norms to judicial processes, with a focus on judicial guarantees, minors and criminal justice, legal frameworks applicable to detention, and sanctions for IHL violations; the ICRC also conducted training sessions on these subjects. These matters were discussed during workshops organized by the Cameroonian bar association and the ICRC in Garoua, Maroua and Yaoundé, and during sessions that were part of the programme of the École Nationale d'Administration et de la Magistrature. Congolese authorities also discussed judicial guarantees and the protection due to IDPs at an ICRC workshop in Brazzaville.

Cameroonian authorities and the ICRC broadened the scope of their discussions on IDPs; means of addressing their plight – for instance, by implementing the African Union Convention on IDPs – were explored. A workshop, organized jointly by the territorial administration ministry and the ICRC, brought together local and national authorities where they discussed how to enhance protection and assistance for IDPs in northern Cameroon, in line with the Convention.

The ICRC continued to urge governments in the region to establish national IHL committees.

Members of civil society familiarize themselves with humanitarian action and the Movement's work

The National Societies in the region and the ICRC broadened their engagement with members of civil society, in order to foster

awareness of humanitarian issues and of humanitarian principles and the Movement; they did so through dissemination sessions and other means, which also helped facilitate their access to people in need. In northern Cameroon, local officials, traditional leaders and members of beneficiary communities were briefed on the activities of the National Society and the ICRC for people affected by the conflict in the Lake Chad region, and on the protection due to the red cross emblem; some of them also received training in basic first aid.

Members of the national and the international media went on ICRC-organized field trips, which helped them report accurately on the needs of people in northern Cameroon. Journalists had a fuller understanding of humanitarian work during armed conflict and other violence after attending ICRC workshops in Brazzaville and Yaoundé. People in Cameroon – including ICRC beneficiaries – learnt about the ICRC's activities through its radio programmes and social media efforts.

The ICRC organized national moot court competitions for students in Cameroon and Congo, donated reference materials to university libraries, and sponsored university teachers to attend conferences and other events abroad: all this stimulated academic work on IHL. A team from Congo won a regional moot court competition organized by the ICRC (see *Abidjan*).

RED CROSS AND RED CRESCENT MOVEMENT

The five National Societies in the region bolstered their operational and organizational capacities with technical and financial backing from the ICRC and other Movement components. They responded to people's needs and broadened awareness of humanitarian principles and the Movement (see *Civilians* and *Actors of influence*). The ICRC trained volunteers in the Safer Access Framework, to help them carry out their activities in safety. It also provided insurance coverage for volunteers working in high-risk areas: around 270 volunteers in Cameroon and 480 in Congo.

At ICRC workshops, volunteers from the National Societies of Cameroon and Gabon developed their capacities in public communication, and refreshed their knowledge of the Fundamental Principles and the proper use of the red cross emblem. The ICRC helped the Cameroonian National Society to review its administrative and financial procedures, to ensure more accurate reporting on ICRC-supported activities. Discussions with the National Societies of Gabon and São Tomé and Príncipe covered plans to help them reinforce their capacities in public communication and management of human resources; similar discussions with the Congolese National Society and the Red Cross of Equatorial Guinea were hampered by administrative difficulties.

Representatives from all five National Societies in the region contributed to discussions at a conference for African National Societies (see *Abidjan*). Sponsored by the ICRC, they attended other events as well – such as a meeting for legal advisers in Geneva, Switzerland.

Movement components met regularly to coordinate their activities, in order to maximize impact and avoid duplication of effort. National Societies working in the Lake Chad region reached agreement on measures to improve communication and cooperation within the Movement, including in relation to fundraising and cross-border activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		574	127		
RCMs distributed		290	42		
Phone calls facilitated between family members		22			
Reunifications, transfers and repatriations					
People reunited with their families		24			
	<i>including people registered by another delegation</i>	10			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		609	26	59	116
	<i>including people for whom tracing requests were registered by another delegation</i>	22			
Tracing cases closed positively (subject located or fate established)		394			
	<i>including people for whom tracing requests were registered by another delegation</i>	107			
Tracing cases still being handled at the end of the reporting period (people)		2,380	258	342	375
	<i>including people for whom tracing requests were registered by another delegation</i>	350			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		87	33		
UAMs/SC reunited with their families by the ICRC/National Society		24	5		1
	<i>including UAMs/SC registered by another delegation</i>	10			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		436	151		
Documents					
People to whom travel documents were issued		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		16			
Detainees in places of detention visited		10,244	237	361	
Visits carried out		45			
			Women	Girls	Boys
Detainees visited and monitored individually		1,695	71	6	140
	<i>of whom newly registered</i>	967	35	4	109
RCMs and other means of family contact					
RCMs collected		61			
RCMs distributed		29			
Phone calls made to families to inform them of the whereabouts of a detained relative		159			
Detainees visited by their relatives with ICRC/National Society support		67			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	66,522	17,890	34,019
	<i>of whom IDPs</i>	42,414	11,806	21,273
Essential household items	Beneficiaries	42,132	11,696	21,183
	<i>of whom IDPs</i>	41,772	11,624	20,949
Productive inputs	Beneficiaries	28,284	6,874	15,551
	<i>of whom IDPs</i>	4,536	862	3,039
Cash	Beneficiaries	15,228	2,893	10,203
	<i>of whom IDPs</i>	12,228	2,323	8,193
Services and training	Beneficiaries	36	4	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	83,150	24,945	33,260
	<i>of whom IDPs</i>	20,787	6,236	8,315
Health				
Health centres supported	Structures	5		
Average catchment population		94,175		
Consultations		61,330		
	<i>of which curative</i>	51,186	11,841	31,382
	<i>of which antenatal</i>	10,144		
Immunizations	Patients	167,646		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	133,819		
Referrals to a second level of care	Patients	620		
	<i>of whom gynaecological/obstetric cases</i>	88		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	1,745	25	193
Services and training	Beneficiaries	200	4	44
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	4,524	90	136
Health				
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	35		
Patients whose hospital treatment was paid for by the ICRC		35		
Water and habitat				
Water and habitat activities	Beds	27		

AMERICAS

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ In Colombia, with the ICRC acting as a neutral intermediary: people released by armed groups rejoined their families; demobilized children were transferred to reception centres; and human remains were recovered for identification.
- ▶ Violence-affected people in the region received ICRC assistance – such as relief and livelihood support – in meeting their needs, or gained access to basic services, through the ICRC's support to the local authorities.
- ▶ In line with an agreement between Argentina and the United Kingdom of Great Britain and Northern Ireland, the ICRC exhumed and identified most of the remains of Argentine soldiers who perished in the 1982 conflict between the said countries.
- ▶ Wounded and sick people, persons with physical disabilities and victims of sexual violence across the region obtained appropriate care from ICRC-supported centres. Health workers learnt of ways to protect themselves.
- ▶ Migrants obtained drinking water, lodging and health and family-links services at ICRC-supported facilities along the migration route. Vulnerable migrants and deportees or returnees received cash to access medical care or travel home.
- ▶ Detainees received ICRC visits. With ICRC input, detaining authorities took steps – for instance, the development of guidelines on prison management – to improve detainees' treatment and living conditions.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	71
RCMs distributed	71
Phone calls facilitated between family members	91,648
Tracing cases closed positively (subject located or fate established)	230
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	106
Detainees in places of detention visited	158,379
<i>of whom visited and monitored individually</i>	456
Visits carried out	239
Restoring family links	
RCMs collected	639
RCMs distributed	402
Phone calls made to families to inform them of the whereabouts of a detained relative	51

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	5,600	5,439
Essential household items	Beneficiaries	35,500	5,025
Productive inputs	Beneficiaries	5,150	12,353
Cash	Beneficiaries		38,437
Services and training	Beneficiaries	4,850	
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	108,900	97,769
Health			
Health centres supported	Structures	10	17
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	1	14
Water and habitat			
Water and habitat activities	Beds		52
Physical rehabilitation			
Projects supported	Projects	11	12
Patients receiving services	Patients	350	18,167

EXPENDITURE IN KCHF	
Protection	24,480
Assistance	29,228
Prevention	19,393
Cooperation with National Societies	7,730
General	1,323
Total	82,155
<i>Of which: Overheads</i>	<i>5,014</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	96%
PERSONNEL	
Mobile staff	151
Resident staff (daily workers not included)	642





Mexico, Tlaxcala State. At a shelter, an ICRC delegate provides a migrant with a brochure containing advice for migrants on how to reduce risks to their safety and where to obtain assistance.

HUMANITARIAN NEEDS AND RESPONSES

In 2017, the ICRC helped people cope with the consequences of past and ongoing armed conflicts and other situations of violence in the region. It assisted families of missing persons, migrants, detainees and other vulnerable people, particularly in urban areas. In most cases, it worked with local partners, including the National Societies operating in the region. In July 2017, the ICRC's remaining activities in Haiti were integrated into the work of its regional delegation in Mexico City.

Colombia remained the ICRC's largest operation in the Americas. Despite ongoing peace efforts in the country, hostilities between government forces and armed groups – and clashes between such groups – persisted. The ICRC continued to encourage the parties concerned to respect IHL and other applicable norms. It served as a neutral intermediary in the peace talks between the government and the National Liberation Army (ELN). In the same capacity, it helped people released by armed groups to rejoin their families, transferred demobilized children to reception centres, and facilitated the recovery of human remains for identification. It helped the Colombian government and the Fuerza Alternativa Revolucionaria del Común (FARC) to implement the humanitarian aspects of their peace agreement, signed in 2016, particularly with regard to missing persons (see below).

With ICRC support, Colombian State services strengthened their capacities to meet the material needs of IDPs and other violence-affected people in rural and urban areas. Where budgetary or access constraints hampered State services, the ICRC filled gaps in assistance, often with the Colombian Red Cross. Distributions of food and cash helped households meet their immediate needs. The provision of agricultural inputs and other livelihood support,

and upgrades to water-supply and other facilities, helped people – including those in areas contaminated with mines or explosive remnants of war – to build their self-sufficiency and reduce risks to their safety.

Elsewhere in the region, vulnerable people coped with the consequences of armed violence, with various forms of ICRC interventions. People in Peru's Apurímac-Ene and Mantaro Valley (VRAEM), in northern Paraguay, and in parts of Panama had access to potable water, thanks to ICRC-built or -refurbished facilities. Others drew on ICRC financial or material assistance to improve their living conditions or pursue income-generating activities. Victims of violence – such as those in southern Chile and Guatemala – received psychosocial support from the ICRC or its local partners. Community members – for instance, teachers, health staff and National Society volunteers in Guatemala and Mexico – received ICRC training in managing stress and/or providing psychosocial support to others. With ICRC technical and other assistance, the Belize Red Cross Society and the Jamaica Red Cross expanded their projects to alleviate the impact of violence on young people through, for instance, sports-related and educational activities or conflict-management workshops. In Brazil, municipal authorities and the ICRC focused on adapting 'safer-access' measures – originally for health workers – for use by teachers and social workers as well. These measures were developed within the ICRC's Rio project, completed in 2013, to help health professionals and residents in selected *favelas* of Rio de Janeiro protect themselves from the effects of violence.

The plight of families of persons who went missing in relation to past and ongoing conflicts remained a major concern in the region. The ICRC supported the efforts of the authorities and/or local

partners to reinforce their capacities to search for missing persons and address their families' needs. In line with an agreement between Argentina and the United Kingdom of Great Britain and Northern Ireland, the ICRC exhumed the remains of 122 Argentine soldiers who had perished during the 1982 conflict between the above-mentioned countries, and identified 88 of them; the results were handed over to the authorities of both countries.

With ICRC technical assistance, the Colombian authorities developed legislation establishing a national mechanism for clarifying the fate of missing persons, and the Mexican authorities enacted a law establishing such a mechanism. To facilitate future identification of human remains, the ICRC backed the efforts of the Honduran medico-legal institute to create a unit for that purpose, and of the Guatemalan authorities to develop national forensic standards. With ICRC training and/or technical assistance, forensic experts and other actors in the region learnt more about managing human remains and related data. ICRC staff and/or ICRC-trained personnel provided psychosocial support to relatives of missing persons across the region, to help them cope with their situation. The Brazilian federal authorities were urged to implement the recommendations of the ICRC's assessment of the needs of families of persons who had disappeared during past military rule.

The ICRC helped ensure that wounded and sick people, persons with physical disabilities and victims of sexual violence across the region obtained good-quality health care. In support of the goals of the Health Care in Danger project, the ICRC reminded the authorities and weapon bearers of their obligations to respect and facilitate the work of such services. With ICRC advice, the Peruvian health ministry and the Peruvian Red Cross produced a set of guidelines on how health workers can protect themselves in unsafe environments, and distributed them to over 5,000 such workers in the country. In parallel, the ICRC helped boost local capacities to directly provide medical assistance. With ICRC-provided medical supplies, hospitals coped with influxes of patients – for instance, following clashes in Colombia. As part of a two-year project, the ICRC provided comprehensive support – staff training, donations of equipment and infrastructural upgrades – to a hospital in Honduras, to help it improve its treatment for victims of violence. With ICRC financial and material support, the Venezuelan Red Cross provided medical treatment for some 1,300 people during five months of anti-government demonstrations in the Bolivarian Republic of Venezuela (hereafter Venezuela). Disabled people – including patients wounded by mines or in fighting, detainees and migrants – obtained appropriate treatment from ICRC-supported physical rehabilitation centres, for example, in Colombia, Guatemala, Honduras and Mexico.

Migrants, returnees and deportees traveling through El Salvador, Guatemala, Honduras and Mexico benefitted from comprehensive assistance at facilities located along the migration route and run by the National Societies and other local entities, with ICRC support. Assistance included the provision of drinking water, health care, family-links services and/or temporary lodgings; some of the migrants availed themselves of such assistance more than once. With the help of informational materials distributed along the route, migrants learnt where to find assistance and how to stay safe. Vulnerable migrants and deportees/returnees also received ICRC material assistance, or cash to access medical care or travel home.

Detainees across the region received ICRC visits conducted according to the organization's standard procedures. Those visited

included security detainees, migrants, and internees at the US internment facility at Guantanamo Bay Naval Station in Cuba. The ICRC also visited people held in facilities to which it previously had no access: inmates at Mexican federal penitentiary centres, and migrants in some Panamanian facilities. Following the visits, the ICRC shared its findings confidentially with the pertinent authorities. In El Salvador, visits to adult inmates remained suspended owing to tighter security measures implemented by the authorities to curb gang violence; the ICRC engaged the authorities on the impact of such measures on inmates. As it remained unable to visit inmates in Venezuela, the ICRC continued to engage the pertinent authorities in dialogue to clarify the humanitarian nature of its activities for detainees.

Penitentiary authorities across the region drew on ICRC technical assistance to improve detainees' treatment and living conditions. The Colombian authorities pursued efforts towards criminal policy reform to address system-wide issues affecting the country's penitentiary system, such as overcrowding. In El Salvador, the authorities launched a project to reduce overcrowding in selected prisons by expediting early-release procedures. In Honduras, the prison authorities continued to implement at selected prisons a registration system to facilitate legal proceedings for detainees. Penitentiary authorities in the Plurinational State of Bolivia (hereafter Bolivia), Ecuador and Peru developed new guidelines on prison management and bolstered their efforts to ensure compliance with existing ones. In various parts of the region, inmates benefited from improved health services and infrastructure. For example, ICRC upgrades to water, sanitation and/or other facilities – as in Bolivia, Honduras and Panama – helped enhance detainees' living conditions. Through the efforts of the local authorities, other relevant entities and the ICRC, tens of thousands of detainees in Peru gained access to mobile libraries, and participated in cultural and educational activities.

The ICRC sustained its dialogue with State weapon bearers, urging them to respect IHL and/or international human rights law. It informed them of documented allegations of abuse, with a view to preventing their recurrence. In Peru's VRAEM, for instance, dialogue focused on persuading military commanders to ensure people's safe access to goods and services. At briefings and workshops, the armed and police forces drew on ICRC technical expertise in pursuing efforts to incorporate IHL and/or pertinent internationally recognized standards into their operations and training. Military and police officers and instructors – for instance, in Bolivia, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama and Peru – refined their skills in teaching IHL, international policing standards and/or other relevant norms to their peers. Police officers in the region discussed international policing standards at an ICRC regional symposium in Chile. Discussions with senior military officers from Canada and the United States of America (hereafter US) focused on the need to uphold IHL and other applicable norms, in countries where the Canadian or US armed forces were conducting operations and/or providing military support.

With help from their national IHL committees and the ICRC, State authorities advanced IHL implementation: Honduras acceded to the Arms Trade Treaty; Argentina ratified two amendments to the Rome Statute, in relation to international and non-international armed conflict. Drawing on ICRC support, Argentina's national IHL committee began work on officially marking infrastructure as protected under IHL. The Peruvian authorities and national IHL

committee integrated the ICRC's recommendations into the draft of a legislative decree establishing the scope of the military's use of force. Representatives from the national IHL committees across the region discussed weapon-related topics, such as the clearance and destruction of anti-personnel mines, at a regional meeting organized by the ICRC, with support from the Costa Rican foreign affairs ministry. The Organization of American States incorporated ICRC recommendations into its resolutions on migration and human rights. In its regular interactions with the UN and regional bodies, their Member States and other pertinent organizations, the ICRC called attention to topics of humanitarian concern worldwide, such as the protection of civilians, displacement, weapons control, peacekeeping and the humanitarian situation in the Lake Chad region and in the Middle East. At negotiations and other meetings held in connection with the global compact for safe, orderly and regular migration – a UN-led intergovernmental process – the ICRC emphasized the need to protect migrants, particularly to uphold the principle of *non-refoulement*; it also made practical recommendations for international cooperation on the issue of missing migrants. The ICRC contributed to discussions that led to the adoption of the Treaty on the Prohibition of Nuclear Weapons by the UN General Assembly.

To raise public awareness of and support for humanitarian principles and for the Movement and its activities around the world, the ICRC held various events and produced communication materials for traditional and new media.

Together with the International Federation, the ICRC helped National Societies working in the region build their capacities to respond to emergencies and to assist victims of conflict and other violence in line with the Safer Access Framework. Regular coordination meetings between Movement components and with UN agencies and other humanitarian players fostered in more efficient humanitarian action. The Movement finalized a two-year action plan to implement a unified response to the issue of migration.

PROTECTION MAIN FIGURES AND INDICATORS

AMERICAS													
	CIVILIANS												
	RCMIs collected	RCMIs distributed	Phone calls facilitated between family members	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred or repatriated	Human remains transferred or repatriated	Tracing cases closed positively (subject located or fate established)	Places of detention visited	Detainees in places of detention visited	<i>of whom women</i>	<i>of whom minors</i>	Visits carried out	Detainees visited and monitored individually
Colombia	63	53		104	113	19	150	24	48,281	3,521	813	85	151
Brasilia (regional)								16	16,125	1,077	21	33	78
Caracas (regional)		1	4				2						
Lima (regional)	2	6	22				78	31	65,874	5,399	575	59	152
Mexico City (regional)	5	9	91,322					34	28,044	2,080	1,658	57	27
Washington (regional)	1	2	300					1	55			5	48
Total	71	71	91,648	104	113	19	230	106	158,379	12,077	3,067	239	456

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICHC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
17	6	36	69	6	4	21	20		6	28	2	1	Colombia
6			17	1						50			Brasilia (regional)
													Caracas (regional)
25			22	4			14	1	16	78		4	Lima (regional)
2			27	2			10	5	29				Mexico City (regional)
							595	396				2	Washington (regional)
50	6	36	135	13	4	21	639	402	51	156	2	7	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

AMERICAS											
	CIVILIANS									PEOPLE DEPRIVED OF THEIR FREEDOM	
	CIVILIANS - BENEFICIARIES					HEALTH CENTRES				Food commodities	Essential household items
	Food commodities	Essential household items	Productive inputs	Cash	Water and habitat activities	Health centres supported	Average catchment population	Consultations	Immunizations (patients)		
Colombia	3,313	4,838	11,277	15,403	11,559	4	31,088				
Brasilia (regional)	2,055	88	1,076		931						
Caracas (regional)											
Lima (regional)	71	81		362	2,325					6	37,716
Mexico City (regional)		18		22,672	82,954	13	54,524	21,108	80		2,252
Total	5,439	5,025	12,353	38,437	97,769	17	85,612	21,108	80	6	39,968
<i>of whom women</i>	1,662	1,513	3,194	10,169	4,716						4,937
<i>of whom children</i>	2,447	2,014	6,250	10,988	5,766						
<i>of whom IDPs</i>	2,070	2,694	266	9,286	81,229						

PEOPLE DEPRIVED OF THEIR FREEDOM	WOUNDED AND SICK											
	FIRST AID		HOSPITALS		PHYSICAL REHABILITATION							
Water and habitat activities	Sessions	Participants (sum of monthly data)	Hospitals supported	including hospitals reinforced with or monitored by ICRC staff	Projects supported	Patients receiving services (sum of monthly data)	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
880	83	753	13		7	11,215	430	5,646	737	7,536	2,423	Colombia
4,060												Brasilia (regional)
	29	366										Caracas (regional)
1,084												Lima (regional)
12,796	11	160	1	1	5	6,952	119	798	242	1,150	4,924	Mexico City (regional)
18,820	123	1,279	14	1	12	18,167	549	6,444	979	8,686	7,347	Total
574						6,192	137	1,482	190	1,981	3,361	<i>of whom women</i>
52						6,034	35	3,233	53	4,501	1,578	<i>of whom children</i>
												<i>of whom IDPs</i>

COLOMBIA



ICRC delegation ICRC sub-delegation ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ With the help of the ICRC as a neutral intermediary, people released by armed groups rejoined their families; demobilized children were transferred to reception centres; and human remains were recovered for identification.
- ▶ ICRC dialogue with the pertinent parties helped clarify the fate of 150 missing persons. The ICRC assisted State authorities to draft laws for establishing a national body for ascertaining the fate of missing persons.
- ▶ IDPs and other violence-affected people in urban and rural areas – including mine-affected areas – improved their living conditions, with ICRC repairs or upgrades to their water-supply facilities and other community infrastructure.
- ▶ People wounded in clashes, victims of sexual violence, physically disabled people and others in need of medical care obtained treatment at local facilities that received material and technical support from the ICRC.
- ▶ The authorities concerned drew on ICRC technical expertise in their efforts to reform policies concerning the judicial guarantees and other fundamental rights of detainees, including minors formerly associated with armed groups.
- ▶ Aided by the ICRC, the army and the police continued their efforts to incorporate IHL and other applicable international norms in their doctrine and training, and learnt ways to prevent sexual violence during armed conflict.

EXPENDITURE IN KCHF

Protection	9,100
Assistance	13,681
Prevention	3,281
Cooperation with National Societies	1,852
General	673
Total	28,587
<i>Of which: Overheads</i>	<i>1,745</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	101%
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PERSONNEL

Mobile staff	65
Resident staff (daily workers not included)	294

In Colombia since 1969, the ICRC strives to protect and assist victims of armed conflict and other situations of violence, secure greater compliance with IHL by all weapon bearers, and promote integration of IHL and international human rights norms into the security forces' doctrine, training and operations. It visits detainees and assists the authorities in addressing systemic issues affecting the penitentiary system. It supports efforts to address the needs of families of missing persons, provides relief to violence-affected IDPs and residents, and helps ensure their access to health care. It runs a comprehensive mine-action programme. It works closely with the Colombian Red Cross and other Movement components active in Colombia.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action	HIGH
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PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	63
RCMs distributed	53
Tracing cases closed positively (subject located or fate established)	151
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	24
Detainees in places of detention visited	48,281
<i>of whom visited and monitored individually</i>	151
Visits carried out	85
Restoring family links	
RCMs collected	20
Phone calls made to families to inform them of the whereabouts of a detained relative	6

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 5,000	3,313
Essential household items	Beneficiaries 5,000	4,838
Productive inputs	Beneficiaries 3,900	11,277
Cash	Beneficiaries	15,403
Services and training	Beneficiaries 3,600	
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 16,500	11,559
Health		
Health centres supported	Structures	4
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	13
Water and habitat		
Water and habitat activities	Beds	52
Physical rehabilitation		
Projects supported	Projects 9	7
Patients receiving services	Patients 350	11,215

CONTEXT

The Colombian government and the Fuerza Alternativa Revolucionaria del Común (FARC, formerly known as the Revolutionary Armed Forces of Colombia – People's Army) implemented the terms of their peace agreement. For instance, they carried out joint humanitarian demining projects, and facilitated the identification and burial of people killed in the past conflict. The FARC also undertook – and completed by mid-year – the demobilization process of child soldiers associated with it. State authorities worked towards establishing mechanisms to ensure transitional justice, particularly a national body for ascertaining the fate of missing persons.

In February 2017, the Colombian government and the National Liberation Army (ELN) began peace talks in Ecuador, amid clashes; they subsequently implemented a bilateral ceasefire from October 2017 to January 2018. Violent confrontations between government forces and armed groups – and clashes among armed groups – persisted, particularly in urban areas.

People continued to suffer the consequences of past and ongoing hostilities, such as disappearances and displacement. Instances of sexual violence and attacks on health-care services continued to be reported in violence-affected urban and rural areas.

State authorities worked towards criminal policy reform, in response to the Constitutional Court's declaration in 2015 that the state of affairs in the country's penitentiary system was unconstitutional.

ICRC ACTION AND RESULTS

In 2017, the ICRC focused on assisting the Colombian government and the FARC in implementing the humanitarian aspects of their peace agreement – particularly with regard to missing people; it also continued to help State efforts to respond to the needs of people suffering the consequences of past and ongoing violence. It engaged the parties concerned in confidential dialogue, based on documented allegations of abuses, and reminded them of their obligations under IHL or other applicable law. In parallel, it supported the military and police forces' efforts to incorporate IHL and other applicable international norms in their doctrine and training. It strove to broaden public awareness of IHL and the Movement's work through various communication channels.

The activities mentioned above helped further acceptance for the ICRC's role as a neutral intermediary among parties to conflict. Acting in this capacity, the ICRC transferred minors formerly associated with the FARC to reception centres; ensured the return of people released by armed groups back to their families; recovered the remains of people killed in fighting, for identification and burial; and provided logistical support for the government and FARC's joint humanitarian demining projects. At the request of both parties, the ICRC ensured safe passage for ELN representatives to and from Ecuador, for the peace talks with Colombian authorities.

Drawing on ICRC technical expertise, State authorities began developing legislation to establish national mechanisms for transitional justice, particularly a body for ascertaining the fate of missing people. At ICRC workshops, government officials discussed the importance of taking a multidisciplinary approach – combining forensic identification with economic, legal and psychosocial support – to meeting the needs of missing people's

families. Members of these families learnt how to cope with their situation and exercise their rights, at support-group sessions organized by the ICRC with the Colombian Red Cross or other local partners.

Assistance activities concentrated on helping State services strengthen their capacity to respond to the needs of IDPs and other violence-affected people. Where State services faced budgetary or access constraints, the ICRC filled gaps in assistance, often with the National Society. Relief distributions enabled IDPs and other violence-affected people to meet their immediate needs. In parallel, the provision of agricultural inputs and other livelihood support, and upgrades to water-supply and other facilities, helped people – including those in areas contaminated with mines or explosive remnants of war (ERW) – to build their self-sufficiency and reduce their safety risks.

The ICRC helped ensure people's safe access to health care, especially in areas affected by fighting. At ICRC seminars, health personnel learnt more about their rights and duties, and the proper use of the emblem of the Colombian medical services. Sick and wounded people, victims of sexual violence and physically disabled people obtained necessary treatment at facilities that received technical or material support, either regularly or on an ad hoc basis, from the ICRC.

The ICRC geared its activities for detainees towards advising the authorities in addressing systemic issues affecting the penitentiary system. Thus, although it continued to visit detainees, including minors, to monitor their treatment and living conditions, the ICRC visited fewer detention facilities than in previous years. It provided technical advice towards the reform of policies concerning the judicial guarantees and other fundamental rights of detainees, including minors formerly associated with armed groups. The authorities drew on the ICRC's expertise in pursuing efforts to standardize the provision of prison health services, and to improve water and sanitation infrastructure to help ensure better living conditions for inmates.

CIVILIANS

The ICRC engaged the parties concerned in confidential dialogue on: the protection of civilians; the release of minors associated with armed groups; allegations of sexual violence; and attacks on people seeking or delivering health services. It reminded weapon bearers of their obligations under IHL or other applicable law, through oral and written representations based on documented allegations of abuses. In parallel, the ICRC trained community leaders in informing conflict victims about their rights and how to obtain State assistance, and promoted self-protection measures among vulnerable people at community briefings. Some 570 civilians in violence-affected areas reached safer places, with the ICRC covering their transport costs.

Demobilized minors are transferred to reception centres

At the request of and with the agreement of the different parties concerned, the ICRC served as a neutral intermediary in various instances. It ensured safe passage for ELN representatives to and from Ecuador, for peace talks with the Colombian authorities. It facilitated transport for people implementing the government and FARC's joint humanitarian demining projects. It transferred 107 child soldiers demobilized by the FARC to reception centres run by the State or humanitarian organizations, where they received psychosocial support to ease their social reintegration.

The ICRC also provided logistical assistance for 13 people – held and subsequently released by armed groups – to rejoin their families.

Members of families dispersed by conflict reconnected through Movement family-links services. Where appropriate, the ICRC helped re-establish links between demobilized minors and their families, and visited some of them to monitor their social reintegration.

Authorities develop laws for clarifying the fate of missing persons

Dialogue with the pertinent parties resulted in the resolution of 150 missing-persons cases. In 19 cases, remains were recovered for identification; the ICRC handed over the identified remains of five people to the families concerned, who were given psychosocial support throughout the process. In parallel, the ICRC provided technical assistance to the authorities concerned in developing legislation to establish national mechanisms for transitional justice, particularly a body for clarifying the fate of missing persons. The International Commission on Missing Persons and the ICRC organized a meeting, at which missing people's families shared their concerns with a government committee involved in setting up the said body.

At ICRC workshops, 118 civilian and military prosecutors, investigators and forensic experts tackled the need to address the needs of missing persons' families through a multidisciplinary approach, combining economic, legal and psychosocial support, and forensic identification. The ICRC and/or the Colombian Red Cross provided psychosocial support to 101 people whose relatives were missing. Local health providers trained and financially supported by the ICRC gave over 220 people similar assistance. The ICRC helped some 640 families in obtaining State services, for instance, by briefing them on the procedures for such. With ICRC cash assistance, 101 families gave their relatives' remains a dignified burial; microeconomic initiatives enabled 35 other families to rebuild their livelihoods.

With a view to facilitating future identification of human remains, the ICRC helped forensic experts in standardizing national forensic procedures. The Colombian Medical Legal Institute (INMLF) and the ICRC – in consultation with local NGOs – designed methods of collecting data on missing persons and burial sites, to be handed over to the above-mentioned national body. Over 80 FARC representatives learnt how to document such data, at INMLF-ICRC training sessions. The ICRC collected biological samples from the relatives of missing persons, and monitored their processing by local forensic services. It constructed a morgue and 430 vaults – for storing unidentified or unclaimed remains – at three cemeteries.

National Society responders benefited from ICRC training in managing human remains during emergencies. The ICRC gave them logistical and material support for mounting rescue operations after a landslide in southern Colombia.

IDPs build their self-sufficiency

With ICRC financial and material support, the State's victim assistance unit, other institutions and local authorities provided aid to violence-affected people, especially in areas inaccessible to State services. Where State services faced budgetary constraints, the ICRC, often with the National Society, helped fill gaps in coverage. Distributions of food to 3,313 IDPs and other conflict-affected

people (949 households), and household essentials to 4,838 people (1,324 households), helped these people meet their immediate needs. Over 4,000 people (1,072 households) received cash for covering basic expenses.

Where circumstances allowed, the ICRC helped conflict-affected households, including those led by women, become more self-sufficient. Over 1,895 breadwinners (supporting 7,000 people) received cash assistance for vocational training or as partial coverage of their salaries. Similar assistance – together with vocational training provided by a local partner and facilitated by the ICRC – enabled 793 breadwinners (supporting 3,172 people), whose livelihoods had been disrupted by violence, to make their small businesses more productive; some of these people were supporting relatives with physical disabilities. Over 3,000 households (10,727 people) – including 382 students of agriculture – increased or diversified their harvests with supplies and equipment from the ICRC.

ICRC infrastructure projects improved access to clean water, health care and other essential services for 11,559 IDPs and other violence-affected people in urban and rural areas; these projects were occasionally supplemented with briefings on proper sanitation. Among these beneficiaries were some 5,540 people in ERW-affected areas, who regained access to schools (876 students) and livelihood and other facilities in their communities, reducing their exposure to further risks.

At National Society- and ICRC-organized workshops, 11,978 community members and authorities learnt more about the rights of ERW victims and safe behaviour in ERW-contaminated areas. With ICRC technical input, the authorities developed national standards for conducting mine-risk education.

Victims of sexual violence receive appropriate care

With ICRC training, 120 National Society volunteers and 380 civilians in violence-affected areas learnt more about providing psychosocial and other services to victims of sexual violence; some of them provided psychological care to some 200 victims of sexual violence and/or referred them for medical treatment.

The ICRC promoted the protection of those seeking or providing health care, especially in areas affected by fighting. With the National Society, it helped distribute the protective emblem of the country's medical services to 3,224 health-care personnel, including for marking facilities and vehicles, and briefed them about its proper use. At ICRC information sessions, 1,221 National Society volunteers and other people in violence-prone areas learnt how to strengthen the protection of health-care services in their regions.

Ad hoc donations of medical supplies from the ICRC helped four health centres to cope with influxes of patients; repairs to facilities at three other centres helped improve their services.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, including minors, according to its standard procedures. As its focus was on supporting the central authorities in addressing system-wide issues, such as overcrowding, it visited fewer detention facilities than in previous years. Following its visits, the ICRC confidentially shared its feedback with the authorities, to help them ensure that detainees' treatment and living conditions conformed to national and internationally recognized standards.

Around 30 of the minors visited reconnected with their families through the Movement's family-links services or ICRC-facilitated family visits; some of their family members received ICRC cash assistance for their travel. Together with a children's rights organization, the ICRC briefed 10 minors on their rights.

Authorities work towards prison reform

The ICRC aided the government's efforts towards prison reform by participating in the committee responsible for tackling the issues raised by the Constitutional Court (see *Context*). It lent its expertise to judicial and penitentiary authorities for refining policies on judicial guarantees and other fundamental rights of detainees, including minors formerly associated with armed groups. At ICRC seminars, over 360 penitentiary officers learnt more about international human rights norms, including those concerning the use of force and the proper treatment of women prisoners. With ICRC support, Colombian prison administrators attended the second regional conference on prison management in Chile (see *Brasilia*).

At an ICRC seminar, national penitentiary authorities and regional experts exchanged views on designing and managing health systems in Colombian prisons. The Colombian government began to standardize the provision of health services for detainees, in line with the ICRC's recommendations; however, administrative challenges forced them to postpone implementation of a new national health-care model. Penitentiary authorities received technical input on ensuring compliance with internationally recognized standards in building prison infrastructure.

A total of 200 detainees – including physically disabled inmates – benefited from ICRC upgrades to water, sanitation, health and/or sports facilities; 680 detainees regained access to clean water, thanks to ICRC water-trucking operations, following a landslide in southern Colombia.

WOUNDED AND SICK

People injured by mines and other physically disabled people obtain rehabilitation services

At National Society- and/or ICRC-conducted training sessions, around 750 people in mine/ERW-contaminated areas strengthened their first-aid skills; some 50 medical personnel and students learnt more about weapon-wound management. Over 580 sick and wounded people received appropriate care through national health services; the ICRC covered their transport and accommodation costs. People wounded in clashes were evacuated to medical facilities, with the help of the ICRC as a neutral intermediary. One-off donations of medical supplies helped 18 first-aid posts and 13 hospitals to cope with influxes of patients.

People with disabilities obtained services and/or assistive devices at seven physical rehabilitation centres that received raw materials and technical support from the ICRC regularly. The ICRC covered transportation, accommodation and treatment expenses for some 370 people, including people injured by mines or ERW; 81 detainees benefited from services provided in prisons by local professionals and ICRC staff.

The national health authorities and two training institutes enhanced their application of good practices in prosthetic and orthotic services in consultation with the ICRC; 56 professionals took specialized courses. Two wheelchair-manufacturing facilities received ICRC supplies on an ad hoc basis.

ACTORS OF INFLUENCE

Dialogue with the authorities and weapon bearers emphasized the need to ensure the safe and unhindered delivery of health care and other aid to violence-affected communities. Such interaction fostered acceptance for the ICRC's role as a neutral intermediary and for its assistance activities. The ICRC maintained its efforts to strengthen its dialogue with armed groups in violence-affected urban areas.

Policy-makers discuss the need to uphold victims' rights, in line with the peace agreement

At high-level meetings, government officials – including the country's president – and the ICRC president reaffirmed their commitment to working together to realize the humanitarian agenda of the peace process, particularly concerning the demobilization of minors, missing-persons cases and penitentiary reform. At an ICRC workshop, key legal personnel from the government and civil society, and international experts, discussed policies focusing on, among others, the continuing applicability of IHL in the wake of the peace agreement between the government and the FARC, and the implementation of mechanisms for transitional justice. During a public panel discussion organized by a university in Bogotá and the ICRC, government officials and other stakeholders exchanged views on the judiciary's role in implementing the parties' key obligations under IHL, particularly with regard to upholding victims' rights.

At the sixth Augusto Ramírez Ocampo Course in IHL, organized by the national IHL committee with ICRC technical support, policy-makers – many of them from violence-affected regions of Colombia – discussed challenges in the application of IHL in Colombia. With ICRC sponsorship, members of the national IHL committee discussed IHL and the means and methods of warfare at a regional conference in Costa Rica (see *Mexico City*). Two other public events, organized by the ICRC with Colombian universities, helped promote the updated Commentary on the Second Geneva Convention and marked the 20th anniversary of the Anti-Personnel Mine Ban Convention.

At ICRC workshops, 250 State officials learnt more about ways of preventing sexual violence during armed conflict and of using a gender-sensitive approach in responding to victims' needs. At dissemination sessions organized with universities, 130 law students deepened their knowledge in offering legal assistance to victims of sexual violence. Javeriana University and the ICRC initiated a study on women in detention, with a view to helping policy-makers incorporate women's concerns more fully in their penitentiary reforms.

The armed forces incorporate IHL and other international norms in their doctrine

Drawing on the ICRC's technical advice, the armed forces reviewed the integration of IHL and international human rights law into its new training doctrine. The national police received ICRC input for its development of new doctrines, for instance, on the use of force. At ICRC workshops and round-tables, over 500 military and security forces personnel learnt more about applying IHL and international norms on the use of force – particularly in their joint law enforcement operations – and about ways of preventing sexual violence.

Journalists broaden public awareness of the lingering humanitarian issues in Colombia

The ICRC's public-communication efforts focused on broadening awareness of the humanitarian consequences of violence, and the need to reform the criminal policy in order to ensure respect for detainees' rights. To these ends, it published an annual report covering these issues through traditional and online media platforms, posted audiovisual materials on social media platforms, and organized several field trips for members of the local and international press. Various media organizations made use of ICRC-produced articles and videos about its activities in Colombia.

RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross remained the ICRC's main partner in meeting the needs of people affected by armed conflict and other violence (see *Civilians* and *Wounded and sick*). Technical and financial support from the ICRC enabled National Society volunteers enhanced their capacity to assist victims of violence, for instance, in obtaining State services. Owing to constraints in

human resources, the National Society did not push through in training its staff to autonomously conduct sessions for security forces on international human rights law and the use of force.

Together with the ICRC, the National Society trained volunteers and staff from 26 branches in applying the Safer Access Framework, to help them enhance their ability to operate safely in violence-prone areas. It also carried out assessments at 12 of its branches, to identify weaknesses in their application of the framework. ICRC upgrades to facilities enabled five National Society branches to expand their operational capacities.

The National Society and the ICRC further strengthened their partnership by developing joint strategies for activities, in such areas as addressing the needs of missing persons' families and of communities affected by urban violence.

Meetings among the Movement components in Colombia facilitated the coordination of activities, formulation of a strategy for further cooperation, and exchange of information.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		63	59		
RCMs distributed		53	32		
Reunifications, transfers and repatriations					
People transferred or repatriated		113			
Human remains transferred or repatriated		19			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		834	98	123	152
Tracing cases closed positively (subject located or fate established)		151			
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases still being handled at the end of the reporting period (people)		1,575	140	168	297
<i>including people for whom tracing requests were registered by another delegation</i>		7			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		107	61		107
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		104	61		104
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		24			
Detainees in places of detention visited		48,281	3,521	813	
Visits carried out		85			
			Women	Girls	Boys
Detainees visited and monitored individually		151	17	6	36
<i>of whom newly registered</i>		69	6	4	21
RCMs and other means of family contact					
RCMs collected		20			
Phone calls made to families to inform them of the whereabouts of a detained relative		6			
Detainees visited by their relatives with ICRC/National Society support		28			
Detainees released and transferred/repatriated by/via the ICRC		2			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	3,313	1,012	1,400
	<i>of whom IDPs</i>	2,070	597	890
Essential household items	Beneficiaries	4,838	1,464	1,963
	<i>of whom IDPs</i>	2,694	825	1,016
Productive inputs	Beneficiaries	11,277	2,870	5,725
	<i>of whom IDPs</i>	266	77	133
Cash	Beneficiaries	15,403	5,240	6,280
	<i>of whom IDPs</i>	9,284	3,341	3,557
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	11,559	3,623	4,952
	<i>of whom IDPs</i>	1,207	362	495
Health				
Health centres supported	Structures	4		
Average catchment population		31,088		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Cash	Beneficiaries	20	12	2
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	880	35	
Health				
Places of detention visited by health staff	Structures	10		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	13		
First aid				
First-aid training				
	Sessions	83		
	Participants (sum of monthly data)	753		
Water and habitat				
Water and habitat activities	Beds	52		
Physical rehabilitation				
Projects supported	Projects	7		
Patients receiving services (sum of monthly data)		11,215	3,842	3,681
New patients fitted with prostheses	Patients	430	115	21
Prostheses delivered	Units	737	153	32
	<i>of which for victims of mines or explosive remnants of war</i>	68	10	1
New patients fitted with orthoses	Patients	5,646	1,410	2,606
Orthoses delivered	Units	7,536	1,904	3,521
	<i>of which for victims of mines or explosive remnants of war</i>	25	4	
Patients receiving physiotherapy	Patients	2,423	1,239	292
Walking aids delivered	Units	716	197	85
Wheelchairs or tricycles delivered	Units	1,113	330	341



ICRC delegation *Dominican Republic is covered by the ICRC delegation in Haiti

The ICRC has been present in Haiti since 1994. It responds to acute humanitarian situations in prisons and supports national authorities in improving conditions of detention and respect for judicial guarantees. While sustaining dialogue with the authorities and weapon bearers on humanitarian concerns, it helps the national security forces disseminate international human rights law, other relevant norms and standards, and humanitarian principles. With other Movement partners, the ICRC helps strengthen the emergency response capacities of the Haitian National Red Cross Society and the Dominican Red Cross.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Aided by the ICRC and another partner, Haitian prison officials conducted a study on gaps in the food supply and malnutrition and mortality rates in prisons and submitted their findings to a presidential commission on detention.
- ▶ Responsibility for projects aimed at tackling prolonged pre-trial detention, and enhancing infrastructure and health services in prisons, was handed over by the ICRC to the Haitian authorities and their international partners.
- ▶ The Haitian National Red Cross Society received various forms of ICRC input to improve its family-links, first-aid and other activities, as part of the Movement's response to the humanitarian consequences of Hurricane Matthew.

EXPENDITURE IN KCHF

Protection	473
Assistance	207
Prevention	266
Cooperation with National Societies	507
General	18
Total	1,471
<i>Of which: Overheads</i>	<i>90</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	1
Resident staff (daily workers not included)	13

CONTEXT

After a protracted presidential and legislative electoral process, a new government took office in Haiti in March 2017.

The Haitian authorities and their international partners pursued efforts to strengthen the capacities of the local police force. The mandate of the UN Stabilization Mission in Haiti (MINUSTAH) ended on 15 October 2017. A smaller peacekeeping mission, composed of civilians and UN Police personnel, replaced MINUSTAH and took on the role of advising the Haitian authorities on law enforcement operations.

ICRC ACTION AND RESULTS

The situation in Haiti having stabilized in recent years, the ICRC gradually phased out most of its activities in the country: it closed its delegation there on 30 June.

In the six months leading up to the delegation's closure, the ICRC continued to focus on helping Haitian officials meet the needs of people deprived of their freedom – primarily by addressing structural issues at places of detention. These efforts included networking activities to help local and international parties initiate or reestablish working relations.

MINUSTAH and the ICRC supported penitentiary authorities in conducting a comprehensive study on gaps in the food supply, and malnutrition and mortality rates, in prisons. A report containing the findings of the study was shared with all institutions and actors concerned, and submitted to a presidential commission on improving detainees' living conditions. The pertinent authorities and the ICRC carried out projects to tackle prolonged pre-trial detention and to enhance prison infrastructure and health services. As planned, the ICRC handed over responsibility for the projects to these authorities and their international partners.

During briefings and information sessions, the ICRC urged the authorities, members of the international community and other relevant parties to find and put into effect immediate and long-term solutions to the situation in prisons and police stations.

The ICRC contributed to the Movement's initiatives to strengthen overall coordination, especially in responding to the humanitarian consequences of Hurricane Matthew which passed through Haiti in October 2016. These initiatives included the creation of a platform for collective decision-making and information management. The ICRC provided the Haitian National Red Cross Society and, to a lesser degree, the Dominican Red Cross with various forms of support for improving their family-links and/or first-aid services and strengthening their ability to monitor and analyse the needs of migrants and other vulnerable people.

In June, the ICRC's Mexico City regional delegation took over implementation of the Haiti delegation's remaining activities: dialogue with the Dominican and Haitian authorities on humanitarian issues and IHL; and cooperation with the Dominican and Haitian National Societies. It also assumed responsibility for monitoring the situation in the Dominican Republic and Haiti.

BRASILIA (regional)

COVERING: Argentina, Brazil, Chile, Paraguay, Uruguay



ICRC/AR_2017
 + ICRC regional delegation + ICRC mission + ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The ICRC exhumed and identified most of the remains of Argentine soldiers buried in the Falkland Islands/Islas Malvinas,¹ in line with a mandate from Argentina and the United Kingdom of Great Britain and Northern Ireland.
- ▶ Brazilian authorities developed and implemented self-protection measures – based on a past ICRC project – for health workers, teachers and social workers to ensure safer access to basic services in four violence-affected municipalities.
- ▶ Officials from 14 countries shared best practices in prison management at a workshop organized by the Chilean authorities and the ICRC. In Paraguay, the authorities began overhauling the electrical power system at one prison.
- ▶ Brazilian authorities sought to do more for missing people's families. ICRC support for this included reports on the families' needs and on the compatibility of the Brazilian legal system with international norms.
- ▶ Argentina and Paraguay advanced their implementation of the Rome Statute, with ICRC technical support. Argentina ratified two amendments to it, and Paraguay passed a bill that incorporated key provisions on war crimes.

1. The designations employed in this document do not imply official endorsement or the expression of any opinion whatsoever on the part of the ICRC concerning the legal status of any territory, or concerning the delimitation of its frontiers or boundaries. Whenever a disputed territory is given different names by the parties concerned, the ICRC uses those names together, in alphabetical order.

EXPENDITURE IN KCHF	
Protection	2,370
Assistance	2,965
Prevention	2,993
Cooperation with National Societies	1,460
General	95
Total	9,883
<i>Of which: Overheads</i>	<i>603</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	102%

PERSONNEL	
Mobile staff	12
Resident staff (daily workers not included)	63

The ICRC has been present in the region since 1975. It visits detainees and responds to situations of violence and social unrest, often with the region's National Societies, which it supports in developing their capacities to act in such situations. It helps authorities identify human remains so as to provide families with information on their missing relatives. The ICRC promotes the incorporation of IHL in national legislation and the doctrine, training and operations of armed forces, and works with police forces to integrate international human rights norms applicable to the use of force into theirs.

YEARLY RESULT

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

PROTECTION	Total
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	16
Detainees in places of detention visited	16,125
<i>of whom visited and monitored individually</i>	78
Visits carried out	33

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	2,055
Essential household items	Beneficiaries	88
Productive inputs	Beneficiaries	1,250
Services and training ¹	Beneficiaries	1,076
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	1,750
		931

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

In urban areas of Brazil, including the cities of Rio de Janeiro, Natal and Fortaleza, armed gangs fought one another or clashed with the police – more intensely than in 2016. Authorities in Rio de Janeiro, hampered by budget cuts, struggled to maintain the police’s “pacification” programmes.

In Paraguay, protests for political reform led to violence; in Asunción, people protested a constitutional amendment permitting the president to seek re-election. In the north, violent encounters took place between a joint military and police taskforce and armed elements. In southern Chile, including the Araucanía region, tensions over land ownership between Mapuches and other communities persisted; the *carabineros* carried out security operations.

Many families awaited news of relatives missing since past conflict or military rule. Under an agreement between the governments of Argentina and the United Kingdom of Great Britain and Northern Ireland (hereafter UK), Argentine soldiers buried in the Falkland Islands/Islands Malvinas¹ (hereafter Falklands/Malvinas) were exhumed and identified.

People lost their lives, were displaced or lost contact with their families, owing to natural disasters – landslides in Argentina, earthquakes and fires in Chile – but also during migration.

ICRC ACTION AND RESULTS

The delegation in Brasilia worked to address the protection and assistance needs of people, including detainees, in Argentina, Brazil, Chile, Paraguay and Uruguay, and to foster support for IHL, international human rights law and the Movement’s activities.

In line with a mandate from the Argentine and UK authorities, the ICRC exhumed and identified most of the remains of Argentine soldiers buried in the Darwin cemetery in the Falklands/Malvinas. It handed over its forensic reports to the Argentine and UK authorities, who took charge of informing the families concerned. Brazil’s federal authorities worked towards improving their response to the needs of families of people missing in relation to the past military regime and contemporary urban violence – and towards revising or adapting the legal framework covering these needs. Forensic staff in Brazil and Paraguay enhanced their skills through ICRC training sessions.

In Brazil, municipal authorities and the ICRC focused on adapting ‘safer-access’ measures, originally for health workers, for use by teachers and social workers as well – in four major municipalities. These measures were developed by the ICRC’s Rio project, completed in 2013, to help health professionals and residents in selected *favelas* of Rio de Janeiro protect themselves from the effects of violence. In northern Paraguay and southern Chile, teachers and health workers were trained to cope with emotional stress or to help others do so. ICRC agricultural support and upgrades to water systems helped some people in Paraguay to pursue livelihood activities; those unable to cultivate crops because of the weather received ICRC food aid. The Paraguayan Red Cross and the ICRC continued to back an income-generating project for female detainees and female ex-detainees, which helped them support their families and reintegrate into society.

The ICRC visited detainees in Paraguay and Chile, in accordance with its standard procedures, and communicated its findings and recommendations confidentially to the detaining authorities, to help them improve detainees’ treatment and living conditions. The Paraguayan penitentiary authorities drew on the ICRC’s advice to upgrade electrical and other infrastructure at the Tacumbu prison. The ICRC helped the authorities at the Tacumbu and Buen Pastor prisons develop protocols for fire safety.

In Paraguay and Chile, the ICRC informed authorities, weapon bearers and community leaders, confidentially, of allegations of abuse, to help these parties prevent the recurrence of such conduct and assist violence-affected people. In southern Chile, the ICRC and the Chilean Red Cross helped health officials identify the threats to the safe delivery of health care. Military and security forces in the region – but especially in Brazil, Chile and Paraguay – drew on ICRC expertise to further incorporate international policing standards in their training and doctrine. In Chile, the *carabineros* took over training for human-rights instructors; the Paraguayan police strove to do the same. The authorities in the five countries covered took into account the ICRC and their national IHL committees’ views while implementing IHL-related treaties. Argentina and Paraguay advanced their implementation of the Rome Statute. The ICRC sought to broaden support among all parties of influence for its activities and for other Movement initiatives.

In Argentina, Brazil and Chile, families separated by natural disasters, migration or other circumstances maintained contact through the Movement’s family-links services. The ICRC arranged family visits for two people who were formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba, and were resettled in Uruguay; an ex-internee’s wife and children, aided by the ICRC, visited his family on the West Bank (see *Israel and the Occupied Territories*). Despite various administrative constraints, the National Societies of the five countries covered strove to improve their organizational capacities and respond to humanitarian needs, with the International Federation’s and the ICRC’s help.

CIVILIANS

During confidential dialogue with them, the ICRC relayed allegations of abuse to the authorities, military and security forces, community leaders and other key figures in the five countries covered, with a view to helping them prevent the recurrence of such unlawful conduct and assist violence-affected people.

Remains of Argentine soldiers buried in the Falklands/Malvinas are identified

In line with a mandate from the Argentine and UK authorities, the ICRC exhumed and identified the remains of Argentine soldiers buried in the Darwin cemetery in the Falklands/Malvinas: 122 sets of remains were exhumed and 88 identified. The ICRC handed over the results of its forensic work to the Argentine and UK authorities, who took charge of informing the families concerned.

In Brazil, the federal authorities and authorities in São Paulo state received two ICRC reports: one assessed the needs of the families of people missing in relation to the past military regime or to contemporary urban violence; and the other examined the compatibility of Brazilian laws with international norms applicable to missing people and their families. These reports, and the recommendations they contained, aimed to help the authorities improve their response to the needs of missing people’s families.

1. The designations employed in this document do not imply official endorsement or the expression of any opinion whatsoever on the part of the ICRC concerning the legal status of any territory, or concerning the delimitation of its frontiers or boundaries. Whenever a disputed territory is given different names by the parties concerned, the ICRC uses those names together, in alphabetical order.

In São Paulo, ICRC psychosocial-support sessions helped some 35 members of such families to manage their emotional distress. At the ICRC's urging, the authorities released statistics – for the first time – on people who had gone missing between 2006 and 2016, some of them in connection with violence.

In Brazil and Paraguay, forensic officials and organizations drew on ICRC expertise to strengthen their capacities and develop guidelines for forensic work; the ICRC encouraged organizations in São Paulo state to coordinate their work. At an ICRC-supported meeting in São Paulo, Brazilian and other forensic experts from the region shared best practices in searching for missing people.

Brazilian authorities in four major municipalities improve measures for reducing safety risks

Municipal authorities in Rio de Janeiro, Duque de Caxias, Porto Alegre and Florianópolis, together with the ICRC, improved the 'safer-access' measures originally developed for health workers by the ICRC's Rio project, which was completed in 2013. They adapted these measures for use by teachers and social workers as well, and developed protocols for safer conduct during various emergencies.

In Porto Alegre, the ICRC briefed some 470 staff from 14 health posts and an emergency health unit, and 30 personnel from six social work facilities, on the use of the 'safer-access' measures. In Rio de Janeiro, teachers – who attended similar briefings – applied these measures at around 180 schools in violence-prone areas. Roughly 120 instructors – from Rio de Janeiro, Duque de Caxias, Porto Alegre and Florianópolis – learnt how to teach others about safer conduct, at ICRC training sessions.

Health workers and teachers learn to cope with the psychological effects of violence

In Araucanía, the Chilean Red Cross and the ICRC helped the local health authorities to identify the threats to the safety of medical workers and facilities, with a view to ensuring safe access to medical care, in line with the goals of the Health Care in Danger project. At ICRC sessions, about 30 State mental-health staff learnt techniques for dealing with the psychological effects of violence; they also familiarized themselves with the cross-cultural issues involved in providing psychosocial support to Mapuches. In Arroyito, in Paraguay, roughly 40 teachers were trained to cope with violence and to help others do so; five of them learnt, from ICRC-backed hospital psychologists, how to develop psychosocial initiatives for their communities. All these activities, organized by the ICRC, helped about over a hundred violence-affected adults and children find some relief from emotional distress.

In northern Paraguay, some 185 households (1,065 people) in two communities consumed or sold produce they had grown with seed, tools and training support from the authorities and the ICRC. During the winter, frost damaged some of their crops and those of people in two other communities; the authorities and the ICRC provided food for about 2,060 people (383 households). Clean water, for personal or agricultural use, became available to around 930 people after the ICRC renovated community infrastructure; in 2017, fewer beneficiaries lived in communities targeted by the ICRC for such upgrades.

In Araucanía, a few households (11 people) earned money from small businesses begun with supplies and equipment, and guidance, from the Chilean Red Cross, which received material support from the ICRC. ICRC-supported National Society

workshops strengthened some 90 first-aiders' capacities; they were also given first-aid supplies.

Members of separated families in Argentina, Brazil and Chile restore contact

In Argentina, Brazil and Chile, members of families separated by natural disasters, migration or other circumstances maintained contact through family-links services provided by the National Societies with ICRC technical and financial support. The Argentine Red Cross helped members of families affected by a mudslide and floods to remain in touch. The Brazilian Red Cross began offering such services to migrants, in cooperation with various local institutions assisting them.

The ICRC continued to monitor the situation of six people who were formerly held at the Guantanamo Bay internment facility, and were resettled in Uruguay. The ICRC arranged family visits for two who had been apart from their families for some 14 years. A former internee's wife and three children – two of them newborn – visited his family on the West Bank (see *Israel and the Occupied Territories*), with ICRC financial support.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees in Argentina, Chile and Paraguay. It monitored the following people individually: in Chile, detained Mapuches; in Paraguay, alleged members of armed groups and people held in connection with high-profile criminal cases; and, in Argentina, one alleged member of a Paraguayan armed group. In Chile, it also visited people detained in connection with protests in Asunción (see *Context*). Afterwards, findings from these visits were communicated confidentially to the authorities; this, together with expert advice and other ICRC support, helped the authorities improve the treatment and living conditions of detainees.

Regional prison officials expand their managerial capacities

Representatives from 14 countries in the region shared best practices in prison management at a workshop, in July, organized by the Chilean prison authorities and the ICRC in Chile. At an ICRC workshop in Costa Rica (see *Mexico City*), prison officials from Argentina, Brazil, Chile and Paraguay learnt more about maintaining infrastructure.

The ICRC arranged family visits for certain detainees, majority of whom were detained in Paraguay. In Chile, the ICRC monitored the situation of several families whose main breadwinners were detained, partly to check on the results of the livelihood support that the Chilean Red Cross and the ICRC had given them in the past.

Paraguayan authorities work to overhaul the electrical system in one prison

In line with a 2016 agreement, the Paraguayan penitentiary authorities continued to draw on ICRC support to make improvements at places of detention, such as upgrading infrastructure at overcrowded prisons. They worked to upgrade the electrical power system at the Tacumbu prison, based on the recommendations of an ICRC study: they replaced or installed electrical fixtures, to improve fire safety and enable detainees and staff to have light at night. The ICRC completed a similar study on the electrical power system at the Buen Pastor women's prison, to support the authorities' efforts to improve living conditions for the 520 people held there. Prison and fire department officials, aided by the ICRC, developed safety protocols for both prisons.

A number of detainees at the Buen Pastor's women's prison helped their families outside, with profits earned from selling textiles they had woven; they had learnt to weave at an ICRC-financed course run by the Paraguayan Red Cross. Several ex-detainees continued to make and sell handicrafts and textiles through an ICRC-backed cooperative, which also helped their social reintegration. Some elderly inmates benefited from improvements to their cells. Detainees were given hygiene items; several of them received diapers for their babies.

ACTORS OF INFLUENCE

The *carabineros* in Chile and the Paraguayan police take over training for human-rights instructors

Under their two-year partnership agreements with the ICRC, the *carabineros* of Chile and Paraguay's national police continued to receive ICRC support for updating their operational procedures and training programmes – including curricula and manuals – in line with international policing standards. ICRC support for these forces included train-the-trainer courses for human-rights instructors: the *carabineros* in Chile were able to assume full responsibility for these courses during the year; the Paraguayan police took steps towards doing the same. Some 200 *carabineros* were also trained in first aid by the Chilean Red Cross. In Brazil, the public security office of the justice ministry and the ICRC incorporated human-rights norms in an e-learning course.

The ICRC and military commands and training centres, and defence ministries, in the region continued to cooperate in reinforcing respect for IHL among troops. In Brazil and Argentina, military officers and troops bound for peacekeeping missions learnt more about IHL and ICRC activities at predeployment briefings. Senior Paraguayan military officials drew on the ICRC for advice on the rules of engagement applicable to security operations, specifically in northern Paraguay. Police officers from 15 countries discussed international policing standards at an ICRC regional symposium in Chile, in November.

Argentina and Paraguay advance their implementation of the Rome Statute

The authorities in the five countries covered worked to implement IHL-related treaties with support from the ICRC and, in Argentina, Brazil and Chile, from their national IHL committees. Argentina ratified two amendments to the Rome Statute, in relation to international and non-international armed conflict; the national IHL committee, guided by the ICRC, prepared the relevant draft bills. Paraguay passed a bill – drafted with the ICRC's advice – that incorporates penalties for war crimes and provisions on cooperation with the International Criminal Court. In Brazil, the ICRC also worked to persuade government officials to take steps to implement the Rome Statute, a draft bill for which had been awaiting the National Congress's approval for years.

The national IHL committee of Argentina strove to have objects protected under IHL – dams, power plants and other works and installations containing dangerous forces, and culturally significant monuments and buildings – officially marked as such. In Brazil, a Congressional commission drew on ICRC expertise to draft a bill protecting the Movement's emblems.

The ICRC made expert contributions to local and regional events organized by the authorities in Argentina, Brazil, Chile and Uruguay, on such subjects as: migration; attacks against schools; eradication of nuclear weapons; and incorporation of IHL in military doctrine.

With the ICRC's financial assistance, the five countries covered sent representatives of national IHL committees and/or other government officials to IHL-related meetings abroad (see *Mexico City* and *Lima*).

Argentine and Brazilian universities and media raise awareness of IHL and the Movement's work

Universities joined the ICRC in broadening awareness of IHL and the ICRC's activities. The ICRC provided technical support for an Argentine university to set up an institute dedicated to collecting and analysing IHL-related information. A team of Argentine university students won the annual Jean-Pictet IHL competition in Georgia.

In Argentina and Brazil, social media campaigns, initiatives with mainstream media and other efforts helped raise public awareness of the ICRC's global presence and its status as a main source of reference for IHL and matters related to humanitarian work; the ICRC's forensic work in the Falklands/Malvinas was widely covered by the media. The ICRC organized a photo exhibition, at Brazil's national museum, highlighting the issue of missing people and the plight of their families; it also organized a competition for Brazilian journalists covering humanitarian issues.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies of the five countries covered strove, with the ICRC's technical and financial assistance, to strengthen their ability to respond to needs arising from situations of violence; they did so despite various administrative constraints, particularly for the Brazilian and Chilean National Societies.

From January to May 2017, the Brazilian National Society took steps to enhance its capacities in first-aid training and emergency response; notably, it treated 799 persons wounded during protests. During the latter half of the year, however, it focused on providing family-links services, as it adjusted to the restructuring (see below) that limited its other activities. Chilean National Society volunteers in Araucanía and Bio Bio received first-aid training and training in conducting assistance activities and protecting themselves while doing so in violence-prone areas; 15 volunteers became certified first-aid instructors and trained first responders in some communities. Argentine National Society volunteers also instructed some 90 people in first aid; at an ICRC training session, hundreds of volunteers learnt about the Fundamental Principles and the emblems protected under IHL.

The Brazilian, Uruguayan and Paraguayan National Societies – with support from the International Federation and the ICRC – worked to restructure themselves. The Brazilian National Society improved its internal control mechanisms and financial procedures, and reinforced its public-communication capacities and programmes promoting volunteerism among young people. The Uruguayan Red Cross underwent an external audit, and strove to build its organizational capacities with ICRC support.

Cooperation agreements between the five National Societies and the ICRC, and periodic meetings, facilitated Movement coordination.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Tracing requests, including cases of missing persons				
Tracing cases still being handled at the end of the reporting period (people)		32	4	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Places of detention visited		16		
Detainees in places of detention visited		16,125	1,077	21
Visits carried out		33		
			Women	Girls
Detainees visited and monitored individually		78	6	
	<i>of whom newly registered</i>	17	1	
RCMs and other means of family contact				
Detainees visited by their relatives with ICRC/National Society support		50		

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	2,055	617	1,015
Essential household items	Beneficiaries	88	26	44
Productive inputs	Beneficiaries	1,076	324	525
Services and training ¹	Beneficiaries			
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	931	279	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	4,060	528	41

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CARACAS (regional)

COVERING: Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and the Bolivarian Republic of Venezuela



ICRC regional delegation

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ With ICRC financial and material support, the Venezuelan Red Cross treated more than a thousand people – demonstrators and security forces personnel – injured during anti-government protests that lasted five months.
- ▶ In Venezuelan states bordering Colombia, vulnerable communities learnt about good health practices and disease prevention at information sessions held by the Venezuelan Red Cross and the ICRC.
- ▶ The Belizean and Venezuelan National Societies, aided by the ICRC, instructed victims of violence in self-protection and/or first-aid methods. The Jamaica Red Cross facilitated young people's access to sports and educational activities.
- ▶ Military and police personnel in four countries discussed IHL and/or international policing standards, particularly for their joint law enforcement operations, at ICRC-organized meetings, training sessions and workshops.
- ▶ Venezuelan penitentiary officials, sponsored by the ICRC, attended regional workshops on prison management. The ICRC remained unable to visit detainees in the Bolivarian Republic of Venezuela.

EXPENDITURE IN KCHF	
Protection	1,761
Assistance	539
Prevention	847
Cooperation with National Societies	1,079
General	52
Total	4,277
<i>Of which: Overheads</i>	261

IMPLEMENTATION RATE	
Expenditure/yearly budget	69%

PERSONNEL	
Mobile staff	9
Resident staff (daily workers not included)	20

The Caracas regional delegation was established in 1971. It reinforces the capacities of the region's National Societies in the fields of emergency response, assistance to victims of violence, restoring family links and IHL promotion. It seeks to visit detainees in Venezuela and monitors the humanitarian situation along Venezuela's border with Colombia. It supports the incorporation of IHL into national legislation and into the operational procedures and training of the region's armed forces, as well as the inclusion of human rights standards in police manuals and training. It helps build local capacities in weapon-wound surgery.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs distributed	1
Phone calls facilitated between family members	4
Tracing cases closed positively (subject located or fate established)	2

CONTEXT

The Bolivarian Republic of Venezuela (hereafter Venezuela) continued to suffer the effects of a deteriorating economy, particularly shortages of essential goods and high inflation rates. Looting and violence persisted in many districts. Between April and August, a rise in nationwide protests occurred, in response to certain rulings made by the Venezuelan Supreme Court; these protests often led to casualties and arrests. Talks between the government and opposition parties resumed in September, but no concrete agreements were reached. The situation drove many people to other Latin American countries, such as Brazil and Colombia. People in areas along the border with Colombia remained vulnerable to the effects of armed conflict in that country.

A number of countries in the Caribbean Community (CARICOM) continued to deal with high levels of gang violence and crime. Police and military forces often conducted joint law enforcement operations. Migrants arrived in or passed through certain CARICOM States – for instance, the Bahamas, Belize and Trinidad and Tobago.

Border disputes between Belize and Guatemala, and between Guyana and Venezuela, persisted.

ICRC ACTION AND RESULTS

The ICRC worked closely with National Societies in the region, particularly the Venezuelan Red Cross, and other local partners to address the needs of people affected by violence in certain areas, armed conflict in Colombia and migration in the region. It continued to help the National Societies build their capacities in preparing for and responding to emergencies, and in broadening acceptance for the Movement's activities. Active coordination among Movement partners helped ensure effective implementation of projects.

The ICRC and the National Societies in Belize and Venezuela provided first-aid training for violence-affected people, to help them be ready for medical emergencies. The ICRC boosted its support for the Venezuelan Red Cross to reinforce its response to medical emergencies during demonstrations between April and August (see *Context*). Public-communication campaigns conducted by the ICRC and the National Society helped to facilitate safe access for the latter's staff and volunteers to people injured during the demonstrations. In Venezuela, ICRC workshops enabled health personnel from public and military hospitals to become more adept at performing weapon-wound surgery and/or managing emergency-room trauma. With ICRC backing, the Venezuelan Red Cross promoted good health practices among vulnerable communities along the Colombia-Venezuela border.

In Belize, Jamaica and Venezuela, the ICRC helped the National Societies to enable vulnerable people, particularly young people, to build their resilience against the consequences of violence. With the Venezuelan Red Cross, it instructed students and teachers on self-protection strategies. It guided the Jamaica Red Cross's initiatives to alleviate the impact of violence on young people through sports and educational activities. The Belize Red Cross Society received technical assistance for providing psychosocial support to victims of violence. The ICRC continued to encourage and support National Societies in the region, particularly the Venezuelan National Society, to strengthen their capacities in restoring family links.

Efforts to promote respect for international policing standards and IHL throughout the region were sustained. Military and police forces received ICRC technical assistance for coordinating their joint-security operations. Venezuelan military officials and instructors attended ICRC training sessions and workshops on IHL held within the country and elsewhere. Although the ICRC remained unable to visit detainees in Venezuela, it continued to engage in dialogue and cultivate a working relationship with penitentiary officials, through workshops on internationally recognized standards for detention.

CIVILIANS

The ICRC stepped up its cooperation with Movement and other partners in the region, particularly in Venezuela, in responding to the needs of people affected by violence. Through its field presence and dialogue with key parties, the ICRC acquired a better understanding of these people's situation, and broadened acceptance for the Movement's activities in Venezuela and the wider region.

The ICRC continued to engage with key actors on matters of common concern. Discussions with the Venezuelan authorities covered such subjects as the use of force during law enforcement operations in response to the demonstrations (see *Context*), and the emblems protected under IHL. The ICRC also pursued dialogue with Trinbagonian authorities on protecting migrants; with the International Federation, it conducted a workshop to help strengthen the Bahamas Red Cross Society's migration-related activities.

The ICRC continued to urge the National Societies in the Bahamas, Jamaica and Venezuela to improve their family-links services. With ICRC support, the Venezuelan Red Cross acted to increase the scope and efficiency of its services: it trained focal points throughout the country in restoring family links and appointed a national director to improve coordination among them. The ICRC donated body bags to some morgues in Venezuela, to help them with the handling of human remains.

People affected by violence in Venezuela learn self-protection strategies

People in violence-prone urban areas in Venezuela strengthened their emergency preparedness at workshops and training sessions held by the Venezuelan Red Cross, a local NGO and the ICRC. Around 90 students and 30 teachers at one school learnt how to protect themselves more effectively against violence. Together with other community members, some of them were also trained in first aid (see *Wounded and sick*).

With technical and other assistance from the ICRC, the National Societies in Belize and Jamaica expanded their projects to alleviate the impact of violence on young people. The Jamaican project provided sports-related and educational activities, and psychosocial support. For instance, more than 70 schoolchildren affected by gang violence, and without access to government services, began or continued to learn reading, writing and basic arithmetic, and to acquire vocational skills, at ICRC-supported National Society schools. The Belize Red Cross Society continued to organize conflict-management workshops and first-aid training for young people affected by violence; it received technical support from the ICRC to provide mental-health and psychosocial support to people affected by gang violence.

In border areas of Venezuela, where health-care services were limited, nearly 600 community members learnt good health practices at National Society and ICRC information sessions, which helped them reduce their risk of illness.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to engage the Venezuelan authorities in dialogue to explain the humanitarian nature of its detention-related activities, with a view to resuming visits to detainees; these visits had been suspended since December 2012. During the dialogue, the ICRC also emphasized the importance of meeting internationally recognized standards for detention.

Some penitentiary officials attended regional workshops on prison management (see *Brasilia* and *Mexico City*), with ICRC financial support. Around 300 military prison guards familiarized themselves with internationally recognized detention standards through training events organized by the pertinent authorities, which the ICRC attended.

WOUNDED AND SICK

People injured during demonstrations receive medical care from the Venezuelan Red Cross

In Belize and Venezuela, people affected by urban violence – particularly young people – became more capable of dealing with medical emergencies after attending first-aid training sessions held by the National Societies concerned and the ICRC.

The ICRC increased its financial and material support for the Venezuelan Red Cross (see *Red Cross and Red Crescent Movement*) to respond to medical emergencies during violent incidents. About 1,300 people were given medical treatment by the National Society – mostly during the five months of anti-government demonstrations; furthermore, 24 hospitals were reinforced with surgical supplies that had been pre-positioned by the ICRC at National Society branches. The ICRC imported another batch of surgical supplies for pre-positioning at National Society branches or for donation to hospitals in violence-prone areas; it was one of only two international organizations permitted to bring medical goods into the country.

At courses conducted by the ICRC, about 130 civilian and military health professionals in Venezuela became more adept at treating people injured or wounded by firearms or explosives; some 25 others added to their knowledge of emergency-room trauma management. ICRC dissemination sessions helped personnel from a military facility to understand the necessity of respecting health services, and the differences between international human rights law and IHL. The ICRC pursued dialogue with the Venezuelan health ministry on improving care for patients with severe trauma and illnesses.

ACTORS OF INFLUENCE

Venezuelan military personnel deepen their knowledge of IHL and international policing standards

The ICRC kept up its dialogue with the military and the police in Belize, Jamaica, and Trinidad and Tobago, to promote the incorporation of IHL and international standards for law enforcement in their doctrine, training and operations. Discussions with the ICRC enabled the military and the police to understand more fully the necessity of coordinating their security operations and of conducting training sessions adapted for specific purposes. The ICRC participated in an international conference aimed at strengthening the implementation of international standards for the use of force during law enforcement operations of CARICOM security forces.

Venezuelan military officers based in a state bordering Colombia, and military instructors, strengthened their ability to instruct others in IHL and/or international standards for the use of force during ICRC train-the-trainer courses. Two Venezuelan military officials attended an international workshop on rules governing military operations (see *International law and policy*), with support from the ICRC. The Venezuelan police and the ICRC continued to develop their working relationship and their dialogue on subjects of common concern.

Venezuela, CARICOM States and the ICRC continue to discuss ratification of IHL-related treaties

The ICRC maintained its dialogue with every State covered by the delegation and pertinent regional or multilateral bodies, such as the CARICOM Implementing Agency for Crime and Security (CARICOM IMPACS), on ratifying and implementing IHL-related treaties. It contributed to the contents of two resolutions on migration and human rights that were adopted by the Organization of American States' General Assembly.

The ICRC sponsored government officials from Jamaica, Suriname, Trinidad and Tobago, and Venezuela, and representatives of CARICOM IMPACS, to attend a regional meeting of national IHL committees, at which IHL and other legal frameworks governing the use of weapons were discussed (see *Mexico City*). Venezuelan representatives attended an international conference on the ICRC's updated Commentary on the First Geneva Convention (see *Brussels*).

Members of Venezuelan civil society familiarize themselves with the Fundamental Principles

The ICRC provided support for a seminar on international criminal law at a Venezuelan university; the students and lawyers in attendance broadened their understanding of various issues related to the protection of cultural property.

The Venezuelan Red Cross and the ICRC conducted social-media campaigns and other public-communication activities to broaden awareness of the Movement's Fundamental Principles and humanitarian activities among members of civil society and the general public. These campaigns helped explain the National Society's role in emergencies, particularly during the anti-government demonstrations from April to August, and promoted respect for health services and the proper use of the emblems protected under IHL.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region continued to receive financial, material and technical support from the ICRC and other Movement partners for improving their institutional set-up and strengthening their capacity to respond to emergencies and/or to the consequences of violence. Such support enabled the Venezuelan Red Cross to bolster its operational capacities during the anti-government protests from April to August, particularly in such areas as transportation for its volunteers, distribution of drinking water to protesters and security forces personnel, and treatment of casualties (see *Wounded and sick*).

At ICRC workshops on the Safer Access framework, around 180 Venezuelan Red Cross staff and volunteers learnt how to deliver aid safely, especially in areas prone to violence. ICRC training helped other staff and volunteers to develop their capacities in restoring family links (see *Civilians*) and explaining the Movement's activities to the general public (see *Actors of influence*).

Movement partners throughout the region shared experiences and explored possibilities for cooperation during meetings and ICRC-facilitated peer-to-peer sessions; various agreements on coordination mechanisms and joint security measures were drafted. Joint missions were conducted to monitor the implementation of projects.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact			UAMs/SC	
RCMs distributed		1		
Phone calls facilitated between family members		4		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		4		
Tracing cases closed positively (subject located or fate established)		2		
Tracing cases still being handled at the end of the reporting period (people)		3		

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions		29	
	Participants (sum of monthly data)		366	

LIMA (regional)

COVERING: Plurinational State of Bolivia, Ecuador, Peru



ICRC/AR_2017
 ICRC regional delegation ICRC mission ICRC office/presence

The delegation in Lima opened in 1984, becoming a regional delegation in 2003. The ICRC visits detainees, addresses the issue of missing persons and monitors the humanitarian situation in violence-affected areas in Peru and along Ecuador's border with Colombia. It seeks to address the needs of people affected by armed conflict and other situations of violence, and helps the region's National Societies reinforce their capacities to do likewise. It assists government forces in integrating IHL and international law enforcement standards into their doctrine, training and operations. It promotes the incorporation of IHL in national legislation.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ In Peru, the authorities started implementing a law concerning the search for people missing in relation to past conflict. They integrated psychosocial care for missing persons' families into the search process, with ICRC support.
- ▶ People once held by the Militarized Communist Party of Peru had access to potable water and pursued livelihood opportunities, with ICRC aid; a State protocol formalizing such aid awaited implementation.
- ▶ In Peru, IHL and/or international policing standards were discussed with military commanders in the Apurimac, Ene and Mantaro Valley, and incorporated in the modules of the police's new training centre.
- ▶ Inmates in Bolivian prisons benefited from ICRC upgrades to water facilities. Penitentiary personnel in the region, guided by the ICRC, drafted new protocols or directives and strengthened respect for those already in existence.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	2
RCMs distributed	6
Phone calls facilitated between family members	22
Tracing cases closed positively (subject located or fate established)	78
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	31
Detainees in places of detention visited	65,874
<i>of whom visited and monitored individually</i>	152
Visits carried out	59
Restoring family links	
RCMs collected	14
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	16

EXPENDITURE IN KCHF

Protection	1,989
Assistance	816
Prevention	1,741
Cooperation with National Societies	875
General	89
Total	5,509
<i>Of which: Overheads</i>	336

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	3
Resident staff (daily workers not included)	44

ASSISTANCE

	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	71
Essential household items	Beneficiaries	81
Cash	Beneficiaries	362
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	1,300
		2,325

CONTEXT

In the Apurímac, Ene and Mantaro Valley (VRAEM) of Peru, clashes between government forces and the Militarized Communist Party of Peru (PCP-M) intensified; they were also more frequent than in 2016. The military oversaw security operations in the area, and participated in police-led operations against drug trafficking, in the Ayacucho district, for instance. The clashes led to casualties and arrests of alleged PCP-M members; they also damaged property and endangered health workers. As a result, essential goods and services became less accessible to people, particularly those once held by the PCP-M.

People living in northern Ecuador, for instance in Sucumbíos Province, were vulnerable to the illicit activities of armed groups near the Ecuador–Colombia border (see *Colombia*); minors were at risk of recruitment. There were violent confrontations between these groups and Ecuadorean police forces. In the Plurinational State of Bolivia (hereafter Bolivia), Ecuador and Peru, protests – related to labour issues, mining projects and political discontent – occasionally turned violent. More Venezuelans settled in or passed through the region to other destinations.

Heavy rains caused flooding and landslides, dispersing families and affecting over 700,000 people, mostly in Peru.

ICRC ACTION AND RESULTS

The Lima regional delegation worked to protect and assist vulnerable people in the VRAEM; it also monitored the needs of people living along Ecuador's border with Colombia. The concerns of vulnerable people and the dangers faced by health workers in violence-prone areas were documented and reported to the authorities. The aim was to help or persuade the authorities to improve these people's situation and ensure the safety of health workers. To this end, the ICRC guided the Peruvian authorities' implementation of a protocol outlining support for people who had been held in PCP-M camps; it also helped the authorities draft guidelines on the rights and duties of health workers. National IHL committees and the ICRC backed the authorities' efforts to implement IHL and foster regionwide respect and support for it. At ICRC workshops, police and military personnel in the region – notably, senior military commanders in the VRAEM – learnt more about international policing standards and/or IHL, as well as how to instruct their colleagues in these matters.

The ICRC continued to provide material assistance to violence-affected people in the region, including those once held in PCP-M camps; it ended its support for Bolivian physical rehabilitation services, as planned. With the Movement's backing, the Ecuadorean Red Cross instructed people living near Ecuador's northern border in first aid and good hygiene.

In Peru, the ICRC continued to support local partners working to ascertain the fate of people missing in relation to the 1980–2000 conflict and to address their families' needs; it helped these partners reinforce their forensic capacities and their provision of psychosocial care, especially during the search process. The Peruvian Red Cross led the Movement's response to natural disasters, by helping affected people to contact their relatives; National Societies in the region sought to bolster their response to such emergencies and those created by violence, by enhancing their capacities with help from the International Federation and the ICRC.

In accordance with its standard procedures, the ICRC visited places of detention in Bolivia, Ecuador and Peru – including those where people were being held on security-related charges. Findings and recommendations were subsequently communicated confidentially to the authorities, and technical and other support were provided. The aim was to help the authorities improve detainees' living conditions and treatment and develop protocols or training modules to this end. Detainees held far from their homes in Ecuador and Peru received ICRC-organized family visits. The ICRC facilitated the visit of some Bolivian officials to an Ecuadorean prison, to exchange best practices with their counterparts there. Detainees in some Bolivian prisons had better access to water, after ICRC-backed improvements to certain facilities.

In December 2017, the ICRC closed its office in Lago Agrio, owing to a decrease in protection cases along Ecuador's border with Colombia. It continued to monitor the humanitarian situation in the area from its mission in Quito, which the ICRC planned to convert into an office in 2018.

CIVILIANS

Peruvian authorities work to protect and assist former PCP-M captives

Vulnerable people in the VRAEM reported their concerns to ICRC delegates who discussed them, and the concerns of health workers in the area, with the authorities, weapon bearers and other parties concerned. Military commanders and the ICRC discussed, in particular, the proper use of force in the conduct of operations in the VRAEM, in line with reports on armed personnel's occupation of schools and indiscriminate attacks to farms (see *Actors of influence*). The ICRC sought to help or persuade these authorities to improve the situation of people in the VRAEM and ensure their safe access to essential goods and services. The ICRC also continued to monitor the humanitarian needs of people along Ecuador's border with Colombia.

In line with the Health Care in Danger project, the Peruvian health ministry and the Peruvian Red Cross adopted a set of standardized guidelines – produced with the ICRC's advice – for health workers' protection in unsafe environments. Over 5,000 health workers in the VRAEM and elsewhere in Peru received copies of the guidelines, and were briefed on the contents by the health ministry and the ICRC. Certain Peruvian Red Cross volunteers were helped to strengthen their grasp of the Health Care in Danger project, so that they could instruct others.

People in violence-prone areas in the region receive limited ICRC assistance

A multisectoral commission in Peru drew on the ICRC's expertise to implement a protocol, whose approval by the Peruvian Congress in 2016 was supported by the ICRC; this protocol outlines the protection and assistance due to people who had been held in PCP-M camps, particularly women, children, or people with disabilities. The ICRC also provided some assistance to vulnerable people in the VRAEM. Seed and tools for agriculture, raw materials for handicrafts, and educational supplies from the ICRC eased the process of social integration for 86 people, including 34 children – mostly people who had left or once been held in PCP-M camps. Food and household essentials also helped these people improve their living conditions, and cash to cover their travel expenses enabled some of them to return home. Some 2,320 violence-affected people in 18 communities had access to potable water after the ICRC upgraded chlorination facilities, in coordination with local authorities.

In Ecuador, two people who were displaced by the situation in Colombia, were given ICRC financial support. Two communities affected by the drug trade in Esmeraldas Province planted fruit orchards with the Ecuadorean Red Cross's help. Some 80 violence-affected people from four communities in Sucumbíos learnt more about first aid, and pest control and waste-management techniques to help them reduce their risk of illness and practice better hygiene, during training sessions organized by the Ecuadorean Red Cross with support from the International Federation and the ICRC. Such support also enabled students and teachers in another province to hold training sessions in first aid and disaster preparedness in schools.

As planned, the ICRC ended its six-year physical rehabilitation programme in Bolivia, which benefited dozens of destitute patients. Notably, in 2017, the ICRC donated walking aids to improve their mobility; some 16 of them were given cash to cover their treatment, transportation, and lodging expenses.

Missing persons' families in Peru benefit from psychosocial care and other support

With ICRC support, government agencies and local organizations in Peru strove to clarify the fate of people missing in relation to the 1980–2000 conflict and to assist their families. In 2017, the authorities set up a mechanism to lead the search for missing persons in Peru. With technical and logistical support from the ICRC, this mechanism initiated an approach in Ayacucho that incorporates psychosocial support for missing persons' families in the search process. The approach also involved reminding these families of their right to know the fate of their missing relatives and to seek State assistance in this regard (see *Actors of influence*). Some 170 specialists became more adept at providing psychosocial care through ICRC-supported training sessions. Members of associations of missing people's families, forensic professionals and prosecutors were encouraged to use ICRC guidelines in lessening families' emotional distress during the exhumation process; they also learnt how to manage work-related stress.

Families wishing to take part in the search for their missing relatives received ICRC logistical support: about 340 people were assisted to travel to exhumation sites or legal offices; others who came from remote areas had free temporary lodgings at the Peruvian Red Cross branch in Ayacucho. ICRC informational videos enabled some families to learn about the State assistance available to them.

Forensic capacities in Bolivia and Peru are reinforced

Training and technical guidance in managing human remains helped Peruvian forensic experts and anthropologists build their capacities. ICRC financial support enabled two forensic experts to attend related events abroad (see *Brasilia*). Local organizations drew on the ICRC's expertise to process the cases of about 500 families' missing relatives. Through dialogue with the ICRC, some Bolivian authorities learnt more about searching for missing people and managing human remains during emergencies; they also received an ICRC booklet on these subjects.

In Peru, members of families dispersed by flooding and landslides reconnected through the Movement's family-links services; through ICRC training sessions, Peruvian Red Cross volunteers learnt how to provide family-links services and to instruct others in doing so.

PEOPLE DEPRIVED OF THEIR FREEDOM

Penitentiary officials draft or familiarize themselves with protocols for prison management

In accordance with its standard procedures, the ICRC visited places of detention in Bolivia, Ecuador and Peru – including those where people were being held on security-related charges. Findings and recommendations were subsequently communicated confidentially to the authorities, and training and other support were provided, with a view to helping them improve detainees' treatment and living conditions.

Aided by ICRC expertise, penitentiary authorities in the region drafted new protocols or directives and strengthened respect for those already in existence. In Bolivia, police officers prepared a manual setting out their duties and responsibilities in prisons; the authorities drew on local experts to develop protocols for providing legal, psychological and social-welfare assistance to detainees. The Peruvian National Penitentiary Institute and the ICRC jointly produced educational materials to help inform prison personnel, during training sessions, about such matters as: a 2016 directive providing for comprehensive care for female detainees; directives on education and work opportunities for detainees; and means to mitigate the effects of overcrowding. Guided by the ICRC, the institute updated a manual on human rights for prison personnel. Ecuadorean officials produced a training module for penitentiary personnel.

Penitentiary authorities and personnel in the region, Bolivian lawyers, social workers and psychologists, and security officers in Peru developed their ability to design and manage prisons; the ICRC provided training materials and organized or supported national and regional workshops to this end (see also *Brasilia*). At these workshops, some Peruvian lawyers also learnt more about matters related to the early release of detainees.

In Peru and Ecuador, people detained in prisons far from their homes received ICRC-organized family visits. Financial assistance from the ICRC helped over 20 people return home after their release.

Bolivian authorities work to improve prison infrastructure

In Bolivia, the authorities drew on the ICRC for technical support to draft plans for new prisons and maintain those already in existence. The Ecuadorean authorities and the ICRC arranged for Bolivian officials to visit a prison in Ecuador and familiarize themselves with best managerial practices, specifically in connection with health care in prisons. Over a thousand detainees in prisons in Santa Cruz and Cochabamba had better access to water after the ICRC, the authorities and local organizations renovated or constructed water or sanitation facilities.

More than 37,000 inmates in Peru were able to borrow books from mobile libraries and benefit from various cultural and educational activities, such as poetry readings, owing to the efforts of the national library, the National Penitentiary Institute, the ICRC, and several other public and private institutions.

ACTORS OF INFLUENCE

Military and police personnel strengthen their grasp of IHL and other applicable norms

Senior military commanders in charge of certain operations in the VRAEM advanced their knowledge of various matters – IHL, the respect due to health workers, and weapon contamination – in an

ICRC-hosted workshop. At the request of one senior commander, the ICRC replicated the workshop for military officers in the VRAEM.

Military and police officials from Bolivia, Ecuador and Peru participated in ICRC-organized courses and workshops on IHL, and/or international law enforcement standards; during the workshops, participants simulated the use of force in real-life scenarios. Among the participants were about 30 instructors from the Ecuadorean military and 60 from the Bolivian or Peruvian police forces; the workshops and courses enabled them to develop their ability to instruct others in these subjects, and helped them improve their training programmes. With the ICRC's encouragement and advice, the Peruvian police established a centre for training personnel in international policing standards. In Peru, the ICRC organized discussions for police officers and public prosecutors on ensuring that human rights are respected during law enforcement. The Bolivian police drafted a manual and a handbook on police operations during social unrest.

In Lima, Peru, in August, officials from the defence ministries of Members States of the Union of South American Nations advanced their understanding of IHL through a course on IHL and human rights organized by the Peruvian defence ministry with ICRC support.

Authorities in Bolivia, Ecuador and Peru learn more about IHL and humanitarian issues

Authorities in Bolivia, Ecuador and Peru – including weapon bearers and judicial officials – added to their knowledge of IHL through courses organized by national IHL committees with ICRC support. These courses also touched on the Health Care in Danger project and the incidence of sexual violence. At an ICRC-hosted regional meeting in Costa Rica (see *Mexico City*), members of national IHL committees in the region discussed their role in advancing domestic IHL implementation, specifically regarding weapon-related treaties. At events organized by the Organization of American States (see *Washington*), representatives from these three countries discussed the needs of migrants in the region; Ecuadorean authorities described the enactment of a relevant law in their country in 2017.

In Peru, the authorities and the national IHL committee incorporated the ICRC's recommendations in the draft of a legislative decree establishing the scope of the military's use of force. Peruvian officials participated in a round-table about regulating the conduct of private military and security companies in Peru; this was organized by the ICRC and other organizations, with a view to fostering support for the Montreux Document.

Ecuadorean students test their knowledge of IHL in a national competition

The ICRC engaged academics, diplomats, journalists and other key members of civil society in Bolivia, Ecuador and Peru in dialogue, and conducted workshops for them. The aim was to persuade them to contribute to and shape public discussions on certain issues of pressing concern in the region – the various threats to the safety of health services, sexual violence, the plight of missing persons' families, and overcrowding in prisons – and to cultivate public support for humanitarian principles, IHL and the Movement.

Students in the region learnt more about IHL and/or tested their understanding of it: in Bolivia, they attended the national IHL committee's information sessions; and in Ecuador, ten teams from different universities took part in a national competition organized by former participants, the Ecuadorean Red Cross and the ICRC.

In Peru, the ICRC organized workshops and photo exhibits in the Ombudsman's Office, a museum, and an archbishop's office, with a view to drawing the public's attention to the needs of missing people's families. Members of associations of missing people's families learnt about their rights through ICRC training sessions, and were thus better placed to deal with government agencies.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies reinforce their capacities to respond to emergencies

The Bolivian, Ecuadorean and Peruvian National Societies responded to emergencies arising from violence and natural disasters (see *Civilians*); they enhanced their capacities to do so with financial and technical support from the International Federation and the ICRC. At workshops on the Safer Access Framework and on the Movement, nearly 1,400 staff and volunteers of the Ecuadorean Red Cross strengthened their grasp of the Fundamental Principles and learnt how to protect themselves more effectively in violence-prone areas. About 240 volunteers of the Peruvian Red Cross (see *Civilians*) were briefed on these matters and on the Health Care in Danger project.

National Societies in the region worked with the ICRC to broaden public awareness of humanitarian principles and the Movement (see *Actors of influence*).

The Peruvian Red Cross strengthened its institutional bases and managerial capacities. Despite certain administrative constraints, the Bolivian Red Cross continued to work on modernizing its internal procedures, with Movement support. Regularly held meetings helped ensure coordination among Movement components in the region.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		2			
RCMs distributed		6			
Phone calls facilitated between family members		22			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		93	28	2	2
Tracing cases closed positively (subject located or fate established)		78			
Tracing cases still being handled at the end of the reporting period (people)		1,302	197	45	10
<i>including people for whom tracing requests were registered by another delegation</i>		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		31			
Detainees in places of detention visited		65,874	5,399	575	
Visits carried out		59			
			Women	Girls	Boys
Detainees visited and monitored individually		152	25		
<i>of whom newly registered</i>		22	4		
RCMs and other means of family contact					
RCMs collected		14			
RCMs distributed		1			
Phone calls made to families to inform them of the whereabouts of a detained relative		16			
Detainees visited by their relatives with ICRC/National Society support		78			
People to whom a detention attestation was issued		4			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	71	33	32
Essential household items	Beneficiaries	81	23	7
Cash	Beneficiaries	362	182	7
	<i>of whom IDPs</i>	2	1	1
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,325	814	814
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	6		
Essential household items	Beneficiaries	37,716	4,987	
Cash	Beneficiaries	25	1	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,084	11	11

MEXICO CITY (regional)

COVERING: Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Haiti (see separate report), Honduras, Mexico, Nicaragua, Panama



ICRC regional delegation ICRC mission

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Migrants obtained drinking water, temporary accommodations and health and family-links services at ICRC-supported facilities located along the migration route and run by National Societies and other local partners.
- ▶ With ICRC advice, the Mexican authorities drafted and enacted a law on missing people and the needs of their families. Financial assistance from the ICRC enabled people to attend burials of relatives once missing.
- ▶ Violence-affected people in five countries, including children and IDPs, obtained psychosocial and other kinds of health care with ICRC support. An ICRC medical team bolstered the emergency services of a Honduran hospital.
- ▶ The ICRC began visits, according to its standard procedures, to federal penitentiaries in Mexico and to other facilities holding migrants in Mexico and Panama. The suspension of visits to adult inmates in El Salvador continued.
- ▶ Some 80 military officers from around the world gathered at an IHL workshop organized by Mexico's secretariat of defence and the ICRC. Military and police instructors learnt how to train their peers in international policing standards.

EXPENDITURE IN KCHF

Protection	6,580
Assistance	10,816
Prevention	3,171
Cooperation with National Societies	1,338
General	359
Total	22,263
<i>Of which: Overheads</i>	<i>1,359</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	46
Resident staff (daily workers not included)	171

The Mexico delegation opened in 1998, becoming a regional delegation in 2002. It helps the region's National Societies strengthen their capacities and works with them to address the most urgent humanitarian needs of vulnerable migrants and of persons affected by organized violence. The ICRC monitors detainees' conditions and endeavours to ascertain the fate of missing persons. It helps integrate IHL into armed forces' doctrine and into academic curricula, and human rights norms applicable to the use of force into the doctrine, training and operations of security forces. The delegation hosts the regional advisory service on IHL.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	5
RCMs distributed	9
Phone calls facilitated between family members	91,322
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	34
Detainees in places of detention visited	28,044
<i>of whom visited and monitored individually</i>	27
Visits carried out	57
Restoring family links	
RCMs collected	10
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	29

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)¹		
Food commodities	Beneficiaries 600	
Essential household items	Beneficiaries 30,500	18
Cash	Beneficiaries 22,672	
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 89,350	82,954
Health		
Health centres supported	Structures 10	13
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 1	1
Physical rehabilitation		
Projects supported	Projects 2	5
Patients receiving services	Patients 6,952	

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Armed violence persisted throughout the region, particularly in El Salvador, Guatemala, Honduras and Mexico; homicide rates and the level of violence rose in several Mexican states. The government of El Salvador extended, until May 2018, the stricter security measures it imposed at six prisons in 2016, in order to curb gang violence. In some of the countries covered, military troops aided law enforcement operations. People living in violence-affected areas, including displaced persons, continued to be at risk of injury or death, and of abduction. Young people were especially vulnerable to recruitment by weapon bearers. Access to health, education and other basic services was compromised by the violence.

People, primarily from El Salvador, Guatemala and Honduras, continued to seek safety and better opportunities elsewhere. Migrants heading to or deported from Mexico and the United States of America (hereafter US) were at risk of physical abuse and other dangers along their route and on their return. Stricter migration policies in Mexico, Panama and other countries complicated or ended their journey. The US administration's announcement that it would be implementing similar policies resulted in migrants changing their routes and facing more risks to avoid being arrested and subsequently deported.

Families throughout the region continued to seek information about relatives who were missing in connection with migration, past armed conflict and ongoing situations of violence.

In Honduras, several people were reportedly killed and hundreds arrested during demonstrations that took place after the presidential elections in November; attacks against health-care providers were also reported.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Mexico City continued to focus on protecting and/or assisting migrants, missing people's families, detainees and other violence-affected people, and on promoting respect for humanitarian principles. It maintained close cooperation with National Societies in the region and helped them strengthen their ability to reach and safely aid migrants and violence-affected communities.

ICRC-supported facilities run by National Societies and other local partners helped ease the journey of people travelling along the migration route through El Salvador, Guatemala, Honduras and Mexico. They provided migrants with drinking water, health services, temporary accommodations and/or a means to contact relatives; informational materials gave migrants advice on reducing the risks to their safety and where to obtain assistance. The ICRC also gave vulnerable migrants and deportees/returnees material assistance, or cash to access medical care or travel home.

To help ensure the availability of suitable medical care for people in violence-affected areas in Guatemala, Honduras, Mexico and Panama, the ICRC provided various types of support for primary-health-care facilities, physical rehabilitation centres, and partners offering psychosocial and psychological care. It bolstered its comprehensive support for one hospital in Honduras by assigning a medical team to help the hospital's staff treat patients needing life-saving care. The National Society and/or the ICRC

implemented recreational and other activities to help people cope with their situation or access basic services; some IDPs in El Salvador and Honduras received food rations.

The ICRC continued to offer technical and infrastructural assistance for Guatemalan, Honduran, Mexican and Salvadorean forensic services to help develop their ability to properly manage and identify human remains. It also provided financial assistance for families to attend their relatives' burial, and for children of missing migrants to go to school.

The ICRC visited places of detention in El Salvador, Guatemala, Honduras, Mexico and Panama to monitor the treatment and living conditions of detainees – in accordance with its standard procedures. These places included federal penitentiaries in Mexico and migrant detention facilities in Mexico and Panama. The suspension of visits to adult inmates in El Salvador continued. The pertinent authorities drew on the ICRC's expertise, or worked with the organization, to set up or reinforce initiatives to reduce prison overcrowding and address the material and health needs of inmates. In one Panamanian facility, prison officials and/or the ICRC upgraded infrastructure and provided technical assistance for a recycling project run by detainees, to help ensure more hygienic surroundings.

The ICRC strove to advance understanding of and support for humanitarian principles, IHL and the Movement throughout the region. It maintained dialogue with and/or organized activities for the authorities, pertinent organizations and the general public. It continued to hold training sessions for military and police personnel, and instructors, on international policing standards. In Mexico, together with the Secretariat of National Defence, the ICRC organized an IHL workshop for military officers from around the world. Members of national IHL committees and other government officials in the region drew on ICRC expertise to promote or implement IHL-related treaties and pertinent international norms domestically; some States signed or acceded to these treaties, and Mexico enacted a law on missing people and their families.

In June, the Mexico City regional delegation took over the remaining activities of the Haiti delegation (see *Haiti*, for a separate report of its main activities in 2017).

CIVILIANS

The ICRC strove to broaden awareness among the authorities of the plight of migrants, missing people's families and other violence-affected people, and of the need to facilitate humanitarian access to vulnerable communities. Where appropriate, it relayed allegations of abuse to the pertinent parties, with a view to preventing their recurrence.

Migrants obtain health-care and family-links services

People travelling along the migration route through El Salvador, Guatemala, Honduras and Mexico benefited from comprehensive assistance – some of them more than once – at facilities run by National Societies and other local actors. These facilities received various forms of support that the ICRC provided in coordination with other humanitarian organizations and civil-society groups. Vulnerable returnees and deportees heading to Guatemala, Honduras and Mexico also benefited from support that sought to address their protection and assistance needs.

Migrants received practical medical advice, information on reducing risks to their safety and the location of assistance points through radio spots and National Society-distributed leaflets. They informed their families of their situation through over 91,000 free phone calls from 63 contact points, 27 of which offered free internet access.

In-transit and deported or returning migrants obtained free consultations and medical treatment at mobile or fixed health facilities: one run by the Honduran Red Cross and nine by the Mexican Red Cross. Distribution of bottled water and water-purifying chlorine tablets made potable water available for some 35,900 migrants. In Mexico, the ICRC renovated 12 NGO-run shelters, which enabled them to continue offering free temporary accommodations for some 43,750 people.

The ICRC gave vulnerable migrants and deportees or returnees ad hoc financial assistance to: obtain medical care – for sexual violence and physical disabilities, for instance (see *Wounded and sick*); reunite with their relatives; or travel home. In Guatemala and Honduras, approximately 20,000 migrants received material aid to meet their immediate needs.

Violence-affected schoolchildren and teachers are better placed to cope with their situation

The ICRC worked with the pertinent authorities and humanitarian organizations to respond to IDPs' needs in El Salvador and Honduras (see *Actors of influence*), while also helping strengthen the authorities' ability to do so. Some of these IDPs received food rations from the ICRC, or from civil-society groups who used funds from the ICRC to buy and distribute these goods. Almost 370 IDPs in El Salvador benefited from refurbished shelters.

Recreational and other projects carried out by National Societies and/or the ICRC in urban areas of El Salvador, Guatemala, Honduras, Mexico and Panama helped people cope with their situation and reduce their vulnerability to becoming participants to the violence. Thirty-seven Guatemalan and Mexican schools took part in efforts to create 'safer educational spaces' for students and teachers and to promote humanitarian values among them. Roughly 300 young people benefited from vocational courses offered by the Salvadorean Red Cross Society.

Material and technical assistance from the National Society and the ICRC improved services at two primary-health-care centres in Mexico that were run by the Secretariat of Health. The Secretariat fully equipped one of these centres, partly as a result of discussions with the ICRC about facilitating people's access to adequate health services. Communities in two remote regions of Panama obtained basic health care from a mobile health unit operated and backed by the health authorities, the Red Cross Society of Panama and the ICRC. As planned, the ICRC concluded its support for this activity by year's end.

In Guatemala, Honduras and Mexico, teachers, medical personnel and National Society volunteers were trained in stress management and in providing psychological or psychosocial support. Roughly 280 victims of violence – including sexual violence – in Guatemala, and nearly 80 high-school students in Mexico, were given follow-up consultations and other psychological care by psychologists volunteering for the National Society in their country.

ICRC infrastructural projects improved water and sanitation facilities for some 2,500 community members in Darién, Panama.

States introduce mechanisms to expedite the search for missing people

The ICRC continued to give States expert advice on the issue of missing people: Mexico drafted and enacted a law for missing people and their families, which provided for the creation of a national search commission; Guatemala advanced the drafting of national guidelines for forensic identification; and in Honduras, the medico-legal institute established a unit for identifying human remains.

Guatemalan, Mexican and Salvadorean officials used ICRC data-management software to record missing-persons cases. ICRC training sessions enabled some 600 forensic personnel, investigators and others – in El Salvador, Guatemala, Honduras and Mexico – to develop their ability to manage human remains in accordance with best practices, cope with work-related stress and improve their communication with missing people's families. Construction of burial niches in Guatemala and Mexico enabled the dignified burial of unidentified remains.

At ICRC information sessions throughout the region, missing people's relatives learnt about forensic identification and possibilities for participating in the search process. In Honduras and Mexico, ICRC-trained psychologists and social workers provided psychological and psychosocial support for families during stressful occasions such as exhumations. Financial assistance from the ICRC helped around 750 people in El Salvador and Guatemala to attend dignified burials for relatives once missing, and 20 children – whose relatives had gone missing during migration – to go to school.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees, in accordance with its standard procedures, at places of detention in El Salvador, Guatemala, Honduras, Mexico and Panama. It began conducting visits to federal penitentiaries in Mexico and to other facilities holding migrants in Mexico and Panama. Together, these places held some 28,000 detainees, including women and adolescents. ICRC visits to adult inmates in El Salvador, however, remained suspended owing to the security measures imposed by the authorities (see *Context*).

After these visits, the ICRC discussed its findings on detainees' treatment and living conditions confidentially with the authorities. Topics discussed included: the effects of prolonged segregation; alternatives to detention for migrants; and in El Salvador and Honduras, the impact of stricter detention measures on detainees and the ICRC's ability to assist the authorities concerned.

The Salvadorean public defender's office drew on ICRC expertise to launch a project to reduce overcrowding in five prisons by expediting early-release procedures. The Honduran penitentiary authorities continued to implement, at selected prisons, a registration system to facilitate legal proceedings for detainees. Sponsored by the ICRC, prison officials from five countries attended a regional course on prison management (see *Brasilia*).

Detainees reconnected with their relatives through RCMs and oral messages relayed by ICRC delegates.

Inmates in El Salvador, Honduras and Panama have better living conditions

At an ICRC workshop in Costa Rica, representatives of 13 Latin American countries discussed best practices in managing prison infrastructure. After upgrades to basic facilities at selected prisons – conducted by the ICRC, or by the authorities with ICRC support – roughly 10,300 inmates in Honduras and Panama, and some 700 minors in El Salvador, had better living conditions and/or broader access to health services.

In addition to these infrastructural upgrades, the officials involved and the ICRC pursued a holistic approach to ensuring more hygienic surroundings for inmates at one of the prisons in Panama mentioned above. About 2,200 inmates there received hygiene and cleaning kits from the ICRC; some of them learnt about hygienic practices at ICRC information sessions. To ensure that a recycling project initiated by inmates at the prison was sustainable, the ICRC offered technical advice to prison officials and facilitated contact between these officials and potential partners.

The ICRC gave nine prison clinics in El Salvador, Honduras and Panama material and technical support to strengthen their services for detainees. In Honduras, the ICRC helped the National Penitentiary Institute and the health ministry implement an agreement to reinforce health-care services at five prisons; one of these prisons' clinics began implementing health ministry standards. The ICRC pursued similar efforts in Panama.

WOUNDED AND SICK

ICRC medical team reinforces emergency services at a hospital in Honduras

During the political violence in Honduras (see *Context*), Movement components reminded the authorities of the necessity of protecting medical personnel and vehicles and facilitating their access to the injured.

To help ensure the availability of life-saving care for wounded people in Mexico, the National Society and the ICRC trained and equipped potential first responders, health staff at public institutions, and military and police personnel.

Within the framework of a two-year project that began in 2016, the ICRC provided comprehensive support for the Tegucigalpa Teaching Hospital in Honduras to improve treatment for victims of violence. An ICRC medical team advised and assisted the emergency department's staff in dealing with influxes of patients needing urgent attention. At ICRC training sessions, staff from a Mexican naval hospital developed their ability to administer emergency trauma care, and selected health personnel in Honduras and Mexico learnt about the goals of the Health Care in Danger project. Salvadorean health officials and service providers, and the ICRC, explored possibilities for cooperation in providing secondary-level care for wounded people.

A university in Honduras included wound management in its undergraduate curriculum.

Disabled people in Guatemala, Honduras and Mexico – including migrants, returnees and victims of violence – obtained rehabilitative assistance at five ICRC-backed physical rehabilitation centres; in Honduras and Guatemala, some of these people also

benefited from psychological and psychosocial support. The ICRC gave these centres raw materials and equipment, and funds, for manufacturing prosthetic and orthotic devices; it also covered treatment, transportation and lodging costs for patients. ICRC scholarships enabled two rehabilitation specialists from Honduras to attend advanced courses abroad.

ACTORS OF INFLUENCE

Mexican defence secretariat and the ICRC hold international workshop on IHL

Armed forces and police in the region drew on ICRC support to promote respect for international policing standards and international human rights law among their personnel. The ICRC, sometimes with the pertinent police and military authorities, organized workshops in El Salvador, Guatemala, Honduras, Mexico, Nicaragua and Panama to help police and military officers and instructors, and military personnel with law enforcement duties, expand their knowledge of these standards or develop their ability to teach their peers about them. The Mexican federal police approved a protocol on the use of force that sought to ensure the transparency and legality of law enforcement operations.

In October, some 80 military officers from around the world gathered in Mexico for the annual Senior Workshop on International Rules governing Military Operations (see *International law and policy*). The event, organized by the Secretariat of National Defence and the ICRC, enabled participants to share experiences and best practices during military operations and to discuss challenges for IHL in modern armed conflict. A high-level panel – that included Mexico's deputy secretary for foreign affairs and the ICRC's president – chaired the event.

Members of IHL committees in the Americas discuss weapons-related issues at a regional event

Authorities, members of national IHL committees and lawyers in the region continued to promote and/or implement IHL domestically, with ICRC advice (see also *Civilians*). Such input focused on the incorporation in domestic law of international norms on the repression of war crimes and the protection due to the Red Cross emblem and, in Honduras, of a multidisciplinary emergency response to IDPs' needs. The Costa Rican foreign ministry and the ICRC organized a regional event in May for roughly 20 government officials from throughout the Americas, including representatives from national IHL committees; participants discussed various weapons-related issues, such as transferring arms responsibly under the Arms Trade Treaty and clearing and destroying anti-personnel mines.

Honduras acceded to the Arms Trade Treaty, and eight countries covered by the delegation signed the Treaty on the Prohibition of Nuclear Weapons. The new headquarters agreement between El Salvador and the ICRC took effect in April.

The ICRC continued to raise humanitarian issues – concerning migrants and detainees in particular – during multilateral forums and processes, such as the Regional Conference on Migration. States included ICRC recommendations for protecting and assisting vulnerable migrants in the outcome documents of these events. The ICRC maintained its dialogue with the Inter-American Court of Human Rights.

Traditional and social media bring regional humanitarian issues to the public's attention

Various ICRC events enabled university professors and students in Costa Rica, Cuba, Guatemala and Mexico to stay abreast of the challenges faced by IHL.

National Societies in the region and the ICRC helped raise public knowledge of the Movement and regional humanitarian issues through traditional and social media and awareness-raising activities. They drew the public's attention to various subjects, particularly the necessity of protecting medical services in light of the post-election violence in Honduras and the Movement's emergency response to the earthquake in Mexico. Mexican media organizations covered the ICRC president's visit to Mexico, which included a meeting with the president of Mexico at which the ICRC's work in the country was discussed. ICRC workshops for journalists in Guatemala and Honduras encouraged participants to report more on humanitarian issues. Guatemalan journalists published articles or broadcast radio programmes describing the ICRC's activities for missing people's families.

RED CROSS AND RED CRESCENT MOVEMENT

Various forms of support from Movement partners helped National Societies in the region strengthen their ability to respond

to emergencies – such as the political violence in Honduras and the earthquake in Mexico – and to the needs of vulnerable people (see *Civilians*). At ICRC workshops, nearly 1,100 Costa Rican, Honduran and Mexican National Society volunteers were trained to apply the Safer Access Framework in their activities and to provide psychological support to peers.

Twenty-two health staff from Cuba, and 12 others from elsewhere, bolstered their ability to respond to large-scale health emergencies through a course held in Cuba and organized by the Cuban Red Cross, a local medical institution and the ICRC.

Expert advice from the ICRC helped National Societies in the region to strengthen their capacities in public communication (see *Actors of influence*) and to advance the revision of their statutes. Sponsored by the ICRC, representatives of four National Societies attended the 2017 Council of Delegates.

Movement components in the region continued to coordinate their activities. They finalized a two-year action plan to implement a unified Movement response to the issue of migration. The ICRC made material and technical contributions to the Movement's activities for victims of natural and man-made disasters in the region.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		5	2		
RCMs distributed		9	1		
Phone calls facilitated between family members		91,322			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		10	5	2	2
Tracing cases still being handled at the end of the reporting period (people)		11	5	2	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		34			
Detainees in places of detention visited		28,044	2,080	1,658	
Visits carried out		57			
			Women	Girls	Boys
Detainees visited and monitored individually		27	2		
	<i>of whom newly registered</i>	27	2		
RCMs and other means of family contact					
RCMs collected		10			
RCMs distributed		5			
Phone calls made to families to inform them of the whereabouts of a detained relative		29			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)¹				
Essential household items	Beneficiaries	18		
Cash	Beneficiaries	22,672	4,747	4,701
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	82,954		
	<i>of whom IDPs¹</i>	80,022		
Health				
Health centres supported	Structures	13		
Average catchment population		54,524		
Consultations		21,108		
	<i>of which curative</i>	21,025	2,066	946
	<i>of which antenatal</i>	83		
Immunizations	Patients	80		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	17		
Referrals to a second level of care	Patients	91		
	<i>of whom gynaecological/obstetric cases</i>	2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	2,252		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	12,796		
Health				
Places of detention visited by health staff	Structures	19		
Health facilities supported in places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Consultations		108,757		
First aid				
First-aid training				
	Sessions	11		
	Participants (sum of monthly data)	160		
Physical rehabilitation				
Projects supported	Projects	5		
Patients receiving services (sum of monthly data)		6,952	2,350	2,353
New patients fitted with prostheses	Patients	119	22	14
Prostheses delivered	Units	242	37	21
New patients fitted with orthoses	Patients	798	72	627
Orthoses delivered	Units	1,150	77	980
Patients receiving physiotherapy	Patients	4,924	2,122	1,286
Walking aids delivered	Units	86	24	17
Wheelchairs or tricycles delivered	Units	11	1	4

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

WASHINGTON (regional)

COVERING: Canada, United States of America, Organization of American States (OAS)



ICRC regional delegation ICRC delegation ICRC office

Established in 1995, the Washington regional delegation regularly engages in dialogue on IHL and issues of humanitarian concern with government officials and bodies, academic institutions and other interested groups in Canada and the United States of America. The delegation heightens awareness of the ICRC's mandate and priorities within the OAS. It mobilizes political and financial support for ICRC activities and secures support for IHL implementation. It visits people held at the US internment facility at Guantanamo Bay Naval Station in Cuba. It works closely with the American Red Cross and the Canadian Red Cross Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ In Canada and the United States of America (hereafter US), the ICRC discussed IHL-related issues – such as migration – with the authorities, multilateral bodies and members of civil society, and cultivated support for its work.
- ▶ Canadian and US operational commands and troops learnt more about IHL and its applicability to the conduct of hostilities in countries where Canadian or US armed forces operated or provided support for other weapon bearers.
- ▶ People held at the US internment facility at Guantanamo Bay Naval Station in Cuba kept in touch with relatives through RCMs, video or phone calls, and pre-recorded video messages; an ICRC doctor assessed their health needs.
- ▶ US authorities worked to improve internees' treatment and living conditions at the Guantanamo Bay internment facility and elsewhere; they were aided by the findings and/or recommendations from ICRC prison visits.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1
RCMs distributed	2
Phone calls facilitated between family members ¹	300
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	1
Detainees in places of detention visited	55
<i>of whom visited and monitored individually</i>	48
Visits carried out	5
Restoring family links	
RCMs collected	595
RCMs distributed	396

1. Phone or video calls facilitated between people held at the Guantanamo internment facility and their families abroad.

EXPENDITURE IN KCHF

Protection	2,207
Assistance	206
Prevention	4,060
Cooperation with National Societies	620
General	36
Total	7,129
<i>Of which: Overheads</i>	435

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	27

CONTEXT

The US remained influential in international affairs. Its involvement in military operations overseas, such as in Somalia and Yemen, continued; it expanded its military presence in Afghanistan. The US led an international military coalition in Iraq and the Syrian Arab Republic (hereafter Syria) against the Islamic State group; it launched air strikes and provided technical and other support to security forces and armed groups. The US continued its military exercises in certain areas of East Asia. Tensions between the US and the Democratic People's Republic of Korea intensified (see *Beijing*).

A total of 41 people were still being held at the US internment facility at Guantanamo Bay Naval Station in Cuba.

Canada raised its international profile. It put issues concerning women at the centre of its international assistance policy. Its defence strategy focused on training military forces in Iraq and Ukraine, and on reinforcing NATO's presence in the Baltic countries; it provided financial support to UN peacekeeping operations worldwide.

Migrants from Central America and Mexico, including unaccompanied minors, crossed the border into the US, risking loss of contact with their families, deportation, or arrest; there were also reports of deaths in border areas. Some migrants in the US, whose immigration status would expire in 2018, began seeking entry into Canada.

ICRC ACTION AND RESULTS

Detention practices and policies remained the main topic of discussion between the ICRC and the US authorities, particularly the treatment and living conditions of people held at the Guantanamo Bay internment facility; where possible, the ICRC pursued dialogue with Canadian or US authorities on access to other detainees of concern to it. After its visits to the Guantanamo Bay internment facility, the ICRC communicated its findings and recommendations confidentially to the authorities, emphasizing the necessity of respecting judicial guarantees and the principle of *non-refoulement*. It continued to back the authorities' efforts to put internees in touch with their families and to provide them with adequate health care.

The ICRC urged American and Canadian military personnel – senior officers and troops – to respect IHL and other applicable norms, in countries where US or Canadian armed forces operated and/or supported other military forces; it urged them to incorporate these norms in their military doctrine and training programmes. Dialogue and other modes of contact with military officials, decision-makers, the Organization of American States (OAS), and influential members of civil society enabled the ICRC to cultivate support for IHL and for its neutral, impartial and independent action worldwide. Where possible, the ICRC sought to mobilize these pertinent parties on issues of pressing humanitarian concern, such as the protection of civilians and health services in armed conflict or other situations of violence, and the humanitarian consequences of migration, particularly for migrants along the US–Mexico border. It reinforced its position as a key source of reference on IHL: the ICRC brought its expertise on humanitarian issues to meetings with policy-makers and the OAS; it also helped to shape discussions on IHL through meetings and events with the media, academic institutions, US-based

technology companies, and other members of the private sector. Dialogue with the World Bank focused on humanitarian needs and support for the ICRC's operations, especially in contexts with active conflicts.

The ICRC sought to cultivate its relationship with the American and Canadian National Societies, by exploring innovative ways to promote IHL and broaden public awareness of humanitarian issues. It backed the American Red Cross's efforts to provide family-links services and disaster relief, by publicizing them on its online platforms. It strengthened its strategic partnership with the Canadian Red Cross, particularly in providing health care during emergencies; the Canadian Red Cross maintained its support for the ICRC's field operations.

CIVILIANS

Authorities and the ICRC discuss the humanitarian consequences of overseas military operations

The issue of protecting civilians in countries where US armed forces operated, or supported other military forces, continued to figure prominently in the ICRC's dialogue with US defence authorities and pertinent executive and legislative officials from the federal government. During meetings with decision-makers, and briefings and training exercises for military commanders and troops, the ICRC emphasized the necessity of addressing the humanitarian needs arising from the conduct of hostilities (see *Actors of influence*). These meetings, briefings and training sessions focused on the US's involvement in military operations in the Middle East, including its detention policies and practices, and its provision of technical and material support for security forces and armed groups in the region; dialogue about the US's military engagements in Afghanistan, Somalia and other contexts continued. The ICRC made recommendations, as necessary, to certain US commands on specific issues.

Discussions with military advisers and commanders of the Canadian armed forces centred on IHL and on its incorporation in Canadian efforts to train, advise, and assist other armed forces. At an ICRC seminar, officials from the foreign and humanitarian assistance ministries learnt more about the protection due to civilians during armed conflict.

The ICRC continued to draw the attention of policy-makers and members of civil society in the two countries to the violence endangering patients and health-care services during armed conflict and other violence – in its public communication and during dialogue with them; its aim was to help them ensure the safe provision of health care. The dangers faced by health workers and the destruction of hospitals in Afghanistan and Yemen were two of the subjects that the ICRC brought up.

Authorities are apprised of the plight of vulnerable migrants

Vulnerable migrants restored or maintained contact with their relatives through phone calls made available by the American Red Cross at key transit points along the US–Mexico border.

The ICRC pursued dialogue with the pertinent US authorities on the humanitarian consequences of migration and specific deportation practices, and contributed to discussions on the subject at regional events (see *Actors of influence*). It continued to monitor the situation and assess the needs of vulnerable migrants gathered along the border, and to work with local organizations on the issue

of missing persons and on the management of human remains. The ICRC developed a migration strategy to guide its efforts to shape public policy and to cooperate with others in helping vulnerable migrants in the region.

PEOPLE DEPRIVED OF THEIR FREEDOM

US authorities work to improve the treatment and living conditions of Guantanamo Bay internees

The ICRC visited people held at the Guantanamo Bay internment facility, in accordance with its standard procedures, and monitored their treatment and living conditions. During private interviews with the ICRC, some internees discussed their physical and psychological condition and other matters related to their situation.

The ICRC communicated its findings and recommendations confidentially to administrators at the Guantanamo Bay internment facility, defence authorities and policy-makers – to help them, when necessary, to respect judicial guarantees and procedural safeguards, and to meet internationally recognized standards, particularly regarding family contact, medical ethics, and educational opportunities for internees. No internees were transferred or repatriated from the Guantanamo Bay internment facility after 19 January 2017; the ICRC continued nonetheless to emphasize the importance of respecting the principle of *non-refoulement* and of mitigating the humanitarian consequences of transfers.

The ICRC also maintained its confidential dialogue with US authorities about access to other detainees of ICRC concern held in civilian prisons, particularly people formerly held under the custody of the US Department of Defense and transferred to other facilities.

Guantanamo Bay internees maintain family contact and have their health needs assessed

Internees contacted their families in various countries through RCMs and 300 phone or video calls. Several among them recorded videos that their relatives viewed at ICRC or National Society offices near them. Internees also received 69 parcels of food prepared by their relatives, which allowed them to eat in accordance with their dietary norms.

The authorities worked to ensure, with ICRC support, that the concerns of internees – particularly those who were elderly, physically disabled, mentally ill or on hunger strike – were addressed. An ICRC doctor visited the facility to assess internees' health, meet with medical and psychiatric staff, and review the medical records available; findings, and where necessary, recommendations were communicated to the authorities.

Some internees had access to a library set up by the authorities, for which the ICRC provided reading materials in various languages.

ACTORS OF INFLUENCE

The ICRC discussed matters of common interest with decision-makers in Canada and the US, officials from the OAS and the World Bank, and influential members of civil society – for instance, through the ICRC president's meetings with them and at other events. This also enabled the ICRC to cultivate support for its neutral, impartial and independent humanitarian action, and for its working methods – notably, confidentiality. The parties concerned were reminded to ensure: the proper conduct of hostilities; and violence-affected people's access to essential goods and services, such as education and health care (see *Civilians*). The

ICRC also drew the attention of US authorities and OAS officials to the needs of migrants and missing people's families.

Canadian and US authorities and OAS Member States reaffirm their support for humanitarian action

Discussions with executive and legislative officials from the US federal government, in particular, focused on humanitarian issues in contexts of common concern, the evolving nature of humanitarian action, and the plight of people held at the Guantanamo Bay internment facility (see *People deprived of their freedom*). At their request, some senators were apprised by the ICRC of the dire conditions of conflict-affected people in Nigeria, Somalia, South Sudan, and Yemen; the ICRC urged them to promote respect for IHL and to help address the needs of people there.

In Canada, ICRC representatives engaged senior federal government officials and the Canadian Red Cross in dialogue about promoting global compliance with IHL and supporting humanitarian operations carried out by the ICRC worldwide.

The OAS General Assembly adopted a resolution on migration that incorporated some of the ICRC's concerns, and submitted it to the UN General Assembly, with a view to its inclusion in the Global Compact on Migration (see *New York*). The OAS also published, jointly with the IOM, a report on migration from other continents to the region, which contained the ICRC's recommendations for receiving States.

Canadian and US military personnel broaden their understanding of IHL

Senior US military officials and the ICRC discussed humanitarian issues pertinent to these officials' areas of operation and the applicable international legal framework. Meetings with Canadian military and police personnel, at legal and operational levels, covered Canada's military engagement overseas; the ICRC contributed its expertise in IHL to a round-table on Canada's role in peacekeeping operations, which was attended by various government officials and representatives of civil society. The ICRC maintained its dialogue with US-based NATO bodies and the UN Department of Peacekeeping Operations.

Briefings and military training exercises were organized, with expert advice from the ICRC, for senior officers and soldiers of the Canadian and US militaries – including those bound for missions abroad – and for weapon bearers from OAS Member States; they helped advance understanding of IHL and the ICRC's mandate and operations. Future commanders, and legal and/or other military personnel, learnt more about the same subjects through ICRC presentations and events at Canadian and US military educational institutions, such as the Canadian Army Command and Staff College and the US Joint Forces Staff College. The ICRC expanded its contact with the training centres for US special operations forces, by contributing to courses and events.

Experts in military operations, law and policy – from the navy and other branches of the military, government and NATO – and/or academics from various countries advanced their knowledge of IHL through events organized jointly by the authorities and the ICRC. Some experts attended a workshop about the applicability of IHL to military operations in outer space, held in Florence, Italy, in July; about 30 others attended the annual transatlantic workshop on the 1949 Geneva Conventions in Newport, Rhode Island – in the US – in February. Canada continued to work towards acceding to the Arms Trade Treaty; the ICRC monitored its progress.

Members of civil society contribute to the debate on humanitarian challenges and IHL

The Swiss government and the ICRC set up a US-based hub for developing partnerships between the ICRC and key sections of civil society in the US to tackle humanitarian issues, by hosting discussions and leading research initiatives, such as on the humanitarian risks posed by cyber warfare. Meetings between US-based technology companies and the ICRC focused on the incorporation of digital technology in ICRC operations. In Canada, with support from the Canadian Red Cross, the ICRC made expert contributions on IHL to various conferences at academic institutions, and to one on forensics.

The general public stayed abreast of the humanitarian situation in places like Afghanistan and the Middle East through various means: coverage of the ICRC and its work by leading American and Canadian media outlets; podcasts and articles featured on the Intercross blog; and updates on the ICRC's social media platforms.

RED CROSS AND RED CRESCENT MOVEMENT

The American Red Cross, the Canadian Red Cross and the ICRC strove to develop innovative and technology-driven approaches to humanitarian action (see *Actors of influence*); notably, the ICRC drew on the Canadian Red Cross for advice on making electronic cash transfers to violence-affected people. The Canadian Red Cross and the ICRC strengthened their partnership in providing health care during emergencies and in helping other National Societies – such as the Lebanese Red Cross and the Syrian Arab Red Crescent – to build their capacities. They also continued to cooperate in promoting IHL and their joint activities among policy-makers in Canada, and in recruiting ICRC staff.

The American Red Cross led the Movement's emergency response to people affected by heavy floods in areas of the southern US; the ICRC lent its expertise in public communication to the National Society, and helped it to raise public awareness of such efforts via online platforms. The American Red Cross strengthened its ability to provide family-links services to vulnerable migrants, notably by enhancing its phone services (see *Civilians*). Dialogue between the American Red Cross and the ICRC focused on gaining support for the Movement from the private sector.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1			
RCMs distributed		2			
Phone calls facilitated between family members ¹		300			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		1			
Detainees in places of detention visited		55			
Visits carried out		5			
			Women	Girls	Boys
Detainees visited and monitored individually		48			
RCMs and other means of family contact					
RCMs collected		595			
RCMs distributed		396			
People to whom a detention attestation was issued		2			

1. Phone or video calls facilitated between people held at the Guantanamo internment facility and their families abroad.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Health					
Places of detention visited by health staff	Structures	1			

The multiple tasks and activities of the UN often have implications of a humanitarian nature. Operating since 1983, the ICRC delegation to the UN serves as a support and a liaison for ICRC operational and legal initiatives. The delegation conveys the ICRC's viewpoints on issues within its purview and keeps updated on trends and developments relating to humanitarian issues and promotes IHL.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The ICRC made several statements at the UN General Assembly and Security Council; it emphasized the necessity of ensuring compliance with IHL, protection for civilians and safe humanitarian access to conflict-affected people.
- ▶ The ICRC's active participation in multilateral mechanisms helped ensure that IHL was reflected in the Treaty on the Prohibition of Nuclear Weapons and taken into account during discussions on the Global Compact for Migration.
- ▶ UN officials and representatives of Member States learnt about the ICRC's work in certain geographical areas. State representatives, legal advisers, diplomats and the ICRC discussed such matters as contemporary challenges to IHL.
- ▶ The ICRC kept abreast of developments in the humanitarian field, which influenced decision-making throughout the organization and helped strengthen field activities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

EXPENDITURE IN KCHF

Protection	-
Assistance	-
Prevention	3,035
Cooperation with National Societies	-
General	-
Total	3,035
<i>Of which: Overheads</i>	<i>185</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	10

CONTEXT

The UN and the wider international community grappled with numerous armed conflicts and other situations of violence throughout the world – many of which were protracted and/or transnational affairs – such as those in Iraq, South Sudan, the Syrian Arab Republic (hereafter Syria), Yemen and the Lake Chad region of Africa. While each situation presented specific challenges – in relation to the conduct of hostilities and the search for a long-term solution – they all gave rise to many of the same issues of humanitarian concern (see below). In most cases, negotiations between parties to conflicts were at an impasse and the political landscape was fractured; the space for neutral, impartial and independent humanitarian action was increasingly restricted.

Issues related to migration, violent extremism and weapons proliferation figured prominently in discussions among world leaders. In July 2017, the UN General Assembly adopted the Treaty on the Prohibition of Nuclear Weapons, which affirmed Member States' commitment to total nuclear disarmament.

UN peacekeeping missions continued to be deployed in several countries; a number of them were authorized to use force tactically.

The UN secretary-general led reforms to the UN system, in support of its Agenda 2030; these included restructuring the UN peace and security architecture and setting up a new office for counter-terrorism.

ICRC ACTION AND RESULTS

The ICRC was in regular contact with UN bodies, Member States and other influential parties in New York, which enabled it to draw attention to pressing issues of humanitarian concern and urge greater respect for IHL. It drew on its legal expertise and on its long-established presence in conflict-affected areas throughout the world, to influence the drafting of UN policy documents, guidelines and resolutions. Such interaction also enabled the ICRC to explain its distinct mandate and principled humanitarian action to various decision-makers, and secure their support.

The ICRC paid close attention to matters of particular concern to it, such as: efforts to counter violent extremism; the dangers faced by migrants, regardless of whether or not they crossed State borders; the protection of civilians during hostilities; and the inaccessibility of essential services during conflict. It also followed international debates and developments in international law and other legal matters that bear on humanitarian action, particularly those related to arms control and peacekeeping. The information gathered by the delegation helped the ICRC streamline its humanitarian diplomacy and its operational practices and policies.

As a permanent observer at the UN, the ICRC was able to draw attention to the humanitarian aspects of the issues mentioned above and the need to ensure compliance with IHL. It served as an expert briefer during the Security Council's open debate on the protection of civilians, where: it expressed concern over the use of explosive weapons in urban settings; and reiterated the legal obligation of parties to conflict to respect IHL provisions on the conduct of hostilities, and to facilitate safe humanitarian access to conflict-affected people. It also made statements to the General Assembly on such matters as contemporary challenges for IHL and the importance of universal jurisdiction. The ICRC also participated in a number of multilateral mechanisms, which enabled it to

help shape discussions and outcome documents on such issues as global migration and weapons control.

The ICRC sought direct engagement with UN officials and representatives of Member States, such as meetings between the presidents of the Security Council and the ICRC. When the opportunity arose, it gave its views on contexts where it had large-scale operations, particularly in Africa and the Middle East.

The New York University School of Law and the ICRC jointly organized their annual seminar on IHL for diplomats, which was on the 1977 Additional Protocols to the 1949 Geneva Conventions. The ICRC discussed contemporary challenges for IHL with State legal advisers and diplomats; together with the Swedish government, it organized the first workshop for Security Council legal advisers, on the applicability of IHL to counter-terrorism operations.

The ICRC continued to cooperate with the Department of Peacekeeping Operations (DPKO) and the Office of Legal Affairs (OLA), providing feedback on IHL-related matters in the context of peacekeeping operations. Their annual joint workshop enabled the DPKO and the ICRC to discuss their experiences in connection with the protection of civilians.

The ICRC continued to coordinate closely with other organizations and with Movement partners. The ICRC stepped up its presence on social media and maintained its contacts among UN-accredited media, with a view to broadening public awareness of its concerns and activities.

ACTORS OF INFLUENCE

Regular interaction with various UN bodies and Member States enabled the ICRC to closely monitor issues and legal developments of particular concern to its work. The information it gathered helped it to streamline its humanitarian diplomacy and operational practices or policies. As a permanent observer at the UN, the ICRC also helped ensure that IHL and humanitarian issues were given due consideration and reflected in UN decision-making, resolutions, policies and documents. Meetings and discussions with various decision-makers helped them understand the ICRC's mandate and work, and its positions on various legal issues.

The ICRC promotes humanitarian considerations in UN discussions and decision-making

As an expert briefer during the Security Council's open debate on the protection of civilians, the ICRC expressed its concern over the use of explosive weapons in urban settings, and described the consequences for civilians. It stressed the obligation of warring parties to: ensure that they comply with IHL provisions on the conduct of hostilities – and in joint military operations, that others do so as well; and facilitate safe humanitarian access to conflict-affected people. The ICRC also continued to emphasize the protection due to health-care services, partly in support of the UN secretary-general's call for Member States to implement the resolution on the subject adopted by the Security Council in 2016. During the Security Council's debate on peace and security in Africa, the ICRC linked ensuring greater respect for IHL to fostering an environment conducive to economic development.

At the General Assembly's regular session, and during committee debates and side events, the ICRC drew attention to such matters as: the plight of displaced people, universal jurisdiction, education,

disability and contemporary challenges for IHL – particularly its applicability to counter-terrorism efforts and new technologies of warfare. During a session on measures to eliminate international “terrorism”, the ICRC stressed the importance of aligning the UN’s draft Comprehensive Convention on International Terrorism with IHL, to minimize overlaps and prevent contradictions between them.

The ICRC directly engaged with UN officials and Member States: for instance, it met with the president of the Security Council every month. At 11 high-level panels on the sidelines of the General Assembly’s regular session, the ICRC’s president explained the organization’s activities in Iraq, South Sudan, Syria, Yemen, and the Lake Chad region, and its views on the situation in those places; the ICRC president also discussed subjects of relevance to humanitarian action, such as innovation, conflict prevention and sustainable development. The ICRC president’s meetings with regional leaders and representatives of emerging States aided organization-wide efforts to expand relationships with all humanitarian stakeholders.

Over 100 State representatives discussed the 1977 Additional Protocols during the annual seminar on IHL for diplomats organized by the New York University School of Law and the ICRC. A series of events on international law – hosted by the General Assembly’s committee on legal issues – gave the ICRC an opportunity to reach out to State legal advisers and diplomats and discuss IHL compliance and contemporary challenges for this body of law. Security Council legal advisers exchanged views on the applicability of IHL to counter-terrorism efforts, during a workshop organized for the first time by the Swedish government and the ICRC.

The ICRC contributes to the content of various UN outcome documents

The ICRC participated in various multilateral mechanisms, to draw attention to the need for: a stricter weapons regime; better protection and assistance mechanisms for migrants, regardless of whether or not they crossed State borders; and more space for principled and neutral humanitarian action. During these events, the ICRC also highlighted the issue of missing migrants, and presented a policy paper to Member States containing recommendations for international cooperation on the issue.

The ICRC helped strengthen the language and content of various outcome documents: the Treaty on the Prohibition of Nuclear Weapons, adopted by the General Assembly in July, called for a comprehensive prohibition against nuclear weapons and the elimination of existing stockpiles, and recognized the ICRC’s efforts in pushing for these demands; the summary of the chair of the stock-taking phase of the Global Compact on Migration prominently featured the ICRC’s key messages on protection of migrants and the principle of *non-refoulement*; and the Economic and Social Council resolution on humanitarian action and coordination included humanitarian and legal references reviewed by the ICRC.

The DPKO and the OLA use the ICRC’s recommendations to revise peacekeeping guidelines

The DPKO drew on the ICRC’s advice and recommendations to revise general UN guidelines for the protection of civilians by peacekeeping missions, and a training module on the subject it developed with the ICRC in 2016; it also asked for and received the ICRC feedback concerning a system it had developed for handling cases of people deprived of their freedom.

Their sixth annual workshop enabled the DPKO and the ICRC to discuss their experiences in connection with the protection of civilians and other issues of common interest. During briefings and consultations, the DPKO, the OLA, the General Assembly’s special committee on peacekeeping operations, and the ICRC discussed such matters as IHL in the context of peacekeeping and the ICRC’s protection work around the world. The DPKO and the ICRC also discussed the findings of a review conducted by the DPKO of its interim standard operating procedures for detention in peacekeeping operations.

Future decision-makers and the general public learn more about IHL

The ICRC was in regular contact with Movement partners and UN-affiliated humanitarian organizations; this enabled all parties to understand more fully one another’s positions and roles in responding to pertinent issues. Other organizations drew on the ICRC for guidance on IHL-related matters.

UN-accredited media made use of the ICRC’s press releases, and presentations by its senior staff on key issues, to report on its activities. At ICRC events, future lawyers, doctors, journalists and decision-makers advanced their understanding of IHL. The delegation continued to streamline its public-communication activities; it stepped up its presence on social media and intensified its engagement with the public.

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



ICRC

VOLUME II

ANNUAL REPORT

2017



ICRC

This report is primarily an account of the ICRC's work in the field and its activities to promote international humanitarian law. Mention is made of some of the negotiations entered into with a view to bringing protection and assistance to the victims of international and non-international armed conflicts and other situations of violence. Other negotiations are not mentioned, since the ICRC feels that any publicity would not be in the interests of the victims. Thus, this report cannot be regarded as covering all the institution's efforts worldwide to come to the aid of the victims of conflict.

Moreover, the length of the text devoted to a given country or situation is not necessarily proportional to the magnitude of the problems observed and tackled by the institution. Indeed, there are cases which are a source of grave humanitarian concern but on which the ICRC is not in a position to report because it has been denied permission to take action. By the same token, the description of operations in which the ICRC has great freedom of action takes up considerable space, regardless of the scale of the problems involved.

The maps in this report are for illustrative purposes only and do not express an opinion on the part of the ICRC.

All figures in this report are in Swiss francs (CHF). In 2017, the average exchange rate was CHF 0.9865 to USD 1, and 1.1079 for EUR 1.



International Committee of the Red Cross
19, avenue de la Paix
1202 Geneva, Switzerland
T +41 22 734 6001 F +41 22 733 2057
Email: shop@icrc.org www.icrc.org
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VOLUME II

ANNUAL REPORT

2017



ICRC

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ASIA AND THE PACIFIC

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ People affected by violence in Rakhine, Myanmar and by fighting in Marawi, Philippines, met their immediate needs with ICRC emergency aid. Vulnerable households in the region built their self-sufficiency with livelihood support.
- ▶ Wounded and sick people, particularly in violence-affected areas, received timely and good-quality first aid, hospital services and curative and preventive care. Disabled people obtained appropriate care.
- ▶ Detainees – including migrants in processing centres – benefited from ICRC visits and from the authorities' ICRC-supported efforts to improve their treatment and living conditions, including access to health care.
- ▶ Families dispersed by violence, detention or migration stayed in touch via Movement family-links services. With ICRC support, the authorities pursued efforts to address the issue of missing persons and their families' needs.
- ▶ The authorities, weapon bearers and civil society members learnt more about humanitarian principles, IHL and related topics, and the ICRC's work, through dialogue with the ICRC and at local and regional forums and events.
- ▶ Security concerns prompted the ICRC to reduce its presence in northern Afghanistan. Elsewhere in the region, it adapted its operations – for instance, by reinforcing its partnerships with National Societies – to reach people in need.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	4,391
RCMs distributed	5,698
Phone calls facilitated between family members	27,963
Tracing cases closed positively (subject located or fate established)	1,845
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	271
Detainees in places of detention visited	218,922
<i>of whom visited and monitored individually</i>	2,734
Visits carried out	448
Restoring family links	
RCMs collected	6,764
RCMs distributed	4,847
Phone calls made to families to inform them of the whereabouts of a detained relative	802

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 280,000	440,150
Essential household items	Beneficiaries 334,750	324,712
Productive inputs	Beneficiaries 261,500	50,916
Cash	Beneficiaries 244,430	63,525
Services and training	Beneficiaries 80	45,779
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 972,390	307,715
Health		
Health centres supported	Structures 59	84
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 13	47
Water and habitat		
Water and habitat activities	Beds 4,155	4,716
Physical rehabilitation		
Projects supported	Projects 51	57
Patients receiving services	Patients 197,301	256,318

EXPENDITURE IN KCHF	
Protection	41,575
Assistance	131,813
Prevention	36,618
Cooperation with National Societies	16,746
General	3,897
Total	230,649
<i>Of which: Overheads</i>	<i>13,989</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	85%
PERSONNEL	
Mobile staff	433
Resident staff (daily workers not included)	3,440



DELEGATIONS

- Afghanistan
- Bangladesh
- Myanmar
- Pakistan
- Philippines
- Sri Lanka

REGIONAL DELEGATIONS

- Bangkok
- Beijing
- Jakarta
- Kuala Lumpur
- New Delhi
- Suva

 ICRC delegation
  ICRC regional delegation
  ICRC mission



Bangladesh–Myanmar border, Konapara. Refugees who had fled the violence in Rakhine, Myanmar, receive medicines distributed jointly by the Bangladesh Red Crescent Society and the ICRC.

HUMANITARIAN NEEDS AND RESPONSES

In 2017, the ICRC's delegations in the Asia and the Pacific region worked to address the humanitarian needs of people affected by ongoing or past armed conflicts and other situations of violence. They adjusted their activities, as necessary, to adapt to security constraints and other developments in the working environment.

The ICRC's operation in Afghanistan remained its largest in the region, although its activities benefited fewer people than planned, as the ICRC reduced its operations in the country after seven of its staff were killed, and two others abducted – and later released – in different incidents. Activities in violence-affected areas in Myanmar were also hampered by access constraints. It thus remained essential for the ICRC – in those areas and across the region – to communicate regularly with the authorities and other parties, so as to enhance their understanding of, and build acceptance for, the organization's neutral, impartial and independent approach to humanitarian action. The ICRC also reinforced its partnerships with the pertinent National Societies and other local organizations, so as to increase its ability to assist vulnerable communities.

The ICRC monitored the needs and concerns of people in violence-affected areas; where applicable, it shared documented allegations of abuse with the authorities and/or parties concerned, urging them to prevent the recurrence of such abuse. In Afghanistan, Myanmar and the Philippines, dialogue with parties to conflict highlighted the need to respect and protect civilians and ensure people's access to basic services, including medical care. The ICRC complemented such dialogue with efforts to foster an environment conducive to respect for IHL and principled humanitarian action

(see below). With the ICRC as a neutral intermediary, health personnel and weapon bearers in Afghanistan discussed issues of common concern; on some occasions, the ICRC worked to help ensure that weapon bearers did not occupy health facilities. Within the first week of the hostilities in Marawi, Philippines, the ICRC secured permission from the parties concerned to facilitate the safe evacuation of civilians – including the wounded, sick and disabled, and children and their relatives – to nearby municipalities. It directly consulted some violence-affected people to better understand their needs.

Assistance activities were adapted to meet the most pressing needs of violence-affected people in the region. Following the intensified violence in Rakhine, Myanmar, the ICRC scaled up its emergency aid – consisting of food, essential household items and/or cash – for the people affected, including those who had fled the violence and settled in makeshift camps or temporary shelters in Cox's Bazar district and other border areas in Bangladesh. These expanded activities were supported by two budget extension appeals; the appeal for Myanmar was launched with the International Federation and the Myanmar Red Cross Society. The ICRC also opened a new office in Cox's Bazar. After the outbreak of hostilities in Marawi, the ICRC postponed some of its planned projects and focused on addressing the urgent needs, for essential supplies and basic services, of the people affected. Other groups of vulnerable people – particularly IDPs in Afghanistan who were staying in areas accessible to the ICRC – also benefited from emergency aid.

Where security and/or market conditions were relatively stable, the ICRC helped vulnerable households to build their self-sufficiency. Violence-affected households in Kachin, Rakhine

and Shan states, Myanmar, pursued livelihood activities with ICRC support: cash grants coupled with business-skills training, or donations of seed and tools. Similar assistance, albeit on a smaller scale, helped improve livelihood opportunities for IDP or returnee households in violence-affected parts of the Philippines, and destitute households affected by communal tensions in Bangladesh. Pastoral farmers in Afghanistan received training in animal husbandry and other support; however, such assistance and planned cash-for-work projects were halted as the ICRC scaled back its activities in the country. Often with the National Societies concerned, the ICRC provided livelihood assistance to help other vulnerable people work towards self-sufficiency and/or facilitate their social reintegration: people with disabilities in Cambodia and China; households of current or former detainees in India; and families of missing persons, including those headed by women, in Sri Lanka.

Over 300,000 people gained or maintained access to water and related basic services through ICRC initiatives. Most of them were in conflict-affected rural and suburban areas in Afghanistan, where the ICRC repaired and renovated water facilities and/or trained service providers. Similar activities benefited people in Myanmar and those who settled along border areas in Bangladesh. In Kaesong City, the Democratic People's Republic of Korea (hereafter DPRK), the National Society and the ICRC carried out ongoing water and sanitation projects for residents without direct connection to a water source. Students in parts of Papua New Guinea and Sri Lanka benefited from school facilities upgraded by the ICRC with the National Societies concerned.

With ICRC training in first aid and/or material assistance, emergency responders – including National Society staff and/or volunteers, local health personnel and weapon bearers – bolstered their capacity to provide life-saving care to wounded and sick people. The ICRC funded a transport system of taxis in Afghanistan and the health ministry's emergency patient transport system in Myanmar, enabling the injured to reach hospital. People requiring hospital-level care received treatment at facilities that maintained their services with ICRC support, such as infrastructural upgrades, provision of medical materials, and/or staff training. These ICRC-supported services benefited people affected by violence in Rakhine, including those who fled to Bangladesh; those affected by the Marawi crisis; weapon-wounded people, including mine victims, in Afghanistan; and violence-affected people in the Federally Administered Tribal Areas (FATA) and in Khyber Pakhtunkhwa (KP), Pakistan.

Vulnerable people had access to basic health services, including curative and preventive care, at various ICRC-supported facilities, including health centres near Marawi; National Society-run fixed or mobile clinics in Afghanistan, Bangladesh and Myanmar; health ministry-run mobile health services in Rakhine state; and other health centres and satellite posts – including in areas controlled by armed groups – in Myanmar. In Pakistan, people who had fled their homes because of the fighting, including those returning from Afghanistan, obtained care at facilities run by the Pakistan Red Crescent, in the FATA and at an IDP camp in KP. In Papua New Guinea, victims of sexual violence received care at ICRC-assisted family-support centres.

Disabled people obtained physical rehabilitation services at ICRC-supported centres in Afghanistan, Bangladesh, China, Cambodia, the DPRK, India, the Lao People's Democratic Republic,

Myanmar, Nepal, Pakistan and the Philippines. Such support included the provision of equipment and tools, infrastructural upgrades, and/or training courses or scholarships for professionals and students. In Myanmar, the health ministry opened an ICRC-constructed centre. In some countries, the National Societies and/or the ICRC helped particularly vulnerable patients, especially those living in remote areas, to obtain treatment by, among other means, covering their transportation costs or supporting mobile technicians. The ICRC worked to bolster the self-sufficiency and social inclusion of people with physical disabilities, providing them with livelihood assistance and backing their participation in sporting events. With the ICRC, the National Societies in Myanmar and Pakistan conducted mine-risk education sessions to help prevent further casualties of mines and explosive remnants of war.

In accordance with its standard procedures, the ICRC visited detainees – including people held in relation to armed conflicts or for security reasons – in 14 countries, to monitor their treatment and living conditions. Visits to detainees in Thailand remained suspended, but discussions with the authorities continued. Owing to its operational adjustments in Afghanistan, the ICRC visited detainees in fewer facilities than in previous years. After its visits, the ICRC shared its feedback confidentially with the authorities. Dialogue with them sought to further their understanding of the ICRC's neutral and independent stance in the field of detention, to encourage cooperation in addressing detainees' humanitarian needs, and to secure access to those the ICRC had not yet visited.

Penitentiary authorities and/or staff across the region drew on ICRC technical, material and/or other support to improve detainees' treatment and living conditions. In Myanmar, the authorities continued drafting a law that sought to foster respect for internationally recognized standards for prisons. In the Philippines, an ICRC-backed local task force worked to resolve legal procedural delays for inmates held in prolonged pre-trial detention. Detainees had better access to health care owing to ICRC-supported initiatives undertaken by the authorities in, for instance, Afghanistan, Bangladesh, Cambodia, China and Papua New Guinea. In India, inmates at selected prisons obtained appropriate care from psychiatrists assigned by health officials, at the ICRC's recommendation. Some 98,700 detainees benefited from ICRC improvements to water and sanitation facilities, mostly in Afghanistan, Bangladesh and Myanmar.

The ICRC discussed the humanitarian needs of vulnerable migrants with the authorities and other stakeholders, and helped them meet those needs. Around 7,000 migrants passing through government processing centres on their way back to the Philippines from Malaysia received hygiene or first-aid kits. ICRC delegates visited migrants, for instance, in Malaysia and Sri Lanka. With the Australian Red Cross' support, the ICRC checked on the circumstances of migrants in processing centres or transit facilities in Nauru and Papua New Guinea. Following such visits, it discussed the plight of migrants with the authorities concerned. Movement components in the region regularly communicated to coordinate their response to the humanitarian consequences of migration.

Family members separated by conflict or other violence, detention, migration or natural disasters maintained or restored contact using Movement services: RCM, phone and tracing services; family visits for detainees; and travel documents for asylum seekers resettling in host countries.

The ICRC maintained its support for the efforts of governments and local entities in Nepal, Papua New Guinea and Sri Lanka to address the issue of missing persons and meet the needs of their families by, for instance, establishing legal mechanisms. In Sri Lanka, missing persons' families obtained assistance for their economic, psychosocial and other needs through a comprehensive ICRC-run support programme. With a view to preventing people from becoming unaccounted for, the ICRC lent its expertise to and organized training in the proper handling of human remains for the authorities and/or local organizations in, for instance, India, Nepal, Pakistan, Sri Lanka and Timor-Leste. It also continued to act as a neutral intermediary in the handover of the remains of fallen fighters between the parties to the conflict in Afghanistan; by year's end, that activity had been suspended indefinitely, pending the results of a dialogue between the authorities and the ICRC on ensuring that newly issued government regulations for collecting and transferring human remains were in line with IHL.

The ICRC pursued its dialogue with national authorities and other key actors in the region, including the Association of Southeast Asian Nations, to promote understanding of IHL and to foster support for its activities in the region and elsewhere. Discussions with these actors – during meetings, conferences attended by the ICRC and other venues – covered issues of regional interest, such as migration.

The ICRC continued to offer its expertise to State authorities in implementing IHL provisions domestically, and in maintaining or establishing a national IHL committee. With the help of such efforts, Afghanistan ratified the Convention on Certain Conventional Weapons and acceded to the Hague Convention on Cultural Property; Sri Lanka ratified the Anti-Personnel Mine Ban Convention; Papua New Guinea established its national IHL committee; and Indonesia adopted a national Red Cross law. With ICRC technical input, armed and security forces in the region discussed or took steps to integrate IHL, relevant human rights norms and international standards on policing and detention, as applicable, into their doctrine, training and operations. At various ICRC-organized or -supported activities, journalists were encouraged to report on humanitarian issues; religious leaders discussed the similarities between Islamic law and IHL; and students and teachers deepened their understanding of IHL.

The ICRC's partnerships with the region's National Societies helped reinforce the coverage or effectiveness of its operations. The ICRC provided National Societies with various forms of support to help them strengthen their capacities to respond to humanitarian needs, in accordance with the Safer Access Framework and the Fundamental Principles. It coordinated with Movement partners and other humanitarian players, to avoid gaps or duplication of efforts.

PROTECTION MAIN FIGURES AND INDICATORS

ASIA AND THE PACIFIC														
	CIVILIANS													
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published on the ICRC family-links website	People reunited with their families	of whom UAMs/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	Human remains transferred or repatriated	Tracing cases closed positively (subject located or fate established)	People to whom travel documents were issued	Places of detention visited	Detainees in places of detention visited	of whom women	of whom minors
Afghanistan	933	1,306	12,270					233	378		20	26,293	523	401
Bangladesh	697	9	8,665				6		1		7	16,924	745	71
Myanmar	1,178	1,609							677		19	42,157	5,612	990
Pakistan	50	142	2,137		1	1	9		57					
Philippines	23	31							179		112	76,590	5,093	42
Sri Lanka	16	17	2				10		502	15	31	13,226	2,315	11
Bangkok (regional)	1,446	2,467	546						1	7	23	13,339	1,280	764
Jakarta (regional)	6	40	3						7					
Kuala Lumpur (regional)	26	64	4,339						34		20	24,584	3,733	618
New Delhi (regional)	16	13	1	1,335					8	13	4	1,668	82	8
Suva (regional)									1		35	4,141	213	94
Total	4,391	5,698	27,963	1,335	1	1	25	233	1,845	35	271	218,922	19,596	2,999

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits carried out	Detainees visited and monitored individually	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	People to whom a detention attestation was issued	
61	704	24	4	83	404	18	3	58	2,012	1,990	323	5,028	9	Afghanistan
8	61	1		2	50	1		2	23					Bangladesh
26	268	35	2	46	177	23	2	43	2,431	1,495		1,650	1	Myanmar
														Pakistan
158	382	42		12	159	38		9	40	20	6	354		Philippines
42	382	17	1	6	209	10		7	7	3	17	121	99	Sri Lanka
64	47	3			12	1			2,116	1,228	51	266		Bangkok (regional)
														Jakarta (regional)
34	827	56	28	80	772	51	28	72	123	103	403			Kuala Lumpur (regional)
4	4				1				6	4		70	2	New Delhi (regional)
51	59				53				6	4	2	56		Suva (regional)
448	2,734	178	35	229	1,837	142	33	191	6,764	4,847	802	7,545	111	Total

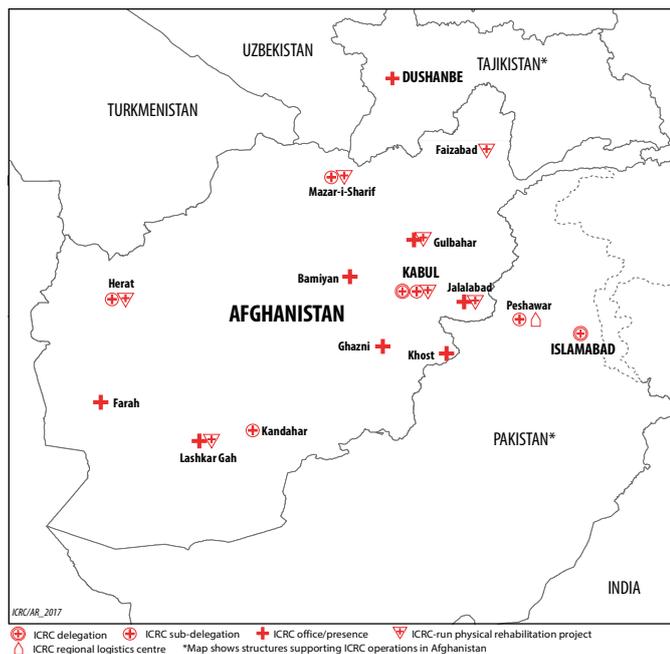
ASSISTANCE MAIN FIGURES AND INDICATORS

ASIA AND THE PACIFIC												
	CIVILIANS										PEOPLE DEPRIVED OF THEIR FREEDOM	
	CIVILIANS - BENEFICIARIES						HEALTH CENTRES					
	Food commodities	Essential household items	Productive inputs	Cash	Services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations	Immunizations (patients)	Essential household items	Water and habitat activities
Afghanistan	60,298	55,450	11,979	2,981	176	124,772	47	1,051,949	1,038,941	814,001	32,501	31,186
Bangladesh	82,980	46,270		3,820		31,670	4	756,788	247,153		17,831	21,422
Myanmar	228,825	106,335	25,327	37,100	45,476	80,959	25	525,201	64,232	89,160	31,970	24,385
Pakistan				291			2	24,000	51,220			
Philippines	68,047	97,943	9,909	16,095		59,454						11,596
Sri Lanka				1,988		973					11,952	3,673
Bangkok (regional)			551	301		40					6,957	6,062
Beijing (regional)						9						
Kuala Lumpur (regional)											1,202	
New Delhi (regional)		5,000	3,150	949	127	9,043						
Suva (regional)		13,714				795	6	32,628	5,472	179		411
Totals	440,150	324,712	50,916	63,525	45,779	307,715	84	2,390,566	1,407,018	903,340	102,413	98,735
<i>of whom women</i>	134,819	97,083	14,682	17,896	11,945	54,141						
<i>of whom children</i>	185,629	129,052	22,162	29,941	22,793	32,431						
<i>of whom IDPs</i>	165,673	188,286	11,607	24,838	7,750	83,872						

WOUNDED AND SICK

FIRST AID		HOSPITALS					PHYSICAL REHABILITATION								
Sessions	Participants (sum of monthly data)	Hospitals supported	including hospitals reinforced with or monitored by ICRC staff	SURGICAL ADMISSIONS			Projects supported	Patients receiving services (sum of monthly data)	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy		
				Weapon-wound admissions	Non-weapon-wound admissions	Operations performed									
67	1,006	2	1	1,179	14,061	18,922	8	139,221	1,055	6,498	4,352	17,112	87,615	Afghanistan	
							2	1,024	211	568	316	1,300	2,356	Bangladesh	
19	458	13	1	5	166	135	5	4,125	386	65	865	114	1,070	Myanmar	
4,562	110,440	2	2				25	52,219	3,738	6,672	5,480	14,197	30,460	Pakistan	
35	1,274	22					1	347	107	11	130	21	222	Philippines	
														Sri Lanka	
							2	11,088	261	382	1,602	1,175	3,761	Bangkok (regional)	
		4					5	2,210	637	83	1,786	181	1,160	Beijing (regional)	
														Kuala Lumpur (regional)	
75	1,711						9	46,084	650	7,164	825	11,230	18,267	New Delhi (regional)	
11	169	4												Suva (regional)	
4,769	115,058	47	4	1,184	14,227	19,057	57	256,318	7,045	21,443	15,356	45,330	144,911	Total	
								46,020	1,067	3,990	2,031	7,120	24,539	<i>of whom women</i>	
								84,528	508	10,464	1,124	25,649	61,515	<i>of whom children</i>	
														<i>of whom IDPs</i>	

AFGHANISTAN



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ After several attacks on its staff, the ICRC scaled back its presence, particularly in the north, and restructured its operations in the country. Thus, fewer people than planned benefited from ICRC activities in 2017.
- ▶ Parties to the conflict, the authorities, weapon bearers, religious leaders, community members and media professionals furthered their understanding of IHL and the Movement during discussions with the ICRC.
- ▶ Wounded and sick people received treatment at the Mirwais hospital, which continued to receive ICRC support. Support for the Shiberghan hospital was halted, as part of the restructuring mentioned above.
- ▶ Disabled people, including some detainees, improved their mobility through ICRC physical rehabilitation services. Some regained a measure of self-sufficiency by pursuing livelihood activities, with the ICRC's support.
- ▶ Detainees reconnected with their relatives through the Movement's family-links services. ICRC infrastructural support helped improve living conditions and access to clean water at some prisons.
- ▶ IDPs benefited from material support provided by the Afghan Red Crescent Society and the ICRC. Pastoral households' livestock were healthier and more productive after they were treated by ICRC-supported veterinary clinics.

EXPENDITURE IN KCHF

Protection	13,492
Assistance	54,042
Prevention	4,652
Cooperation with National Societies	1,860
General	1,055
Total	75,102
<i>Of which: Overheads</i>	<i>4,584</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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PERSONNEL

Mobile staff	127
Resident staff (daily workers not included)	1,783

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. Its current operations focus on: monitoring the conduct of hostilities and working to prevent IHL violations; visiting detainees, monitoring their treatment and living conditions, and helping them keep in contact with their families; assisting the wounded and the disabled; supporting health and hospital care; improving water and sanitation services; promoting accession to and national implementation of IHL treaties and compliance with IHL by military forces; and helping the Afghan Red Crescent Society strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	933
RCMs distributed	1,306
Phone calls facilitated between family members	12,270
Tracing cases closed positively (subject located or fate established)	382
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	20
Detainees in places of detention visited	26,293
<i>of whom visited and monitored individually</i>	704
Visits carried out	61
Restoring family links	
RCMs collected	2,012
RCMs distributed	1,990
Phone calls made to families to inform them of the whereabouts of a detained relative	323

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	105,000
Essential household items	Beneficiaries	105,000
Productive inputs	Beneficiaries	220,500
Cash	Beneficiaries	107,800
Services and training	Beneficiaries	176
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	564,800
		124,772
Health		
Health centres supported	Structures	47
		47
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	3
		2
Water and habitat		
Water and habitat activities	Beds	999
		1,430
Physical rehabilitation		
Projects supported	Projects	8
		8
Patients receiving services	Patients	108,000
		139,221

CONTEXT

The security situation in Afghanistan deteriorated further after the intensification of fighting between Afghan forces – backed by NATO and the United States of America (hereafter US) – and armed groups. The situation continued to be exacerbated by the fragmentation of weapon bearers and the presence of the Islamic State group. International military forces maintained their technical support for local troops; the US expanded its military presence in Afghanistan. Arrests made in relation to the security situation added to the congestion in detention facilities.

Civilians continued to bear the brunt of the fighting: many of them were prevented from obtaining basic services, or were displaced, wounded or killed.

Pakistan launched military operations against an armed group reportedly based in Afghanistan; this raised tensions between the two countries.

Parliamentary elections, long delayed, were postponed again, to 2018.

The volatility of the situation and the complexity of the political and military situation continued to restrict humanitarian access. Attacks on humanitarian and medical workers persisted.

ICRC ACTION AND RESULTS

Seven ICRC staff members were killed in two incidents in northern Afghanistan. Six died in an attack on an ICRC aid convoy in February; two others travelling with the convoy were abducted and released seven months later. The seventh staff member was shot and killed at an ICRC-run physical rehabilitation centre in September.

These incidents led the ICRC to suspend its activities; eventually, it scaled back its presence and restructured its operations in the country, in order to ensure the safety of the rest of its personnel. It closed two offices in northern Afghanistan (Kunduz and Maymana) and reduced the activities of its office in Mazar-i-Sharif. Although the ICRC was able to conduct many of its activities (see below), these operational adjustments affected the implementation of cash-for-work and other livelihood-support projects, water supply-related projects, and hospital support. Thus, fewer people than planned benefited from ICRC assistance in 2017.

The ICRC maintained contact with the parties to the conflict, to further their understanding of IHL and the Movement; it reminded them of their duty to protect civilians, ensure access to basic services, and allow the safe transfer of human remains. Dialogue with conflict-affected communities helped the ICRC assess people's needs and prioritize its activities.

Emergency responders, trained and equipped by the ICRC, provided life-saving care; and an ICRC-funded transport system enabled seriously wounded people to be taken to hospital. Wounded and sick people in the south were treated at the Mirwais hospital, which continued to receive substantial support from the ICRC, but less than planned. Disabled people received physical rehabilitation services at ICRC-run centres; livelihood-support and other initiatives helped them reintegrate into society. People also benefited from primary-health-care services at clinics run by the Afghan Red Crescent Society and supported by the ICRC.

In areas to which it had safe access, the ICRC distributed food and essential household items to displaced people, provided training in animal husbandry and other livelihood support to pastoral households, and improved access to potable water by repairing hand pumps.

Because of the security situation, ICRC delegates were able to visit only a few detention facilities to monitor the living conditions and treatment of detainees. A number of issues were discussed with the pertinent authorities, such as unimpeded access for the ICRC to detainees and ensuring respect for judicial guarantees. The ICRC helped restore communication between detainees and their relatives: for example, it organized video calls for detainees whose relatives lived in other countries. Following the ICRC's discussions with certain armed groups, some people being held by these groups were able to contact their families via RCMs. Detainees at some prisons received medical consultations; authorities at those prisons were given medicines and other supplies. The ICRC also upgraded water systems and other infrastructure at certain prisons. Items donated by the ICRC helped detainees to cope with the cold weather and maintain personal hygiene.

National authorities received technical support for ratifying or acceding to IHL and IHL-related treaties, and for incorporating IHL provisions in domestic legislation. The ICRC maintained contact with various influential actors to promote IHL and acceptance for the Movement among them; it also sponsored their attendance at conferences abroad, including those focusing on the similarities between Islamic law and IHL. These actors were urged to promote IHL within their own communities. Armed and security forces personnel and their instructors, and members of armed groups, learnt more about IHL and the ICRC at workshops and information sessions.

The Afghan Red Crescent remained the ICRC's main partner in providing assistance to people in need. It continued to receive financial, material and technical support and training from the ICRC. Other Movement components and the ICRC reviewed their security framework agreement, to help ensure a structured approach to protecting all Movement components working in Afghanistan.

CIVILIANS

The ICRC and parties to the conflict strengthen their dialogue on IHL

The ICRC and parties to the conflict strengthened their dialogue on the protection afforded by IHL to people who were not or were no longer taking part in hostilities, and on the necessity of facilitating their access to basic services; these parties included those who sometimes imposed restrictions on the delivery of humanitarian aid.

With the ICRC acting as a neutral intermediary, health-service providers and weapon bearers met to discuss issues of common concern. The ICRC stepped in occasionally to help ensure that health facilities were accessible to those who needed these services, and that they were not occupied by weapon bearers. Some parties took additional measures to prevent civilian casualties. The ICRC brought up the goals of the Health Care in Danger project in discussions with parties to the conflict and other influential actors.

Dialogue with conflict-affected communities was reinforced; this helped the ICRC to better assess people's needs and prioritize its activities for their benefit, and enabled community members to understand the ICRC's work more fully.

Families are able to bury their relatives according to custom

Members of families separated by conflict, detention or migration reconnected through the Movement's family-links services (see also *People deprived of their freedom*). People filed tracing requests for missing relatives; there was a significant increase in requests coming from Afghans in Europe. The ICRC ascertained the fate and whereabouts of some 380 people and informed their families.

The families of 233 deceased civilians and fighters buried their relatives in accordance with their customs after the ICRC – acting as a neutral intermediary and with the Afghan Red Crescent Society's help in some instances – handed over the remains to them. Such transfers of human remains took place only intermittently throughout the year, because of the operational adjustments mentioned above; by year's end, they had been suspended indefinitely, pending the results of a dialogue between the authorities and the ICRC on ensuring that newly issued government regulations for collecting and transferring human remains were in line with IHL.

People have access to health care and potable water

Preventive and curative care was available at 47 National Society clinics throughout the country. At these clinics – which continued to receive material and technical support from Movement partners, including the ICRC – over a million consultations took place and some 814,000 people were vaccinated. The health ministry carried out polio vaccination campaigns; the ICRC facilitated its access to the people in need.

Some 125,000 people in conflict-affected rural and suburban areas – in the provinces of Farah, Ghazni, Herat, Kapisa and Logar – gained access to potable water after the ICRC repaired hand pumps and wells, and renovated water-supply systems. In eight communities, committees in charge of water management received maintenance training. The ICRC's plans to improve irrigation and water-harvesting systems in rural areas, and to renovate urban water systems, were cancelled for security reasons.

Some conflict-affected people receive material and financial support

Pastoral farmers were able to have their livestock dewormed and treated at 22 ICRC-supported veterinary clinics. About 820 pastoral farmers (benefiting some 5,700 people) received materials for and training in animal husbandry; some 540 livestock owners (benefiting some 3,800 people) received fodder to see their herds through the harsh winter. However, such assistance, and planned cash-for-work projects, had to be halted when the ICRC curtailed its activities.

Some 8,100 displaced households (57,000 people) received a month's ration of food from the National Society and the ICRC; most of them – some 6,790 households (47,500 people) – also received essential household items. About 100 female bread-winners augmented their income by selling poultry products with the help of ICRC-donated kits. Victims of IHL violations and/or their families (170 families/1,200 people) received cash assistance, which helped offset the financial consequences of these violations and enabled them to pay for food, medical treatment and funerals.

Around 520 housebound people with spinal-cord injuries received hygiene and medical items, and other material assistance, for example, to improve their accessibility around their homes; they also received food rations for themselves and their families (for a total of some 3,620 people).

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their families through the Movement's family-links services

Because of the security incidents mentioned above, the ICRC visited only 20 places of detention; visits were conducted in accordance with its standard procedures. It monitored the treatment and living conditions of detainees, paying particular attention to vulnerable groups such as women, minors and foreigners; some 700 persons detained in relation to the conflict were monitored individually. Findings from the visits were discussed with the authorities concerned, including the defence and interior ministries and the National Directorate of Security. These discussions focused on certain issues of particular concern to the ICRC: unimpeded access to detainees; ensuring respect for judicial guarantees and the principle of *non-refoulement*; and existing mechanisms to prevent ill-treatment. The ICRC also engaged members of armed groups in dialogue, with a view to fostering respect among them for the rights of the people they were holding.

Detainees reconnected with their relatives via the Movement's family-links services. Some informed their families of their whereabouts with the help of the ICRC, which passed on notices issued by the detaining authorities. Around 5,000 detainees received family visits. Foreign detainees, and others with families living elsewhere, reconnected with their relatives via ICRC-organized video calls.

Following the ICRC's discussions with certain armed groups, a number of people being held by these groups were able to contact their families via RCMs.

Detainees have better living conditions after infrastructural improvements

Authorities at the Herat and Kandahar provincial prisons received various kinds of ICRC support: financial incentives for key staff, drugs and other medical supplies, and expert assistance, including on-the-job training. Some 9,000 detainees at these two prisons received medical consultations in line with the health ministry's standards. Some detainees regained their mobility after being fitted with orthotic devices by ICRC personnel. The health clinic at the Pul-i-Charkhi prison received an ad hoc donation of office supplies from the ICRC.

Detainees at the Herat prison (approximately 3,500 people) benefited from ICRC-supported repairs to the prison's water-supply system (serving about 800 people) and the construction of a wastewater treatment system (designed to serve 4,100 persons). A scabies-eradication campaign helped protect both detainees and prison guards at the Herat facility. The ICRC continued to dispose of wastewater at the Kandahar prison (holding about 2,700 people); local authorities were preparing to take over this task.

Other infrastructural upgrades – improvements to kitchens, renovation of old cells, and reconfiguration of facilities to separate female from male detainees – helped enhance living conditions for some 3,100 detainees in the provincial prisons of Balkh, Farah, Faryab and Jawzjan. Hygiene and maintenance committees at various prisons continued to address issues of concern to them, with material assistance, training and other support from the ICRC.

Some 29,000 detainees in 13 places of detention used ICRC-donated blankets and clothes to cope with the harsh winter. They also received soap, detergent and dental items to maintain personal

hygiene. Because of the security situation, no other distributions of hygiene items took place. Vocational training for detainees was also cancelled. Two people released from prison received ICRC assistance to cover the costs of their journey home.

WOUNDED AND SICK

Wounded and sick people are treated at the Mirwais hospital

Injured people received life-saving care from emergency responders trained and equipped by the ICRC – among them, Afghan Red Crescent Society volunteers, medical workers, taxi drivers and weapon bearers, including members of armed groups. About a thousand of these responders sharpened their first-aid skills at training sessions and refresher courses. About 420 wounded people reached hospital via an ICRC-funded transport system of taxis.

Two ICRC-supported hospitals gave consultations, provided obstetric and gynaecological care, and treated wounded people, including mine victims. Support for the Shiberghan hospital in the north lasted until February, when the ICRC suspended some of its activities before eventually closing its offices in northern Afghanistan. Before leaving, the ICRC gave the hospital three months' worth of medical supplies; it remained committed to completing the construction of the hospital's emergency department by 2018.

In the south, people were able to obtain services at the Mirwais hospital, which continued to receive supplies of drugs, medical consumables and fuel, assistance for covering staff salaries, and training from the ICRC. Technical support for the management – and for the paediatric, gynaecological and obstetric, biomedical and laboratory departments – was sustained, albeit with some interruptions after the security incidents. The hospital's medical personnel, guided by the ICRC, drew up new protocols for the neonatal and intensive care units. Its central dispensary and female wards were renovated with ICRC assistance.

The ICRC provided ad hoc assistance to repair the water-supply systems of the main hospitals in Jalalabad and Ghazni.

As part of its operational adjustments, the ICRC cancelled plans to deploy a mobile surgical team that had been established in 2016 to help hospitals across Afghanistan strengthen their capacity to handle influxes of patients.

ICRC-run physical rehabilitation centres help disabled people to improve their mobility

Disabled people improved their mobility through physical rehabilitation services at seven ICRC-run centres managed by ICRC-trained employees, many of whom were themselves disabled. Some detainees were fitted with orthotic devices. The parts used to make assistive devices were manufactured by an ICRC component factory in Kabul. The ICRC covered transportation costs for patients travelling from remote areas to the centres or elsewhere for specialized care. Over 4,000 patients obtained specialized treatment through the referral system that linked various health facilities to the ICRC-run centres. The perimeter fence at one centre was reinforced with ICRC assistance; no other facilities were upgraded owing to the operational adjustments mentioned above.

Disabled people and their families regained a measure of self-sufficiency, with ICRC support. Some breadwinners pursued livelihood activities using microcredits. Over 170 people attended

vocational training. ICRC sponsorship enabled some people to attend university or take certain courses. Severely disabled children benefited from ICRC-funded home schooling. Students – and their teachers – were given school supplies. People with spinal-cord injuries received home visits and other forms of ICRC assistance (see *Civilians*).

Media coverage of wheelchair sports tournaments broadened awareness of opportunities for disabled people. The national men's and women's wheelchair basketball teams competed in international tournaments, with support from the International Wheelchair Basketball Federation and the ICRC.

Some 75 orthopaedic technicians and physical therapists, sponsored by the ICRC, attended courses and training sessions; this strengthened their capacities and helped to ensure the sustainability of the country's physical rehabilitation sector. One training session focused on treatment for children affected by cerebral palsy, a common medical condition in Afghanistan.

ACTORS OF INFLUENCE

Influential members of civil society learn more about humanitarian issues and the ICRC

It met with them less frequently than planned, but the ICRC maintained contact with various authorities, weapon bearers, religious leaders, media professionals and community members, including beneficiaries. These people advanced their understanding of IHL, humanitarian issues, and the Movement's activities through discussions with the Afghan Red Crescent Society and the ICRC, and at conferences held in Afghanistan and elsewhere (see *New Delhi, Lebanon, Pakistan, Sri Lanka and Tunis*), on such matters as the points of correspondence between IHL and Islamic law. They were encouraged to promote IHL within their own communities.

The security incidents attracted the attention of both local and international media, but the ICRC's own public-communication activities were on hold for most of 2017. Contact with key media organizations in Afghanistan was maintained; this led, for example, to coverage of the ICRC's physical rehabilitation services and the impact of the conflict on its operations and on humanitarian action in general. The National Society continued to receive financial and technical support for its public-communication activities.

Pertinent authorities – including the justice ministry, the National Security Council, and the offices of the attorney-general and the president – were given technical support for incorporating IHL provisions in domestic legislation, particularly those provisions concerning the protection due to people deprived of their freedom and the management of human remains (see above). Sponsored by the ICRC, Afghan officials attended conferences abroad (see *New Delhi*), at which they discussed, with their regional counterparts, implementation of the Convention on Certain Conventional Weapons and the Hague Convention on Cultural Property; Afghanistan ratified the former and acceded to the latter in 2017.

Weapon bearers are given help to instruct their personnel in IHL

The ICRC organized a meeting for senior officers from the armed forces and the security forces who had previously attended IHL courses abroad – such as the Senior Workshop on International Rules governing Military Operations – to discuss the progress made in incorporating IHL in their forces' doctrine, training and

operations. Military academies, and instructors from the armed forces and the security forces, enhanced their ability to teach IHL through train-the-trainer courses, round-tables and other events; the ICRC also provided them with educational materials and guidance on conducting practical exercises.

Armed and security forces personnel, and members of armed groups, learnt more about IHL and the ICRC during dissemination sessions that covered such matters as the protection of civilians and medical services and the use of explosive weapons in densely populated areas. Some of these sessions were supplemented by first-aid training, to enable weapon bearers to treat wounded personnel (see *Wounded and sick*).

RED CROSS AND RED CRESCENT MOVEMENT

The National Society builds its capacity to deliver aid safely

The Afghan Red Crescent Society remained the ICRC's main partner in assisting people in need (see *Civilians* and *Wounded and sick*). It continued to receive financial, material and technical support, and training, from the ICRC, which also helped it to carry out its activities.

The National Society leant on ICRC expertise in carrying out its task of authorizing civilian health-care providers – including

international NGOs – to use the emblems protected under IHL; the ICRC sought to ensure that the use of the emblems remained in line with IHL and the Movement's Fundamental Principles. The National Society was given this responsibility after the combined law on the National Society and protection for the red crescent emblem was passed by the authorities in 2016.

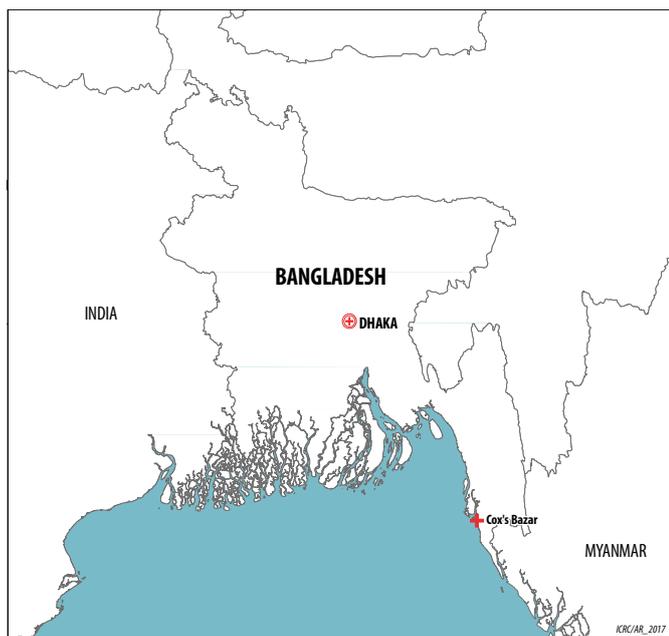
Aided by the ICRC, the National Society identified and reached out to key contacts and stakeholders; it sought by this means to ensure that it could conduct its activities in safety and broaden its access to people in need. It incorporated measures based on the Safer Access Framework in its operational plans, and trained its instructors to brief staff members and volunteers, at headquarters and in various branches, on the framework. The National Society worked on finalizing guidelines for protecting medical services and held information sessions on the subject for medical staff assigned to its health clinics.

Movement partners met regularly and reviewed their security framework agreement and guidelines for public communication, to help ensure a structured approach to protecting all Movement components in Afghanistan.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		933			
RCMs distributed		1,306			
Phone calls facilitated between family members		12,270			
Reunifications, transfers and repatriations					
Human remains transferred or repatriated		233			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,404	227	291	293
<i>including people for whom tracing requests were registered by another delegation</i>		14			
Tracing cases closed positively (subject located or fate established)		382			
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases still being handled at the end of the reporting period (people)		2,812	499	651	589
<i>including people for whom tracing requests were registered by another delegation</i>		15			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		20			
Detainees in places of detention visited		26,293	523	401	
Visits carried out		61			
			Women	Girls	Boys
Detainees visited and monitored individually		704	24	4	83
<i>of whom newly registered</i>		404	18	3	58
RCMs and other means of family contact					
RCMs collected		2,012			
RCMs distributed		1,990			
Phone calls made to families to inform them of the whereabouts of a detained relative		323			
Detainees visited by their relatives with ICRC/National Society support		5,028			
People to whom a detention attestation was issued		9			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	60,298	17,880	20,210
	<i>of whom IDPs</i>	49,003	14,917	16,776
Essential household items	Beneficiaries	55,450	15,648	16,863
	<i>of whom IDPs</i>	47,509	14,470	16,089
Productive inputs	Beneficiaries	11,979	3,788	4,367
	<i>of whom IDPs</i>	1,019	306	713
Cash	Beneficiaries	2,981	813	1,737
	<i>of whom IDPs</i>	1,033	310	720
Services and training	Beneficiaries	176	92	15
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	124,772		
Health				
Health centres supported	Structures	47		
Average catchment population		1,051,949		
Consultations		1,038,941		
	<i>of which curative</i>	968,947	281,958	103,816
	<i>of which antenatal</i>	69,994		
Immunizations	Patients	814,001		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	357,756		
Referrals to a second level of care	Patients	8,771		
	<i>of whom gynaecological/obstetric cases</i>	336		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	32,501	889	664
Services and training	Beneficiaries	2		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	31,186		
Health				
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	1,179	134	21
	(including those related to mines or explosive remnants of war)	476	81	14
	Non-weapon-wound admissions	14,061		
	Operations performed	18,922		
Medical (non-surgical) admissions		7,176	2,546	
Gynaecological/obstetric admissions		26,100		
Consultations		383,394		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		548		
Weapon-wound admissions (surgical and non-surgical admissions)		37		
Weapon-wound surgeries performed		37		
Patients whose hospital treatment was paid for by the ICRC		449,175		
First aid				
First-aid training				
	Sessions	67		
	Participants (sum of monthly data)	1,006		
Water and habitat				
Water and habitat activities	Beds	1,430		
Physical rehabilitation				
Projects supported	Projects	8		
Patients receiving services (sum of monthly data)		139,221	21,396	52,069
New patients fitted with prostheses	Patients	1,055	104	97
Prostheses delivered	Units	4,352	401	312
	<i>of which for victims of mines or explosive remnants of war</i>	2,542	121	59
New patients fitted with orthoses	Patients	6,498	1,190	3,243
Orthoses delivered	Units	17,112	2,458	9,909
	<i>of which for victims of mines or explosive remnants of war</i>	119	2	12
Patients receiving physiotherapy	Patients	87,615	14,567	41,753
Walking aids delivered	Units	18,022	2,028	2,566
Wheelchairs or tricycles delivered	Units	1,644	227	533

BANGLADESH



ICRC delegation ICRC office

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ People who fled violence in Myanmar, and communities hosting them in Cox's Bazar and other border areas, received ICRC emergency aid, and health care at two ICRC/National Society-run mobile clinics and two government facilities.
- ▶ Vulnerable residents of the Chittagong Hill Tracts strove for economic stability, aided by ICRC cash grants. They had access to potable water, and sanitary conditions, after ICRC-led repairs to water and sanitation facilities.
- ▶ The authorities launched ICRC-backed pilot projects at one prison to improve detainees' access to health care and family contact; detainees in nine prisons had better living conditions, owing to material assistance from the ICRC.
- ▶ Disabled people obtained rehabilitative care at two centres receiving comprehensive ICRC support. Students on ICRC scholarships pursued physical rehabilitation studies; disabled athletes attended ICRC training sessions.
- ▶ Some 6,000 military and security forces personnel learnt about IHL and international policing standards, particularly in relation to their work in Cox's Bazar and other violence-affected areas.
- ▶ Supported by the ICRC, the National Society reinforced its capacities in emergency response and restoring family links; it led the Movement's humanitarian activities in Cox's Bazar and other border areas.

EXPENDITURE IN KCHF

Protection	2,538
Assistance	9,380
Prevention	1,235
Cooperation with National Societies	656
General	155
Total	13,964
<i>Of which: Overheads</i>	<i>852</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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PERSONNEL

Mobile staff	25
Resident staff (daily workers not included)	74

Present in Bangladesh since 2006, the ICRC opened a delegation there in 2011. It works to protect and assist civilians affected by violence, including people who had fled across the border from Myanmar, and visits detainees to monitor their treatment and living conditions. It helps improve local capacities to provide physical rehabilitation services for people with disabilities. It promotes IHL and its implementation among the authorities, the armed and security forces and academic circles, and supports the Bangladesh Red Crescent Society in building its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	697
RCMs distributed	9
Phone calls facilitated between family members	8,665
Tracing cases closed positively (subject located or fate established)	9
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	7
Detainees in places of detention visited	16,924
<i>of whom visited and monitored individually</i>	61
Visits carried out	8
Restoring family links	
RCMs collected	23

ASSISTANCE

	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	75,000
Essential household items	Beneficiaries	10,000
Cash	Beneficiaries	4,000
		82,980
		46,270
		3,820
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	155,100
		31,670
Health		
Health centres supported	Structures	3
		4
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	2
Patients receiving services	Patients	800
		2
		1,024

CONTEXT

Between August and December, over 650,000 people fled violence in the Rakhine state of Myanmar (see *Myanmar*) and sought refuge in Bangladesh; they joined the roughly 300,000 people who did so until January 2017. Most of them settled in existing makeshift camps or built temporary shelters along or near the Bangladesh–Myanmar border, in the Cox’s Bazar district, and in the Bandarban district of the Chittagong Hill Tracts; some lived in host communities.

New arrivals in remote border areas had virtually no access to food, clean water and health care. Resources in overcrowded camps and host communities in Teknaf and Ukhiya, in Cox’s Bazar, were scarce; basic goods and services were almost unobtainable for residents and people from Myanmar already there. By October, the Bangladeshi authorities and the UN had begun relocating some of these displaced people to a new site in Cox’s Bazar. The conditions in camps, made worse by the heavy rain and the floods, put displaced people at even greater risk of contracting infectious diseases.

Violence in Bangladesh damaged property and led to arrests, injuries or deaths: in Dhaka and other areas, local authorities conducted security operations against certain groups committing acts of violence; communal tensions persisted in the Chittagong Hill Tracts.

People lost contact with their families, owing to migration or violence. Bangladesh remained prone to natural disasters.

ICRC ACTION AND RESULTS

The ICRC and the Bangladesh Red Crescent Society worked closely together. They scaled up their response to the urgent needs and protection concerns of people from Myanmar and residents in host communities, in the Cox’s Bazar district and the Chittagong Hill Tracts. The ICRC prioritized providing emergency relief over other planned activities, reallocating its resources and/or implementing certain activities later in the year than planned. It also launched a budget extension appeal¹ and opened a new office in Cox’s Bazar.

The ICRC engaged the authorities, military and security forces, and religious leaders in dialogue on the Movement’s humanitarian activities, and on IHL and other applicable norms; its aim was to facilitate safe access, for vulnerable people, to emergency aid. The ICRC and the National Society also carried out public-communication initiatives to broaden awareness, among the public and in civil society, of IHL and the plight of the people from Myanmar.

As the ICRC’s main partner, the National Society received comprehensive support for boosting its capacity to deliver humanitarian services, and for training students and first responders to provide first aid and/or family-links services. With such support, the National Society also led the Movement’s response to the spillover effects of the humanitarian crisis in Rakhine. All the Movement components in Bangladesh met regularly to coordinate their work.

The ICRC, primarily with the National Society, provided people from Myanmar with emergency food, water and essential household items, and enabled members of separated families to reconnect. It helped increase the availability of health care in Cox’s Bazar and other border areas, to both residents and people from Myanmar: it backed two National Society-run mobile clinics, and maintained its support for the Teknaf and Ukhiya health facilities, where authorities worked to upgrade services. In the Chittagong Hill Tracts, Bangladeshi residents affected by communal tensions worked towards economic stability with cash grants from the ICRC; households that had been receiving similar aid from 2014 onwards, increased their income significantly. These people also benefited from ICRC repairs to water and sanitation facilities.

Referrals and financial support enabled disabled people to receive treatment at the Chittagong and Savar branches of the Centre for the Rehabilitation of the Paralyzed (CRP), for which the ICRC provided comprehensive assistance; it began providing material support to an institute in Proyash, part of which was still under construction. Thirty-four people on ICRC scholarships pursued studies in physical rehabilitation, in Bangladesh or elsewhere. As part of its social-inclusion initiatives, the ICRC, together with the national sports authorities, organized training sessions and tournaments for disabled athletes.

The ICRC visited prisons and communicated its findings and recommendations confidentially to the authorities. In coordination with the authorities, the ICRC helped local and regional officials attend various conferences and courses to reinforce their capacities in prison management. ICRC technical, financial and material support helped prison officials launch pilot health and family-visit programmes at one prison, and improve the infrastructure at several others. These efforts contributed to improved living conditions for detainees.

CIVILIANS

The ICRC documented the needs and concerns of people who had fled the violence in Rakhine, and shared them, confidentially, with the relevant parties, including in Myanmar (see *Myanmar*). It coordinated its activities with the Bangladeshi authorities, armed forces and security forces, and other pertinent parties, and engaged them in dialogue on protecting violence-affected people from Myanmar and ensuring their safe access to essential aid and to health-care and other services (see *Actors of influence*).

These meetings and discussions, including contact with key members of civil society, helped the ICRC to foster support for its mandate and activities, particularly the Movement’s family-links services, and maintain its access to violence-affected people in Cox’s Bazar, the Chittagong Hill Tracts and other disaster-prone places or border areas.

Members of families separated by migration or violence stay in touch

With ICRC material, technical and training support, Bangladesh Red Crescent Society staff and volunteers helped Bangladeshi residents and people from Myanmar contact their relatives abroad through the Movement’s family-links services. The National Society and the ICRC prioritized providing phone services to people from Myanmar, so that they could inform their relatives of their situation as they moved around Cox’s Bazar and other border areas (see *Context*); they were able to charge their phones at five

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/renxdonors.nsf/0/B43F62AD36E9E9DEC12581D8000B9DB1/\\$File/BEA_Bangladesh_2017_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/renxdonors.nsf/0/B43F62AD36E9E9DEC12581D8000B9DB1/$File/BEA_Bangladesh_2017_Final.pdf)

ICRC-provided solar-charging stations at new makeshift camps, or at older established ones. The ICRC registered six unaccompanied children from Myanmar. Together with the National Society, it also helped a Bangladeshi national who had been detained abroad to return home to his family.

To help prevent disappearances during migration and natural disasters, the Ministry of Disaster Management and Relief provided people nationwide, especially first responders, with 7,000 copies of guidelines – that it developed in 2016 with ICRC support – for managing human remains. The ICRC distributed to religious leaders copies of a book that discussed the management of human remains from the perspective of both Islamic law and IHL. Border guards, members of the coast guard, and police officers developed their ability to manage human remains at ICRC workshops; hundreds of them also received body bags.

People from Myanmar receive emergency aid and health care

ICRC emergency aid helped people from Myanmar in Cox's Bazar, Bandarban and other border areas – and some residents hosting them – meet their dietary and shelter needs, maintain good hygiene and obtain clean water and curative and/or preventive care. Some beneficiaries moved around or were relocated to a new camp (see *Context*); this meant that ICRC upgrades to facilities in border areas benefited fewer people than planned.

A total of 82,980 people (15,956 households) were given food; among them, almost 46,300 people (9,254 households) also received essential household items and clothes for the winter. Some of these people received such aid more than once. The ICRC repaired or installed water and sanitation facilities, and donated chlorine water-purification tablets for people who had settled in border areas: more than 27,000 people benefited. The ICRC gave the authorities and some vulnerable people tools for repairing their makeshift shelters or the facilities in camps; the authorities built showers for women, away from the bathing areas for men, in part to help them avoid harm.

The National Society and the ICRC set up a mobile clinic from January to April in Cox's Bazar, which served mostly people from Myanmar. After the mass influx of people in August (see *Context*), they deployed another clinic to four other border areas, where new arrivals had been stranded. At the clinics, several doctors and paramedics, aided by ICRC training, provided people with psycho-social care in addition to daily health-care services; two of them learnt to provide suitable treatment for victims of sexual violence.

Residents of host communities and people from Myanmar also continued to obtain care from two government health facilities in Teknaf and Ukhiya that received comprehensive support from the National Society and the ICRC. Notably, the authorities installed security lights at the Ukhiya facility with ICRC assistance, helping ensure safer access at night for patients and health staff. Emergency departments at these facilities and another one in Cox's Bazar – aided by medical supplies from the ICRC – treated people with diphtheria and measles contracted in camps.

Bangladeshis in the Chittagong Hill Tracts have access to clean water and some economic stability

In the Chittagong Hill Tracts, cash from the ICRC enabled about 760 destitute households (supporting 3,820 people) affected by

communal tensions to start or expand small businesses; two families reunited with their children by the National Society and the ICRC in 2016, received material support to sustain their households. Notably, most households that had been receiving similar aid since 2014, increased their income by around 60%.

A total of 1,270 Bangladeshi residents of six communities in the Khagrachari district had more sanitary surroundings and access to potable water after the ICRC installed latrines and water points. Roughly 50 community members were trained to operate and maintain water facilities; about 20 others learnt good hygiene practices and how to promote them within their communities.

In the Bandarban and Rangamati districts, the ICRC built storage and cooking facilities at three schools that sheltered residents during natural disasters. ICRC-donated equipment helped the National Society prepare for such emergencies.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited people in seven prisons and communicated its findings and recommendations confidentially to penitentiary officials, to help them improve detainees' treatment and living conditions. It continued, through dialogue with the authorities, to seek access to all detainees within its purview.

Foreign detainees restored or maintained contact with relatives through RCMs relayed by the Bangladesh Red Crescent Society and the ICRC; at the request of some of them, the ICRC notified their embassies of their detention.

Prison and public-works officials – sponsored by the ICRC – attended conferences and courses abroad, organized or supported by the organization, on prison management and health care in detention. Notably, in May, the home-affairs ministry and the ICRC jointly hosted a regional conference on prison management in Dhaka; 28 prison officials from 12 countries participated. Owing to administrative constraints, the authorities had not yet established a training institute for prison managers; and no ICRC activities in this regard took place.

Authorities launch pilot projects to improve family contact and access to health care for detainees

The authorities, with ICRC material and technical support, sought to improve family contact and access to health care for detainees; the ICRC gave prison officials at six prisons expert advice on health-care provision. The authorities launched pilot projects at the Tangail prison, with a view to replicating them in other prisons: for instance, as part of these projects, prison health staff developed protocols for medical assessments and data management. The ICRC also renovated the clinic at the prison and built a facility where detainees could make phone calls or receive family visits.

Around 21,400 detainees had better living conditions after the authorities – with ICRC support – repaired or constructed water-supply, sanitation and electrical power systems or kitchen facilities, or the ICRC distributed hygiene kits, at nine prisons. Detainees, including women and foreigners, received clothing and/or recreational materials, some of which were distributed by the National Society. The ICRC built a playground at one prison and donated toys to several others – benefiting children who lived with their detained parents.

WOUNDED AND SICK

Destitute disabled people improve their mobility with ICRC-supported treatment

People with physical disabilities – many of whom were destitute – obtained physical rehabilitation services at two CRP branches in Chittagong and Savar; the ICRC covered their expenses for treatment, transport, accommodation and food. The ICRC helped enhance the quality of services at these centres, and at an institute in Proyash, by providing expert guidance and financial and/or material support. The authorities began constructing a new prosthetics and orthotics unit at the Proyash institute with material aid and guidance from the ICRC.

ICRC support contributed to the sustainability of local physical rehabilitation services. The ICRC gave the CRP-affiliated Bangladesh Health Professions Institute (BHPI) advice for improving its courses in prosthetics and orthotics. ICRC scholarships enabled 34 people to pursue courses in physical rehabilitation at the BHPI or abroad.

Disabled cricketers competed in a tournament organized by the authorities and the ICRC; afterwards, about 20 of them were selected to form the national team. The Bangladesh Cricket Board, encouraged by the ICRC, officially endorsed disability cricket and included the sport in its mandate and activities. A team of wheelchair basketball players attended an ICRC-supported training session; with the ICRC's financial support, they also competed in a tournament in Nepal (see *New Delhi*). These ICRC-backed initiatives helped promote the social inclusion of disabled people.

Students in disaster-prone and border areas learn first aid

Hundreds of students, including those affiliated with political parties and religious institutions, law enforcement officers, and Bangladesh Red Crescent Society volunteers in Cox's Bazar and the Chittagong Hill Tracts attended first-aid and search-and-rescue workshops organized by the National Society. Imams participated in similar workshops and received training materials, to help them teach others first aid. During the Bishwa Ijtema, a congregation of Muslims, an ICRC-backed National Society medical team gave consultations to roughly 1,000 people and referred some disabled people to ICRC-supported physical rehabilitation centres.

The ICRC conducted no courses on emergency-room trauma care, because it planned to shift its focus to supporting the emergency department of a hospital in Cox's Bazar, which was dealing with the humanitarian consequences of the crisis in Rakhine.

ACTORS OF INFLUENCE

Military and government officials strengthen their grasp of IHL

Some 6,000 military and/or security forces personnel – including border guards and members of the coast guard and troops bound for UN peacekeeping missions – learnt more about IHL and international human rights law, especially in relation to detention (see *People deprived of their freedom*) and their work in violence-affected areas, during ICRC briefings and training sessions in Bangladesh. Some of them, sponsored by the ICRC, attended similar sessions elsewhere (see *New Delhi*). Military and police officers, with ICRC material and technical support, worked on incorporating key provisions of IHL, international human rights law and international policing standards in their training and operations. Notably, the police academy used a Bengali version of an ICRC publication,

translated by local experts with ICRC support, as a source of reference on international policing standards; about 20 senior instructors attended training courses and developed their ability to teach these standards to others.

Courses, workshops and other events held abroad, supported or organized by the ICRC, enabled military and government officials – including members of the national IHL committee – and academics to learn about IHL implementation and related matters. Senior government and military officials attended courses in preventing sexual violence and protecting cultural property during armed conflict (see, for example, *New Delhi* and *Sri Lanka*). Several military lawyers and law professors helped review the ICRC's updated commentaries on the 1949 Geneva Conventions (see *International law and policy*).

Religious leaders and the media learn more about IHL and the ICRC's activities

Dialogue and information sessions with religious leaders, and with media representatives and other key members of civil society, helped the ICRC foster support for IHL and the Movement in Bangladesh. Scholars, religious leaders and others in Cox's Bazar, the Chittagong Hill Tracts and elsewhere added to their knowledge of the similarities between Islamic law and IHL – in relation to the goals of the Health Care in Danger project, for instance – at seminars organized by local institutions and the ICRC, or through courses conducted abroad in Arabic (see *Lebanon* and *Tunis*). The ICRC donated roughly 500 publications on this and other subjects to religious schools.

The media, which drew on ICRC briefings and online publications, helped keep the public informed of the plight of people from Myanmar and host communities in Bangladesh, and of the Movement's response. Journalists, local authorities and the general public learnt more about the use of the emblems protected under IHL through an ICRC-supported information campaign and radio shows produced by the Bangladesh Red Crescent Society.

RED CROSS AND RED CRESCENT MOVEMENT

The Bangladesh Red Crescent Society reinforced its operations and led the Movement's response to the needs of people from Myanmar and their host communities in Bangladesh (see above), with comprehensive support from the ICRC, the International Federation, and other National Societies. Movement partners in the country met regularly to coordinate their activities.

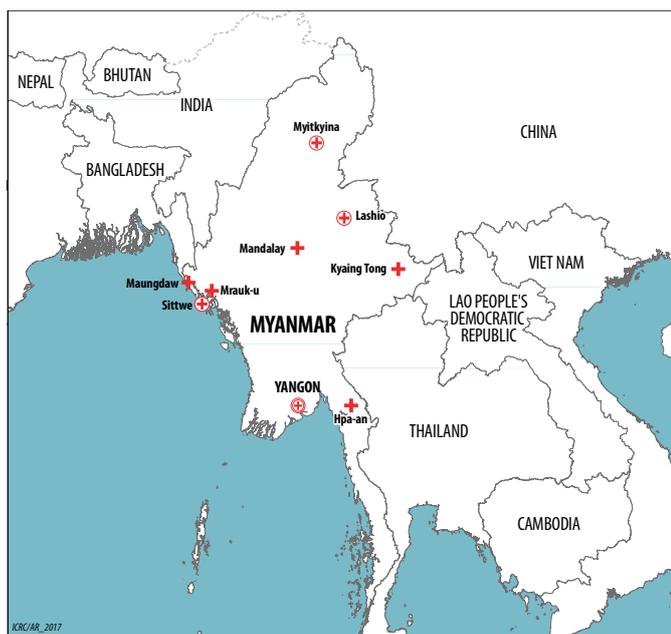
The ICRC conducted or supported training, in the provision of family-links services, for National Society staff and volunteers (see *Civilians* and *Wounded and sick*); workshops on the Safer Access Framework showed them how to protect themselves more effectively in remote and/or violence-prone areas. The National Society recruited new volunteers and made improvements to its offices with ICRC financial, material, and technical assistance.

With ICRC financial and logistical support, the National Society also attended meetings with Movement partners outside Bangladesh on matters of common concern, such as coordination, certain humanitarian issues and promotion of IHL.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		697			
RCMs distributed		9			
Phone calls facilitated between family members		8,665			
Reunifications, transfers and repatriations					
People reunited with their families		1			
	<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		89	14	11	18
	<i>including people for whom tracing requests were registered by another delegation</i>	8			
Tracing cases closed positively (subject located or fate established)		9			
	<i>including people for whom tracing requests were registered by another delegation</i>	8			
Tracing cases still being handled at the end of the reporting period (people)		83	14	8	13
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		6	4		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		6	4		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		7			
Detainees in places of detention visited		16,924	745	71	
Visits carried out		8			
			Women	Girls	Boys
Detainees visited and monitored individually		61	1		2
	<i>of whom newly registered</i>	50	1		2
RCMs and other means of family contact					
RCMs collected		23			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	82,980	37,027	21,057
Essential household items	Beneficiaries	46,270	18,504	13,883
Cash	Beneficiaries	3,820	1,383	1,149
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	31,670	16,468	12,668
Health				
Health centres supported	Structures	4		
Average catchment population		756,788		
Consultations		247,153		
	<i>of which curative</i>	238,733	5,205	19,930
	<i>of which antenatal</i>	8,420		
Referrals to a second level of care	Patients	3,743		
	<i>of whom gynaecological/obstetric cases</i>	333		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	17,831	788	104
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	21,422	1,071	
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services (sum of monthly data)		1,024	80	648
New patients fitted with prostheses	Patients	211	30	25
Prostheses delivered	Units	316	41	50
New patients fitted with orthoses	Patients	568	35	459
Orthoses delivered	Units	1,300	51	1,143
Patients receiving physiotherapy	Patients	2,356	173	1,483
Walking aids delivered	Units	2		

MYANMAR



ICRC/AR_2017
 (+) ICRC delegation (◻) ICRC sub-delegation (+) ICRC office

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ In response to the intensified violence in Rakhine, the International Federation, the Myanmar Red Cross Society and the ICRC scaled up their emergency efforts to assist people affected.
- ▶ People in Kachin, Rakhine and Shan obtained health care at hospitals and other health facilities receiving various forms of ICRC support.
- ▶ Prison health staff, assisted by the ICRC, strengthened their ability to respond to detainees' health concerns. Detainees benefited from the ICRC's renovation or construction of basic infrastructure in prisons.
- ▶ Physically disabled people improved their mobility with rehabilitative care from ICRC-supported centres, including a new one in Shan, and services from mobile workshops and roving technicians.
- ▶ At an ICRC workshop, military officers, including instructors from military training schools, expanded their knowledge of IHL and its applicability to their duties.
- ▶ The ICRC's access to Kachin and Shan was limited and uneven throughout the year, which hampered some of the activities that it had planned.

EXPENDITURE IN KCHF

Protection	6,253
Assistance	26,110
Prevention	2,812
Cooperation with National Societies	3,835
General	472
Total	39,482
<i>Of which: Overheads</i>	<i>2,321</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	78%
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PERSONNEL

Mobile staff	72
Resident staff (daily workers not included)	508

The ICRC began working in Myanmar in 1986. It responds to the needs of IDPs and other people affected by armed clashes and other situations of violence, helping them restore their livelihoods, supporting primary-health-care, hospital and physical rehabilitation services, and repairing water, health and prison infrastructure. It conducts protection activities in favour of affected communities, visits detainees in places of permanent detention and provides family-links services. It promotes IHL and other international norms and humanitarian principles. It works with the Myanmar Red Cross Society in many cases and helps it build its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,178
RCMs distributed	1,609
Tracing cases closed positively (subject located or fate established)	702
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	19
Detainees in places of detention visited	42,157
<i>of whom visited and monitored individually</i>	268
Visits carried out	26
Restoring family links	
RCMs collected	2,431
RCMs distributed	1,495

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 100,000	228,825
Essential household items	Beneficiaries 122,500	106,335
Productive inputs	Beneficiaries 22,500	25,327
Cash	Beneficiaries 54,000	37,100
Services and training	Beneficiaries 80	45,476
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 135,300	80,959
Health		
Health centres supported	Structures 5	25
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 2	13
Water and habitat		
Water and habitat activities	Beds 645	992
Physical rehabilitation		
Projects supported	Projects 5	5
Patients receiving services	Patients 5,650	4,125

CONTEXT

On 25 August 2017, armed elements mounted coordinated attacks on around 30 police outposts in and around Maungdaw township in northern Rakhine state. Government forces responded by intensifying security operations. The violence – which reportedly included killing of civilians, sexual violence and burning of villages – lasted several weeks and led to a new and massive wave of displacement: more than 650,000 people fled to Bangladesh and around 27,000 sought refuge in other parts of Rakhine. These events heightened communal tensions even more, affecting Buddhist, Muslim and other communities still suffering the effects of previous attacks by armed elements on government forces in October 2016. Even as people in Rakhine continued to leave for Bangladesh, the governments of Bangladesh and Myanmar reached agreements on these people's return, which were yet to take effect.

Peace negotiations between the government and various armed groups continued. However, clashes between the parties persisted and displaced thousands of people in Kachin and Shan states. IDPs and other violence-affected people struggled to maintain or restore their livelihoods and to obtain basic services.

Security concerns and restrictions on access imposed by the authorities hampered humanitarian organizations' efforts to reach people affected by the fighting.

Mines and explosive remnants of war (ERW) remained a source of concern in many areas of the country. Cyclone Mora hit Rakhine at the end of May 2017.

ICRC ACTION AND RESULTS

In 2017, the ICRC scaled up its response to the needs of victims of armed conflict and other situations of violence in Myanmar. In all its contacts with the authorities, armed groups and members of civil society, it sought to foster support for humanitarian principles, IHL and the Movement. This helped improve the Movement's access to vulnerable communities, particularly in northern Rakhine. However, the ICRC's access to Kachin and Shan was limited and uneven throughout the year, which hampered some of the activities that it had planned.

Following the events of August 2017, the ICRC, in coordination with the International Federation and the Myanmar Red Cross Society, launched a budget extension appeal¹ to support the Movement's emergency efforts to assist people affected by the crisis in Rakhine. Aid in the form of food, essential household items and cash helped violence-affected people cope with their situation. Those affected by the fighting also obtained water and/or shelter assistance from the ICRC.

Households in Kachin, Rakhine and Shan started, resumed or boosted livelihood activities with seed and tools, and/or cash grants coupled with training in business skills, from the ICRC. People were less exposed to various health risks after the ICRC repaired and constructed water and sanitation facilities.

The ICRC worked closely with the health ministry and others to broaden access to health care. People within reach of ICRC-supported

hospitals, health centres and satellite posts obtained preventive and curative care. In Rakhine, the ICRC increased its financial support for the health ministry's emergency patient transport system and outpatient referral service; they enabled Buddhist, Muslim and other communities to have safe and ready access to the Sittwe General Hospital and other facilities. After Cyclone Mora and the intensification of violence in Rakhine, the ICRC provided hospitals in Buthidaung, Maungdaw, Mrauk-U and Sittwe with medical supplies, to help them respond to the needs of those affected. It also provided support for the health ministry to send rapid-response teams that, together with trained community health workers, delivered mobile health services to people in Rakhine.

Disabled people received treatment at four ICRC-supported physical rehabilitation centres. Mobile workshops and roving technicians repaired assistive devices for people who lived far from these centres.

Dialogue with the authorities contributed to the ICRC regaining access to prisons in Rakhine, including the Buthidaung prison, which held people arrested in relation to the events of October 2016 and August 2017. The ICRC continued to visit, in accordance with its standard procedures, detainees in prisons and labour camps under the authority of the home affairs ministry. Findings from these visits were discussed confidentially with prison authorities, with a view to improving detainees' living conditions. Senior prison staff attended courses abroad with ICRC sponsorship, and learnt more about internationally recognized standards for prison administration. Detainees benefited from the ICRC's renovation or construction of basic infrastructure.

Dialogue, dissemination sessions and workshops helped the authorities, weapon bearers and members of civil society to advance their understanding of IHL and the Movement's work. The ICRC president's visit to Myanmar in May, and the delegation's social media account in the local language, helped broaden public awareness of and foster support for the Movement's response to humanitarian issues in the country.

The National Society remained the ICRC's primary partner in the country. Together with the ICRC, it conducted risk-education sessions for people in areas affected by mines/ERW. Movement components operating in Myanmar worked closely to improve coordination and their overall emergency response.

CIVILIANS

In areas affected by conflict and other violence, the ICRC bolstered its dialogue with the authorities, community leaders and others on such matters as the necessity of protecting civilians and of permitting access to basic services. These discussions helped the ICRC and its Movement partners broaden their access to vulnerable communities, particularly in northern Rakhine, and respond to their needs. However, the ICRC's access to Kachin and Shan was limited and uneven throughout the year, which hampered some of the activities that it had planned.

Members of families dispersed by conflict or other violence, detention or migration restored or maintained contact through the Movement's family-links services, such as RCMs and tracing; Myanmar Red Cross Society staff, with the ICRC's assistance, strengthened their ability to deliver these services.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/81EF5A61706E1BC4C12581D8000B63D7/\\$File/BEA_Myanmar_2017.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/81EF5A61706E1BC4C12581D8000B63D7/$File/BEA_Myanmar_2017.pdf)

Violence-affected people obtain relief

Following the crisis in Rakhine, a budget extension appeal – launched in coordination with the International Federation and the Myanmar Red Cross Society – enabled the ICRC to expand its distributions of relief items and bolster its logistical capacity to ensure the efficient delivery of aid.

A total of 228,825 people (41,622 households) affected by clashes in Rakhine received food. The National Society and the ICRC were able to distribute much more food than planned in the budget extension appeal, owing to their broadened access in Rakhine. In Kachin, Rakhine and Shan, distributions of essential household items helped 84,700 violence-affected people (16,047 households) cope with their situation. Up to 26,780 people (6,420 households) with access to markets were given cash, including through cash-for-work projects, to meet their basic needs.

Over 21,600 IDPs living in camps in Rakhine met more than half of their cooking-fuel needs with fuel sticks from the ICRC; this meant that they did not have to leave the camps, to collect firewood, as often, and were therefore less at risk of harm.

Households resume livelihood activities

In Kachin, Rakhine and Shan, around 2,050 violence-affected households (10,315 people) started, resumed or boosted livelihood activities, such as handicrafts, agriculture and livestock farming, through ICRC cash grants coupled with training in business skills. A total of 4,922 households (25,327 people) received seed and tools to grow more food and diversify their diet. The ICRC helped the Food and Agriculture Organization of the UN distribute rice and fertilizer to violence-affected people in Rakhine.

Over 9,150 households (45,476 people) that breed livestock received technical advice from, and had their herds treated, when necessary, by community-based animal health workers trained by the local veterinary services and the ICRC.

Rapid-response teams deliver mobile health services

In Kachin, Rakhine and Shan, the ICRC provided 25 health centres and satellite posts – including facilities in areas controlled by armed groups – and other relevant actors with various forms of support that helped to improve access to preventive and curative care, including mother-and-child care. For instance, in Rakhine, ICRC training helped traditional birth attendants to bolster their skills; and material assistance from the ICRC enabled the health ministry to maintain its immunization programmes. Patients in need of more advanced treatment in Rakhine were referred to the Sittwe General Hospital and other facilities (see *Wounded and sick*). Infrastructural projects were completed in ten rural health centres.

Following the events of August 2017, the ICRC scaled up its material and financial assistance for the health ministry. Notably, it provided support for the health ministry to train and deploy rapid-response teams that, together with trained community health workers, delivered mobile health services, to people in Rakhine. The ICRC also supported the National Society's mobile health services.

A total of 33,662 people in Kachin, Rakhine and Shan were less exposed to various health risks after the ICRC repaired and constructed water and sanitation facilities. Nearly 47,300 people affected by violence and/or Cyclone Mora obtained water and/or shelter assistance from the ICRC.

People in mine-affected areas learn safe practices

A total of 24,447 people living in areas affected by mines/ERW learnt safe practices at sessions conducted by the National Society and the ICRC; these sessions were supplemented by the distribution of informational materials. The National Society, with ICRC support, trained its volunteers and others to conduct such sessions. Nineteen mine/ERW victims in Kachin and Shan received ICRC medical or livelihood support.

The ICRC held meetings with military engineers and others to discuss humanitarian demining and other means of protecting mine-affected communities. The ICRC also organized a study tour of the Bosnia and Herzegovina Mine Action Centre and the ICRC headquarters for military engineers.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Rakhine receive ICRC visits

Dialogue with the authorities contributed to the ICRC regaining access to prisons in Rakhine, including the Buthidaung prison, which held people arrested in relation to the events of October 2016 and August 2017.

The ICRC visited, in accordance with its standard procedures, detainees in prisons and labour camps under the authority of the home affairs ministry. Its aim was to monitor detainees' treatment and living conditions. Afterwards, it discussed its findings confidentially with the detaining authorities, with a view to helping them improve detention conditions and basic services.

Inmates restored or maintained contact with their relatives through RCMs; 1,650 detainees benefited from family visits sponsored by the ICRC. A total of 3,016 released detainees returned home with financial assistance from the ICRC.

Prison managers strengthen their capacities

With ICRC support, senior prison staff bolstered their technical and managerial capacities at international conferences on prison management (see, for example, *Bangladesh*). These events gave prison managers and specialists, including engineers and doctors, opportunities to evaluate their working procedures and discuss humanitarian issues and internationally recognized standards for prison administration. Detaining authorities drew on the ICRC's expertise to draft a new law that sought to foster respect for internationally recognized standards for detention.

Prison health staff developed treatment protocols, and strengthened their ability to respond to detainees' health concerns, with the ICRC's technical assistance. At a round-table, detaining authorities and the ICRC discussed the development of standard procedures for managing scabies in prisons. The ICRC urged the home affairs ministry, the health ministry and others to work together to improve detainees' access to health care.

The ICRC constructs a school within the Mandalay Central Prison

The ICRC's renovation or construction of basic infrastructure, such as medical facilities, benefited over 24,000 inmates at 13 places of detention; upgraded sewage systems eliminated the need for inmates to empty septic tanks manually. Detainees also benefited from newly constructed rooms for family visits and multi-purpose facilities for women. The ICRC distributed hygiene, recreational and educational items to them. As part of a pilot project, the ICRC

built a school for detainees within the Mandalay Central Prison; the school was formally certified by the education ministry.

WOUNDED AND SICK

Hospitals bolster their capacities

Myanmar Red Cross Society staff and volunteers, health workers and/or other community members in Kachin, Rakhine and Shan strengthened their capacity to provide timely medical assistance; the ICRC provided material support and first-aid training sessions to this end. The ICRC also trained first-aid instructors to conduct such sessions.

The ICRC increased its financial support for the health ministry's emergency patient transport system and outpatient referral service; this enabled Buddhist, Muslim and other communities in Rakhine to have safe and ready access to hospital care. For instance, 1,075 people in central Rakhine used the health ministry's emergency patient transport system to reach the Sittwe General Hospital; the hospital's outpatient referral service enabled 2,269 IDPs with chronic illnesses to obtain specialized treatment. In northern Rakhine, 212 patients used the emergency patient transport system to reach other facilities, such as the township hospital in Maungdaw.

ICRC support – infrastructural upgrades and/or material aid – enabled several hospitals in Kachin, Rakhine and Shan to boost their capacities. ICRC personnel maintained contact with the staff of one hospital in Laiza, Kachin, and gave them technical advice and training; they were, however, mostly without direct access to the hospital. After Cyclone Mora and the events of August 2017, the ICRC provided hospitals in Buthidaung, Maungdaw, Mrauk-U and Sittwe with medical supplies and equipment, to help them respond to the health needs of those affected.

New physical rehabilitation centre in Shan opens

In March, the health ministry opened the physical rehabilitation centre in Shan constructed by the ICRC.

Physically disabled people improved their mobility by using the services at four ICRC-supported physical rehabilitation centres: the Hpa-an Orthopaedic Rehabilitation Centre (HORC) run by the National Society; and the Myitkyina centre in Kachin, the new facility in Shan, and the Yenanthar Leprosy Hospital, all run by the health ministry. They obtained assistive devices and physiotherapy, and the ICRC covered their treatment costs. Mine victims received 34% of the prostheses delivered. To improve services at the HORC and one other facility, the National Rehabilitation Hospital in Yangon, the ICRC upgraded infrastructure at the two facilities and supported their production of prosthetic feet. The ICRC also sponsored selected staff members from the HORC and the Yenanthar Leprosy Hospital to attend courses in prosthetics or orthotics and/or meetings in Myanmar and elsewhere.

Amputees elsewhere in the country learnt about the ICRC-supported physical rehabilitation centres through dissemination sessions and informational materials conducted and distributed by the ICRC, respectively, and media reports. The referral system jointly operated by the National Society and the ICRC helped inform disabled people of the centre or service provider nearest them: for instance, 280 people from south-eastern Myanmar received referrals to the HORC. A summer prosthetics programme implemented by the National Society and the ICRC referred children to the HORC or the Yenanthar Leprosy Hospital.

Mobile workshops stationed near their communities repaired assistive devices for 1,471 disabled people living far from the HORC; people also received such services from ICRC-supported roving technicians covering several states or regions. Twelve technicians from Kachin and Shan sharpened their skills through ICRC-sponsored training at the HORC.

The ICRC sponsored 12 disabled athletes to participate in the 9th Association of Southeast Asian Nations Para Games in Malaysia, with a view to helping advance the social inclusion of disabled people in Myanmar.

ACTORS OF INFLUENCE

The ICRC sought, in various ways, to engage with authorities, weapon bearers and other key actors in Myanmar; its aim was to foster support for humanitarian principles, IHL, and the Movement, and to persuade them to facilitate access to violence-affected communities (see *Civilians*). For instance, the ICRC president's visit to Myanmar in May, and his meetings with the country's president and the military's commander-in-chief, helped advance dialogue with the authorities. Operational constraints, however, delayed some of the activities planned by the ICRC. The ICRC also expanded its contact with people affected by the fighting, with a view to understanding their needs more fully and responding more effectively.

Military officers learn more about IHL

At an ICRC workshop, military officers, including instructors from military training schools, strengthened their grasp of IHL and its applicability to their operations. The workshop was organized to assist the military's efforts to incorporate IHL in the training for its officers. The military followed up the meeting between the ICRC president and the military's commander-in-chief by assigning a focal point to liaise with the ICRC. Senior army officers, sponsored by the ICRC, attended IHL courses abroad (see *International law and policy*).

The Myanmar police and the ICRC discussed various matters, such as the handling of police investigations. Handbooks on police conduct and first aid were completed and set to be distributed by the ICRC. Two senior police officers, sponsored by the ICRC, attended international seminars on such subjects as police custody. The ICRC had planned to conduct a number of workshops for police officers, but various administrative difficulties prevented them from taking place.

The ICRC maintained contact with representatives of armed groups, with a view to broadening their awareness of IHL.

Members of civil society improve their understanding of humanitarian issues

To broaden acceptance for its presence and to help facilitate its work, the ICRC continued to cultivate relationships with key figures in civil society. ICRC dissemination sessions enabled about 7,230 people – community, religious and IDP camp leaders, members of civil society organizations, students and others – to learn about humanitarian principles, the ICRC's mandate and activities, and other related matters. The ICRC, in some instances with the Myanmar Red Cross Society, also conducted briefing sessions about the Movement and/or IHL for parliamentarians and other government representatives. National Society trainers learnt the basic principles of IHL at a course conducted by the ICRC.

Students and professors, sponsored by the ICRC, took part in moot court competitions in Myanmar and elsewhere. Academics and military lawyers exchanged views on IHL implementation, and experiences in this connection, at an ICRC seminar. ICRC support enabled academics to strengthen their grasp of IHL at seminars abroad.

The ICRC president's visit, the delegation's social media account in the local language, and interviews given to local and international media organizations about the Rakhine crisis helped broaden public awareness of the Movement's response to humanitarian issues in the country, and foster support for it. The ICRC sponsored two journalists to attend a conference for members of the media.

RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross Society remained the ICRC's primary operational partner in Myanmar, particularly during the Rakhine crisis, but also in Kachin and northern Shan at other times. Most of the ICRC's assistance activities in response to the situation in Rakhine were conducted with the National Society.

The National Society focused on structural reform, with a view to strengthening its branches throughout the country; Movement partners provided technical, material and financial support. It expanded its capacities through ICRC training in such areas as mine-risk education, restoring family links and applying the Safer Access Framework. The International Federation, with ICRC support, also conducted capacity-building sessions for the National Society, to bolster its response to the crisis in Rakhine.

The National Society, guided by the ICRC, continued to discuss its draft of the emblem law with the authorities concerned. It drew on International Federation and ICRC expertise to develop regulations for implementing the Red Cross Act.

Movement components operating in Myanmar met regularly and worked closely to improve coordination and their overall emergency response, and to avoid duplication of effort, particularly in Rakhine.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,178			
RCMs distributed		1,609			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		984	74	45	162
	<i>including people for whom tracing requests were registered by another delegation</i>	82			
Tracing cases closed positively (subject located or fate established)		702			
	<i>including people for whom tracing requests were registered by another delegation</i>	25			
Tracing cases still being handled at the end of the reporting period (people)		119	16	9	27
	<i>including people for whom tracing requests were registered by another delegation</i>	49			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		19			
Detainees in places of detention visited		42,157	5,612	990	
Visits carried out		26			
			Women	Girls	Boys
Detainees visited and monitored individually		268	35	2	46
	<i>of whom newly registered</i>	177	23	2	43
RCMs and other means of family contact					
RCMs collected		2,431			
RCMs distributed		1,495			
Detainees visited by their relatives with ICRC/National Society support		1,650			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	228,825	59,495	114,413
	<i>of whom IDPs</i>	49,035	12,748	24,518
Essential household items	Beneficiaries	106,335	27,649	53,168
	<i>of whom IDPs</i>	42,282	10,994	21,142
Productive inputs	Beneficiaries	25,327	6,586	12,661
	<i>of whom IDPs</i>	10,588	2,754	5,293
Cash	Beneficiaries	37,100	9,646	18,555
	<i>of whom IDPs</i>	18,539	4,820	9,270
Services and training	Beneficiaries	45,476	11,809	22,696
	<i>of whom IDPs</i>	7,750	2,012	3,877

Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	80,959	32,558	16,279
	<i>of whom IDPs</i>	24,418	9,767	4,883
Health				
Health centres supported	Structures	25		
Average catchment population		525,201		
Consultations		64,232		
	<i>of which curative</i>	53,370	1,889	2,552
	<i>of which antenatal</i>	10,862		
Immunizations	Patients	89,160		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	45,198		
Referrals to a second level of care	Patients	809		
	<i>of whom gynaecological/obstetric cases</i>	282		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	31,970	6,156	285
Cash	Beneficiaries	3,016	543	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	24,385	2,926	244
Health				
Places of detention visited by health staff	Structures	13		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	13		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	1		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	5	1	
	(including those related to mines or explosive remnants of war)	2	1	
	Non-weapon-wound admissions	166		
	Operations performed	135		
Medical (non-surgical) admissions		249	114	1
Gynaecological/obstetric admissions		319	319	
Consultations		11,020		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		4,403		
Weapon-wound admissions (surgical and non-surgical admissions)		62	117	41
Weapon-wound surgeries performed		38		
Patients whose hospital treatment was paid for by the ICRC		1		
First aid				
First-aid training				
	Sessions	19		
	Participants (sum of monthly data)	458		
Water and habitat				
Water and habitat activities	Beds	992		
Physical rehabilitation				
Projects supported	Projects	5		
Patients receiving services (sum of monthly data)		4,125	487	283
New patients fitted with prostheses	Patients	386	68	13
Prostheses delivered	Units	865	102	61
	<i>of which for victims of mines or explosive remnants of war</i>	298	10	1
New patients fitted with orthoses	Patients	65	14	31
Orthoses delivered	Units	114	20	61
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	1,070	165	89
Walking aids delivered	Units	1,438	195	87
Wheelchairs or tricycles delivered	Units	106	21	25

PAKISTAN



ICRC/AR_2017
 ⊕ ICRC delegation ⊕ ICRC sub-delegation △ ICRC regional logistics centre

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Violence-affected people in the Federally Administered Tribal Areas and in Khyber Pakhtunkhwa obtained timely treatment, including primary health care and surgery for wounds, at ICRC-supported facilities.
- ▶ Disabled people received specialized care at ICRC-supported physical rehabilitation centres. The Indus Hospital took over the management of three centres in Karachi, Lahore and Muzaffargarh.
- ▶ Army, air force and navy personnel learnt more about IHL, and its applicability to their duties, at ICRC workshops, seminars and dissemination sessions.
- ▶ A local organization – CODE Pakistan – and the ICRC studied the causes and consequences of overcrowding in the country's prisons, with a view to making recommendations to the authorities for addressing the issue.

EXPENDITURE IN KCHF

Protection	1,514
Assistance	9,206
Prevention	3,496
Cooperation with National Societies	2,139
General	224
Total	16,579
<i>Of which: Overheads</i>	<i>1,012</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	241

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan and continues to support operations there. Its dialogue with the authorities aims to encourage the provision of care for violence-affected people, particularly the weapon-wounded. It holds discussions on the humanitarian consequences of violence and on neutral and independent humanitarian action with the government, religious leaders and academics. It supports rehabilitation services for disabled people and IHL instruction among the armed forces, while working with the Pakistan Red Crescent to provide primary health care and family-links services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	50
RCMs distributed	142
Phone calls facilitated between family members	2,137
Tracing cases closed positively (subject located or fate established)	58
People reunited with their families	15
<i>of whom unaccompanied minors/separated children</i>	<i>1</i>

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	291
Health		
Health centres supported	Structures	2
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	2
Physical rehabilitation		
Projects supported	Projects	25
Patients receiving services	Patients	52,219

CONTEXT

Displaced people – including those who had fled to Afghanistan – continued to return to their places of origin in North Waziristan, in the Federally Administered Tribal Areas (FATA), after the conclusion in 2016 of a major military operation to address security issues there. Military and law enforcement operations against armed groups continued elsewhere in the FATA and in Khyber Pakhtunkhwa (KP), and were extended to the Pakistani province of Punjab. The administrative integration of the FATA into KP was under review. In Balochistan, violent encounters between government forces and armed elements persisted, disrupting the provision of health care and other essential services. Attacks against civilian infrastructure – schools, hospitals and places of worship – took place in different parts of the country; various armed groups claimed responsibility.

Mines and explosive remnants of war (ERW) threatened the safety of certain communities in Balochistan, the FATA, KP and Pakistan-administered Kashmir.

Clashes and/or shelling along Pakistan's borders with Afghanistan, India and the Islamic Republic of Iran affected local communities.

International humanitarian organizations had little operational presence in Pakistan, owing to security concerns and administrative obstacles and restrictions imposed by the government.

ICRC ACTION AND RESULTS

In Pakistan, the ICRC had only a limited amount of space for its humanitarian activities. Therefore, in addressing the needs of violence-affected communities, it concentrated on the activities listed in the 1994 headquarters agreement and on others mutually agreed upon with the government. It worked closely with the Pakistan Red Crescent and other local partners to reach more people. The National Society was given various forms of assistance to strengthen its first-aid programme and family-links services.

National Society-run facilities supported by the ICRC provided health care for people who had fled their homes because of the fighting, including those returning from Afghanistan. Through ICRC training, health workers in Muzaffarabad learnt how to explain methods of preventing diabetes. Lady Reading Hospital in Peshawar and the Jamrud Civil Hospital in the FATA received assistance for treating violence-affected people. Doctors and nurses from Balochistan, the FATA, KP, Punjab and Sindh enhanced their skills at seminars on weapon-wound surgery and courses in emergency-room trauma care organized by the ICRC. The Dow University of Health Sciences in Karachi partnered with the ICRC to implement a module on treating wounded people.

Physically disabled people received free specialized care and assistive devices at ICRC-supported physical rehabilitation centres. The ICRC's closer collaboration with local partners contributed to the increase in the number of patients receiving services, compared to previous years. The ICRC handed over responsibility for managing three centres – in Karachi, Lahore and Muzaffargarh – to the Indus Hospital. Together with local partners, the ICRC sought to help strengthen the national physical rehabilitation sector. A government-registered private entity set to take over the ICRC's distribution of raw materials to partner organizations began its operations. The ICRC continued to provide support

for the social inclusion of disabled people: for instance, disabled children were given financial aid to continue their schooling.

A local organization – Cursor of Development and Education (CODE) Pakistan – and the ICRC studied the causes and consequences of overcrowding in the country's prisons, with a view to making recommendations to the authorities for addressing the issue. This entailed consulting and collecting data from the police, the judiciary, and bar councils.

The National Society, the ICRC and others conducted sessions on mine-risk education in mine/ERW-affected areas in the FATA, KP and Pakistan-administered Kashmir.

Members of families separated by violence, natural disasters, migration, or for other reasons, reconnected through family-links services from the National Society and the ICRC. People used a network set up by the National Society, with ICRC support, to report or call relatives with whom they had lost touch. The ICRC arranged for families to communicate, via phone and video calls, with relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba, the Parwan detention facility in Afghanistan, and elsewhere. At the request of the foreign ministry, the ICRC repatriated Pakistanis stranded in Somalia and Yemen, and together with the National Society, reunited them with their families.

At ICRC courses, national and international emergency responders and other pertinent actors learnt more about managing human remains during emergencies. The ICRC continued to work with the National Disaster Management Authority (NDMA) and other organizations to develop national guidelines for managing human remains after emergencies.

Various events organized by the ICRC and its partners enabled the authorities, academics, weapon bearers and others to learn more about IHL and the Movement. The ICRC organized a public awareness campaign and an essay competition to foster respect for ambulance services. Platforms such as the delegation's social media account offered the general public opportunities to familiarize itself with humanitarian issues and the ICRC's activities.

The delegation remained a key logistical hub for ICRC operations.

CIVILIANS

Women and children receive health care at National Society facilities

People who had fled their homes because of the fighting, including those returning from Afghanistan – particularly women and children – obtained primary health care at two facilities: one in the FATA and the other at a camp in KP for people displaced from North Waziristan. The Pakistan Red Crescent ran these facilities with the ICRC's financial, material and technical support. Over 50,600 medical consultations – for acute respiratory infections, diarrhoea and other illnesses – took place at the facilities; almost 27% of these consultations were for children under the age of five. About 570 pregnant women had at least one antenatal consultation. Dissemination sessions on health in communities helped broaden awareness of these centres' services.

The ICRC signed a memorandum of understanding with the health ministry, and another with The Diabetes Centre; both concerned

the implementation of a diabetes-prevention programme. ICRC training helped around 100 female health workers, doctors and paramedics in Muzaffarabad learn how to explain methods of preventing diabetes to patients and their relatives.

Communities in mine-affected areas learn safe practices

The National Society and the ICRC strove to mobilize the parties concerned, through a mine-action working group, to provide comprehensive assistance to mine-affected people. Over 71,540 people in areas affected by mines and ERW in the FATA, KP and Pakistan-administered Kashmir learnt safe practices at ICRC-supported mine-risk education sessions conducted by the National Society with teachers, Islamic scholars, police officers, and others. Informational materials – such as leaflets and posters – supplemented these sessions. The ICRC broadcast messages on the threat of mines and ERW on the radio and through the Special Communications Organization, with a view to keeping people in inaccessible areas informed as well. The International Day for Mine Awareness and Assistance in Mine Action provided various opportunities for raising public awareness of mines/ERW.

The National Society referred 79 new victims of mines/ERW to ICRC-supported physical rehabilitation centres (see *Wounded and sick*).

Pakistani nationals are repatriated from Somalia and Yemen, and reunited with their families

Members of families dispersed by violence, disasters, migration, or for other reasons reconnected through National Society and ICRC family-links services, such as RCMs and phone calls.

The ICRC arranged phone and video calls for 190 families to communicate with relatives held at the Guantanamo Bay internment facility, the Parwan detention facility, and elsewhere. Families in Pakistan sent books and food, through ICRC delegates, to 65 relatives detained abroad. Eight families from Pakistan visited relatives detained in Afghanistan. Fourteen families had confirmation, through the ICRC, of the release of relatives detained abroad.

People lodged requests with the National Society and the ICRC to trace their relatives. One unaccompanied minor was reunited with her father in Austria; nine other children restored or maintained contact with their relatives through phone and video calls. At the request of the foreign ministry, the ICRC repatriated 14 Pakistani nationals from Somalia and Yemen, and together with the National Society, reunited them with their families.

The National Society continued to strengthen its family-links services with the ICRC's assistance. People, including patients in public hospitals, used a network established by the National Society to report or call family members with whom they had lost contact and/or to obtain certain services, such as counselling from ICRC-trained psychologists. The National Society facilitated 1,505 phone calls, 50,528 referrals to other service providers, and counselling for 99,909 people, mainly during emergencies. It conducted dissemination sessions in various communities, on preventing loss of family contact and dispersal of families during migration. The ICRC sponsored one National Society representative to attend a regional event in Bangkok on the needs of migrants separated from their families.

Emergency responders bolster their capacity to manage human remains

The NDMA and the ICRC, along with other partner organizations, continued to develop national guidelines for managing human remains after emergencies. Three representatives of the NDMA and two health ministry officials attended a regional conference on the management of the dead organized by the ICRC in Nepal (see *New Delhi*).

At the International Course on the Management of the Dead in Emergencies hosted by the ICRC in Islamabad, 34 representatives of National Societies, disaster-management authorities, law enforcement agencies, emergency-management service providers, and other organizations from various countries exchanged best practices in managing dead bodies during disasters, armed conflict and other situations of violence. At a similar course organized in Lahore, 32 participants learnt how to recover human remains and document the information taken from them, and minimize the traumatizing consequences for the victims' families. An ICRC presentation at a conference organized by a local college in Faisalabad, enabled over 200 medico-legal professionals to understand more fully the importance of managing human remains in emergencies. The delegation also continued to develop a 'centre of excellence' for managing dead bodies during and after emergencies in Pakistan.

ICRC training helped staff at a mortuary in Lahore to expand their capacities in managing human remains and documenting information taken from them. The ICRC gave a local emergency-management service provider two rapid deployment kits for responding to mass-casualty incidents.

PEOPLE DEPRIVED OF THEIR FREEDOM

A local organization – CODE Pakistan – and the ICRC studied the causes and consequences of overcrowding in the country's prisons, with a view to making recommendations to the authorities for addressing the issue and devising a strategy for reducing pre-trial detention. This entailed consulting and collecting data from the police, detaining authorities, the judiciary, and bar councils.

With ICRC support, Pakistani authorities attended international conferences on prison management (see *Bangladesh*) and on prison health (see *Bangkok*).

The ICRC gave the families of 49 detainees held abroad cash grants for buying basic necessities. Owing to operational constraints, the Pakistan Red Crescent was unable to implement a family-links programme at one prison.

WOUNDED AND SICK

As part of its expanded first-aid programme (see *Red Cross and Red Crescent Movement*), and with a view to improving people's chances of receiving timely medical attention, the Pakistan Red Crescent conducted first-aid training sessions for potential first responders – male and female – such as students and ambulance drivers; the ICRC provided support for these sessions and supplied emergency responders throughout the country with wound-dressing kits.

A hospital in Peshawar strengthens its capacities with comprehensive support

The accident and emergency department of Lady Reading Hospital in Peshawar continued, with the ICRC's assistance, to treat violence-affected people in the FATA and KP. The assistance was provided within the framework of a memorandum of understanding signed by the hospital and the ICRC in 2015 and renewed in 2017 for another three years. It covered such areas as hospital management, training for health and other staff, and maintenance of infrastructure. The College of Physicians and Surgeons Pakistan recognized the hospital's accident and emergency department as a post-graduate training centre. A training facility was built for the hospital's nurses, with ICRC support.

The Jamrud Civil Hospital in the FATA also received ICRC support. The ICRC finished renovating its pharmacy. The FATA health directorate and the ICRC reached an agreement to cooperate in improving access for the wounded and the sick to good-quality health services.

Around 300 doctors and nurses from Balochistan, the FATA, KP, Punjab and Sindh enhanced their skills at ICRC seminars on weapon-wound surgery and courses in emergency-room trauma care. The Dow University of Health Sciences in Karachi and the ICRC signed a memorandum of understanding to implement a module on treating wounded people. The ICRC maintained its partnership with Isra University in Islamabad on a similar module.

Management of three physical rehabilitation centres is handed over to the Indus Hospital

A total of 22 physical rehabilitation centres, including a school under one of the centres, and one training institute, received comprehensive support from the ICRC. Physically disabled people received specialized care at the centres. The ICRC's closer collaboration with local actors in the physical rehabilitation sector contributed to the increase in the number of patients receiving services, compared to previous years. A total of 1,179 children were treated for clubfoot; the home-care team at the Paraplegic Centre in Hayatabad made follow-up visits to 313 people with spinal-cord injuries. The ICRC covered transport, food and accommodation costs for 6,000 patients and their attendants.

The centres provided 19,677 prosthetic and orthotic devices to disabled people free of charge; raw materials, equipment, and other support for producing these devices were supplied by the ICRC. The ICRC gave 17 staff members financial assistance for training abroad; around 90 prosthetists, orthotists, technicians and physiotherapists furthered their education with ICRC-sponsored scholarships and short courses.

The ICRC handed over responsibility for managing three physical rehabilitation centres – in Karachi, Lahore and Muzaffargarh – to the Indus Hospital, with a view to ensuring the sustainability of the centres' services.

Together with local partners, the ICRC sought to help strengthen the national physical rehabilitation sector. For instance, it gave training institutes guidance and material assistance to gain accreditation from the International Society for Prosthetics and Orthotics. With ICRC assistance, training institutes for prosthetics and orthotics developed and submitted a national curriculum for physical rehabilitation to

the pertinent authorities, with a view to setting uniform standards for schools. A government-registered private entity set to take over the ICRC's distribution of raw materials to partner organizations began its operations and trained physiotherapists in rehabilitation for lower-limb amputees. It also lobbied for disabled people to be included in the national health-insurance programme.

Disabled people received assistance for their social reintegration through the ICRC's projects with local partners. Notably, with financial aid from the ICRC, 86 disabled children continued their schooling and 15 children had corrective surgery. Some 390 disabled children attended ICRC-supported programmes and sporting events. The ICRC sponsored vocational training for 82 disabled people. It also signed a partnership agreement with the Children Amputees Rehabilitation Programme (C-ARP) to provide vocational training for disabled women and mothers of disabled children.

ACTORS OF INFLUENCE

The ICRC sought engagement with pertinent authorities and institutions to broaden understanding of and acceptance for its work, and to foster respect for IHL and facilitate its domestic implementation. The ICRC and the Research Society for International Law – through its Centre of Excellence in IHL – finished preparing IHL manuals for policy-makers and conducted training in specific areas for various parties concerned. An Urdu translation of the 1949 Geneva Conventions was being reviewed by the office of the Special Assistant to the Prime Minister on Law at year's end.

Weapon bearers advance their understanding of IHL

Army, air force and navy personnel learnt more about IHL, and its applicability to their duties, at ICRC workshops, seminars and dissemination sessions: for instance, representatives of the Judge Advocate General Branch of the Pakistan Armed Forces attended a course in IHL. More than 25 judges and prosecutors learnt more about IHL and its domestic implications during a seminar in Islamabad.

The police and the ICRC continued to explore possibilities for cooperation. Staff and students at police training institutions learnt about international policing standards from ICRC publications. Police officers developed their ability to provide first aid and/or maintain public order in line with international standards through courses organized by the ICRC, in some instances with the Pakistan Red Crescent.

Law students test their grasp of IHL at moot court competitions

More than 1,100 government officials, students, teachers, religious scholars and others learnt more about IHL and its points of correspondence with Islamic law through courses and information sessions organized jointly by local universities and the ICRC. Ten of them joined the national pool of IHL experts that aimed to offer advice on the law's implementation. Law students participated in moot court competitions in the country and abroad; those who were specializing in IHL were given ICRC scholarships and internship opportunities. The ICRC donated a set of books on Islam and on IHL to two local universities; this helped to stimulate students' interest in these subjects. The ICRC sponsored four religious scholars to attend an IHL course abroad (see *Lebanon*).

Staff from the International Federation and National Societies working in Pakistan advanced their understanding of IHL at an ICRC information session.

The public learns more about threats to health-care delivery and other humanitarian issues

Local partners and the ICRC continued to strive to prevent violence against health-care personnel and facilities through such means as: advocating changes in the law and in policies; humanitarian diplomacy; and public communication. For instance, in Sindh, pertinent government bodies, the ICRC and others proposed amendments to existing legislation on ambulance services. The ICRC, along with 40 partner organizations, launched a nationwide public-awareness campaign on the necessity of respecting ambulance services; it also organized an essay competition on the same subject.

Workshops offered by the Centre of Excellence in Journalism (CEJ) and the ICRC helped 48 journalists to develop their ability to report on humanitarian issues. The CEJ and the ICRC also established the Humanitarian Reporting Awards, to honour Pakistani journalists working in this field. The ICRC provided first-aid training for 38 journalists from the FATA and KP. Feature articles published in the local press drew attention to the ICRC's work in physical rehabilitation and forensics. The public was able to learn about humanitarian issues and the ICRC's activities through online platforms such as the delegation's social media account, ICRC communication materials, and events organized by

the National Society and the ICRC. About 4,000 people attended an ICRC sporting event to mark the International Day of Persons with Disabilities.

RED CROSS AND RED CRESCENT MOVEMENT

Despite organizational difficulties, the Pakistan Red Crescent remained the ICRC's primary partner in Pakistan. It worked with the ICRC to assist vulnerable communities, conduct first-aid training and promote the Movement's work. With the ICRC's assistance, it expanded its presence in the FATA.

Under new leadership, the National Society focused on structural reform in areas such as finance, human resources and logistics; it continued to strengthen its first-aid programme, with ICRC support. Its branch in the KP trained disaster-response teams from four districts in basic first aid. National Society first-aid trainers bolstered their capacities at ICRC-supported train-the-trainer courses. The National Society also pursued efforts to incorporate the Safer Access Framework in its working procedures. It participated in activities to prevent violence against health-care services, in line with the Health Care in Danger project (see *Actors of Influence*).

The National Society, the International Federation and the ICRC signed a tripartite agreement to establish coordination mechanisms. Meetings among Movement partners helped to maximize the impact of activities and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	50			
RCMs distributed	142			
Phone calls facilitated between family members	2,137			
Reunifications, transfers and repatriations				
People reunited with their families	15			
<i>including people registered by another delegation</i>	14			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	143	30	28	25
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)	58			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	200	39	35	40
<i>including people for whom tracing requests were registered by another delegation</i>	5			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	8	5		
UAMs/SC reunited with their families by the ICRC/National Society	1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	9	4		

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	291	82	191
Health				
Health centres supported	Structures	2		
Average catchment population		24,000		
Consultations		51,220		
	<i>of which curative</i>	50,646	13,056	27,825
	<i>of which antenatal</i>	574		
Referrals to a second level of care	Patients	870		
	<i>of whom gynaecological/obstetric cases</i>	248		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
Services at hospitals reinforced with or monitored by ICRC staff				
Gynaecological/obstetric admissions		4,037	670	
Consultations		787,699		
First aid				
First-aid training				
	Sessions	4,562		
	Participants (sum of monthly data)	110,440		
Physical rehabilitation				
Projects supported	Projects	25		
Patients receiving services (sum of monthly data)		52,219	6,426	21,796
New patients fitted with prostheses	Patients	3,738	622	300
Prostheses delivered	Units	5,480	876	526
	<i>of which for victims of mines or explosive remnants of war</i>	586	63	38
New patients fitted with orthoses	Patients	6,672	928	3,721
Orthoses delivered	Units	14,197	1,707	8,676
	<i>of which for victims of mines or explosive remnants of war</i>	110	14	19
Patients receiving physiotherapy	Patients	30,460	3,766	12,346
Walking aids delivered	Units	1,987	305	222
Wheelchairs or tricycles delivered	Units	845	99	203

PHILIPPINES



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Conflict-affected people in Marawi received food, water, medical and household essentials from the Philippine Red Cross and the ICRC. Construction of sanitation and cooking facilities at evacuation centres benefited the IDPs there.
- ▶ In violence-affected parts of Mindanao and Visayas, breadwinners, including returnees, reinforced their livelihoods with supplies and equipment, and cash, from the ICRC; others earned money by repairing community facilities.
- ▶ Hospitals and first-aid posts received ICRC supplies to treat wounded and sick people. Health workers and weapon bearers in Mindanao were trained in first aid.
- ▶ In coordination with the parties involved in the fighting in Marawi, the ICRC safely transported 600 civilians from the city to evacuation centres and neighbouring municipalities.
- ▶ A local taskforce drew on ICRC expertise to expedite the cases of detainees in prolonged pre-trial detention. Some 560 paralegals working in prisons used ICRC e-learning modules to expand their knowledge of legal procedures.
- ▶ The National Society, with support from the ICRC and other Movement partners, expanded its emergency response capacities and assisted conflict-affected people in Mindanao.

EXPENDITURE IN KCHF

Protection	4,166
Assistance	9,006
Prevention	2,715
Cooperation with National Societies	1,133
General	322
Total	17,342
<i>Of which: Overheads</i>	<i>1,058</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	29
Resident staff (daily workers not included)	179

In the Philippines, where the ICRC has had a permanent presence since 1982, the delegation works to protect and assist civilians displaced or otherwise affected by armed clashes and other situations of violence. It reminds all actors with bearing on humanitarian matters of their obligations under IHL or other relevant norms. It visits people deprived of their freedom, particularly security detainees, and, with the authorities, helps the authorities improve conditions in prisons through direct interventions and support for prison reform. It works with the Philippine Red Cross to assist displaced people and vulnerable communities and promotes national IHL implementation.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action	HIGH
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PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	23
RCMs distributed	31
Tracing cases closed positively (subject located or fate established)	179
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	112
Detainees in places of detention visited	76,590
<i>of whom visited and monitored individually</i>	382
Visits carried out	158
Restoring family links	
RCMs collected	40
RCMs distributed	20
Phone calls made to families to inform them of the whereabouts of a detained relative	6

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	68,047
Essential household items	Beneficiaries	85,000
Productive inputs	Beneficiaries	17,500
Cash	Beneficiaries	72,500
		16,095
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	87,650
		59,454
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	6
		22
Water and habitat		
Water and habitat activities	Beds	62
		62
Physical rehabilitation		
Projects supported	Projects	1
		1
Patients receiving services	Patients	101
		347

CONTEXT

Discussions on various subjects, including peace and development in Mindanao, continued between the Philippine government, the Moro Islamic Liberation Front and the Moro National Liberation Front. Talks between the government and the Communist Party of the Philippines (CPP) were cancelled. Government troops and the CPP's military wing, the New People's Army, continued to fight each other in various parts of the country. In Mindanao, skirmishes continued to take place – between government forces and armed groups, and among local clans. These caused casualties and displaced people, and hampered access to basic services and livelihoods in the communities affected.

In May, fighting broke out between the military and Islamic State-Ranao (also known as the Maute Group) and the Abu Sayyaf Group in Marawi, a city in the province of Lanao del Sur. Roughly 350,000 civilians fled the city and sought safety in evacuation centres or in their relatives' homes in neighbouring areas. The government declared martial law over the entire island of Mindanao, which was later extended to the end of 2018. After the fighting ended, in late October, nearly 100,000 people returned to their homes; others stayed away owing to security or other concerns.

Overcrowding in places of detention remained an issue of pressing concern. The increase in arrests linked to drug-related crimes exacerbated the situation.

The Philippines chaired the Association of Southeast Asian Nations (ASEAN) in 2017 and hosted State summits in April and November. Territorial disputes in the South China Sea remained a subject of discussion among States in the region.

Undocumented Filipino migrants continued to be deported from Malaysia.

ICRC ACTION AND RESULTS

The ICRC continued to help protect and assist communities affected by armed conflict and other situations of violence, particularly in Mindanao. It worked with the Philippine Red Cross and was able – in coordination with the authorities, weapon bearers and community leaders concerned – to assist violence-affected people in remote areas of Mindanao.

In its dialogue with the authorities, weapon bearers, judicial officials, civil society figures and community members, the ICRC focused on promoting IHL and its own humanitarian work. It also discussed international policing standards and applicable international norms among military and police forces and other weapon bearers. Print and online media regularly reported on ICRC activities, which helped broaden awareness of humanitarian issues.

The ICRC launched an emergency response in Marawi after the outbreak of hostilities there, which required postponing some projects in other areas. In coordination with the parties concerned, it safely evacuated vulnerable civilians from Marawi to neighbouring municipalities. The Philippine Red Cross and the ICRC distributed food, drinking water and household essentials, and installed sanitation facilities, for IDPs at evacuation centres. In violence-affected sections of Mindanao and Visayas, the ICRC provided economically vulnerable households, including returnees, with cash, supplies and equipment for starting or resuming livelihood activities; others earned money through cash-for-work projects.

Health facilities – for instance, in Marawi – reinforced their services for wounded and sick people with the help of ICRC-donated medical supplies. Disabled people in Mindanao obtained suitable care at an ICRC-supported physical rehabilitation centre. Health workers, community volunteers and weapon bearers received first-aid training, and learnt more about the goals of the Health Care in Danger project.

Migrants returning from Malaysia and passing through State-run processing centres were given first-aid or hygiene kits; these had been donated by the ICRC and were distributed by the National Society.

The ICRC visited detainees in accordance with its standard procedures; afterwards, it communicated its findings confidentially to the authorities concerned, to help them align detainees' treatment and living conditions with internationally recognized standards. The ICRC engaged the pertinent authorities in dialogue on getting access to security detainees within its purview. Infrastructural upgrades and donations of bunk beds and fans helped improve living conditions for detainees in overcrowded facilities. A local taskforce expedited the cases of inmates in prolonged pre-trial detention; paralegals working in prisons used ICRC e-learning modules to expand their knowledge of legal procedures. The authorities continued to run TB-control programmes at two facilities; they did so unassisted at one prison, having taken over full responsibility for it from the ICRC in 2016.

The National Society drew on comprehensive support from the ICRC to strengthen its ability to assist violence-affected people in line with the Safer Access Framework. Movement components continued to coordinate their activities, among themselves and with others.

CIVILIANS

In its dialogue with the authorities and weapon bearers, the ICRC emphasized the necessity of protecting civilians; it made representations to the parties concerned to draw attention to alleged violations of IHL, with a view to preventing their recurrence. The ICRC also emphasized, to the authorities, the necessity of upholding the protection afforded by IHL to schools and hospitals in conflict-affected areas. It also discussed with the relevant authorities the conduct of hostilities by government forces in Marawi (see *Context*), particularly in connection with the protection of medical personnel and facilities, health workers' access to wounded people, and the management of human remains. The ICRC interviewed conflict-affected civilians and assessed their situation, in order to understand their concerns more fully and give them the support they needed.

People separated from their families during crises, such as natural disasters, availed themselves of family-links services provided by the Philippine Red Cross with ICRC financial support. Migrants returning from Malaysia reconnected with their relatives through phone calls and RCMs arranged by the National Society. Thirty-one families heard from relatives who were detained, most of them abroad, and had been visited by the ICRC.

Emergency responders and forensic professionals learnt more about managing human remains at an ICRC course in Pakistan (see *Pakistan*). In response to the Marawi crisis, the ICRC trained body recovery teams and gave them the equipment necessary to manage and identify dead bodies.

Members of armed groups attended ICRC first-aid training sessions (see *Wounded and sick*); these sessions afforded the ICRC an opportunity to explain its mandate and activities, which helped broaden its access to violence-affected communities in remote areas, especially in Mindanao.

People displaced by fighting in Marawi and elsewhere meet their basic needs

Within the first week of the outbreak of hostilities in Marawi, the ICRC secured permission from the parties to the conflict to evacuate around 600 civilians – including wounded, sick or disabled people, and children and their relatives – to nearby municipalities. The ICRC gave food to 55,975 people (11,195 households) and essential household items to 78,905 (15,781 households); these people were either in evacuation centres or with host families around the Lanao lake. The National Society and the ICRC set up 11 water distribution points that made potable water available every day to 23,859 returnees in Marawi and 27,769 IDPs in evacuation centres. Roughly 4,600 IDPs benefited from the construction of toilets, showers, and washing and cooking areas at evacuation centres.

Some 11,660 people (2,332 households) affected by fighting in Maguindanao, in central Mindanao, received emergency supplies of food and household essentials; water and sanitation facilities were built in the areas most affected by the fighting, benefiting 600 residents and IDPs.

In Tamparan, in Lanao del Sur, 7,131 people – residents, IDPs and health staff at the district hospital – had drinking water after the National Society and the ICRC installed a mobile water-treatment unit; two generators, to power the municipal water system, were donated.

Health facilities, including first-aid posts (see *Wounded and sick*), in Marawi and surrounding areas were given medical supplies by the ICRC, on an ad hoc basis, to help them cope with the influx of displaced people seeking health-care services. The ICRC repaired the damage sustained by one of the centres during fighting in 2016; a health unit was refurbished and fitted with new solar panels after being looted during the clashes.

Following clashes in Masbate, 141 households (655 individuals) were given cash to meet their basic needs.

Owing to the emergency response activities described above, the ICRC temporarily postponed the construction of water facilities and the rehabilitation of a school in Lanao del Sur.

Returnee households obtain support for livelihood activities

The ICRC endeavoured to improve livelihood opportunities for vulnerable violence-affected people, particularly displaced households and returnees. In Bukidnon, 83 returnee households (411 people) were given seed and tools to earn money through farming; they also received food and essential household items to see them through this period of transition. In Surigao del Sur, 366 vulnerable families (1,863 people) restored their livelihoods with ICRC cash grants; repairs to a corn mill in the area benefited 634 households (3,170 people). Livelihood support, in the form of cash, was given to 1,914 households (9,570 people) in Lanao del Sur.

In Mindanao and the Visayas, 141 households (705 people) earned money through cash-for-work projects to make repairs at

community facilities. In Samar, 1,264 households (6,320 people) were given seed to grow vegetables.

Roughly 7,000 migrants returning from Malaysia and passing through government processing centres were given first-aid or hygiene kits; these had been donated by the ICRC and were distributed by the National Society.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, places of detention run by various authorities, including the Bureau of Jail Management and Penology (BJMP). Findings from these visits were communicated confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions.

The ICRC sought access to all security detainees within its purview, and continued to discuss the matter with the pertinent authorities. It followed up 382 security detainees individually; among them were people arrested in connection with the conflict in Marawi. Family visits arranged by the Philippine Red Cross and the ICRC enabled roughly 350 security detainees to stay in touch with their relatives. The relatives of one detainee were given financial assistance to attend his funeral.

Taskforce expedites detainees' cases

Katarungan at Kalayaan (Justice and Freedom), a government taskforce led by the Supreme Court and supported by the ICRC, continued to work on ensuring that judicial guarantees for detainees in the Manila City Jail were respected. It reviewed cases of detainees whose pre-trial detention had exceeded the legal limit. By October, only 32 out of the 550 detainees whose cases the taskforce had taken on – since 2014 – were left in prison awaiting trial.

Around 560 paralegals working in prisons used e-learning modules, developed by the ICRC in cooperation with the BJMP, to expand their knowledge of legal procedures. At ICRC workshops, some 100 paralegals drafted plans of action to maximize their legal assistance for detainees awaiting trial. Aided by the ICRC, the BJMP designed posters about detainees' basic rights and distributed them to 475 prisons.

Following an ICRC-supported public forum, government and prison authorities in Cebu set up a regional committee for fast-tracking the resolution of cases, to alleviate prison overcrowding.

Detaining authorities learn more about prison management and health care in detention

Prison managers, sponsored by the ICRC, attended conferences on best practices in designing, constructing and managing prisons (see *Bangladesh* and *Jakarta*). The ICRC gave the authorities expert advice to revise planning procedures and design standards for BJMP prisons, to help them construct facilities meeting internationally recognized standards for detention.

The ICRC provided basic medical equipment to nine prisons and made monthly health-monitoring visits to seven prisons. At two workshops organized by the ICRC and the BJMP, prison nurses discussed solutions to the challenges they faced in their work. Through ICRC sponsorship, representatives from the BJMP, and from the justice and health departments, exchanged best practices with their counterparts in other countries at a regional conference on prison health in Thailand (see *Bangkok*), and three

representatives from the BJMP, the Bureau of Corrections and the health department attended a course in Azerbaijan, where they learnt more about TB-control in prisons.

With ICRC support, the BJMP launched a mobile application for monitoring and averting crises in prisons; nearly 100 prisons in four regions began piloting the system.

Detainees with TB obtain suitable treatment

More than 12,000 inmates were screened for TB at the New Bilibid Prison (NBP), as part of an ICRC-supported programme; 731 were enrolled for treatment.

The ICRC monitored the TB-control programme at the Quezon City Jail, after having handed over responsibility for its management to the BJMP at the end of 2016; its findings showed that the authorities had been able to maintain standards. The ICRC carried out repairs in the prison's TB-isolation ward; renovation of toilets and water-supply facilities benefited around 2,700 inmates. Some 430 inmates at the Danao City Jail had better living conditions after the ICRC provided bunk beds and constructed a secure outdoor area.

Twenty-two prisons in different regions, including four that received technical support directly from the ICRC, implemented a TB-control programme using tools, and best practices, from prisons that had piloted ICRC TB-control programmes.

Detainees' living conditions improve

The ICRC carried out a comprehensive assessment of prisons that were particularly congested and helped the authorities address some of the most urgent issues: insufficient ventilation, bedding of poor quality and lack of water. Some 6,000 detainees at 18 prisons benefited from the provision of fans and bunk beds; while infrastructural upgrades at seven prisons – for example, the construction of a recreational area – benefited about 5,500 inmates.

The ICRC assessed custodial conditions at ten police stations, and provided the authorities with material support for improving sanitation. Roughly 230 police officers learnt more about international policing standards through ICRC information sessions.

WOUNDED AND SICK

In Mindanao, the ICRC conducted first-aid training for roughly 1,000 people, including 199 weapon bearers; they also learnt about IHL and the protection due to patients and medical workers and facilities. Among these people were members of Islamic State-Ranao, who participated in these training sessions for the first time. After these sessions, one armed group conducted first-aid training, unassisted, for its members.

The ICRC also organized a training course on trauma care for 36 doctors and nurses from conflict-affected areas in Mindanao.

At an ICRC round-table on the Health Care in Danger project in November, health ministry officials and representatives of medical professional associations, from the Philippines and elsewhere, explored areas of cooperation in enhancing protection for health workers and facilities during armed conflict.

Wounded people and others obtain medical care

Eight hospitals in Mindanao treated people who were sick or wounded, including trauma cases, with the help of emergency medical supplies provided by the ICRC on a quarterly basis. The

ICRC also renovated operating and delivery rooms at two 25-bed district hospitals, enabling them to resume functioning.

Ad hoc donations of medical supplies helped 14 hospitals and 44 first-aid posts in conflict-affected areas of Mindanao. Financial support was given to 337 wounded people to meet expenses not covered by the national health system.

Disabled people were treated at the Davao Jubilee Foundation's physical rehabilitation centre, which received comprehensive support from the ICRC, including for the construction of a 12-bed dormitory on its premises. The ICRC's financial support covered: the salaries of managerial staff; staff participation in a workshop abroad; and treatment costs for 44 patients.

ACTORS OF INFLUENCE

Military and police forces learn more about IHL and internationally recognized policing standards

Dialogue and coordination with the parties concerned enabled the ICRC to carry out humanitarian activities in remote areas of Mindanao (see *Civilians*). A working group consisting of military officials and ICRC delegates met regularly to discuss issues of humanitarian concern, including those arising from the fighting in Marawi.

ICRC dissemination sessions and workshops aimed to advance understanding of IHL, international policing standards and other applicable norms – and respect for them – among weapon bearers. Military officers expanded their knowledge of IHL provisions on the conduct of hostilities and learnt how to incorporate them in their decision-making. Senior military personnel, and their police counterparts, discussed the military's responsibilities when it took part in law enforcement operations. Police officers added to their knowledge of the standard minimum rules for the treatment of detainees; legal and ethical conduct in policing; and the use of force during arrests and investigation. A military officer sponsored by the ICRC learnt more about the applicability of IHL at sea through a workshop held in Malaysia (see *Kuala Lumpur*).

Judges, lawyers and members of the academic community and other sectors of civil society also expanded their knowledge of IHL at ICRC training sessions and seminars, which focused on the situation in Mindanao. University students demonstrated their grasp of IHL at a regional competition in China (see *Beijing*). Two universities included IHL in their curricula.

ICRC seminars enabled 75 media professionals throughout the country to familiarize themselves with IHL and the ICRC. Journalists kept abreast of ICRC activities through the organization's print and online communication materials.

Over 400 people discussed how IHL and Islamic law applied to armed conflict, during ICRC seminars in Manila and Mindanao. These events helped the ICRC to cultivate relationships among religious circles, members of which expressed support for promoting respect for humanitarian norms in connection with the conflict in parts of Mindanao.

Influential parties discuss humanitarian issues and IHL implementation

In October, around 200 representatives from ASEAN Member States, international organizations, and academic and religious institutions from the region convened at a two-day ICRC seminar

in Manila (see also *Jakarta*). Participants discussed humanitarian action and diplomacy, respect for humanitarian norms and areas of cooperation among States in the region.

RED CROSS AND RED CRESCENT MOVEMENT

The Philippine Red Cross and the ICRC worked together to address the immediate needs of people displaced by fighting in Marawi (see *Civilians*). With financial assistance from the ICRC, the National Society provided material aid, water and health services, and installed sanitation facilities, in Iligan, Lanao del Norte and Lanao del Sur; there were 4,700 volunteer deployments to Lanao del Sur for these activities. With support from other National Societies working in the country and the ICRC, the Philippine Red Cross assisted around 100,000 displaced people.

The National Society and the ICRC took steps to cooperate more closely in preparing for and responding to emergencies. With ICRC support, the National Society recruited more than 750 volunteers for its Red Cross Action Teams throughout Mindanao, and trained them in IHL, risk reduction, first aid, and emergency relief. A total of 164 National Society staff and volunteers were trained in other areas as well: public communication, promoting IHL, and applying the Safer Access Framework in their activities. The ICRC provided financial support for training National Society staff and volunteers at four water-and-sanitation hubs in Mindanao.

The ICRC sponsored the participation of National Society representatives in a partnership meeting in Switzerland, and in the Council of Delegates in Turkey. A draft agreement outlining the roles of the National Society, the International Federation and the ICRC during humanitarian emergencies in the Philippines was awaiting approval.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		23			
RCMs distributed		31			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		216	45	4	6
Tracing cases closed positively (subject located or fate established)		179			
Tracing cases still being handled at the end of the reporting period (people)		43	6	3	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		112			
Detainees in places of detention visited		76,590	5,093	42	
Visits carried out		158			
			Women	Girls	Boys
Detainees visited and monitored individually		382	42		12
	<i>of whom newly registered</i>	159	38		9
RCMs and other means of family contact					
RCMs collected		40			
RCMs distributed		20			
Phone calls made to families to inform them of the whereabouts of a detained relative		6			
Detainees visited by their relatives with ICRC/National Society support		354			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	68,047	20,417	29,949
	<i>of whom IDPs</i>	67,635	20,294	29,784
Essential household items	Beneficiaries	97,943	29,144	39,220
	<i>of whom IDPs</i>	92,015	27,610	38,952
Productive inputs	Beneficiaries	9,909	2,973	4,031
Cash	Beneficiaries	16,095	4,816	6,964
	<i>of whom IDPs</i>	5,229	1,568	2,604
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	59,454		
	<i>of whom IDPs</i>	59,454		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	11,596		
Health				
Places of detention visited by health staff	Structures	39		
Health facilities supported in places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	22		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		7,824		
Weapon-wound admissions (surgical and non-surgical admissions)		852	16	12
Weapon-wound surgeries performed		567		
Patients whose hospital treatment was paid for by the ICRC		117		
First aid				
First-aid training				
	Sessions	35		
	Participants (sum of monthly data)	1,274		
Water and habitat				
Water and habitat activities	Beds	62		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		347	80	112
New patients fitted with prostheses	Patients	107	28	8
Prostheses delivered	Units	130	30	19
	<i>of which for victims of mines or explosive remnants of war</i>	1		
New patients fitted with orthoses	Patients	11	1	8
Orthoses delivered	Units	21	2	16
Patients receiving physiotherapy	Patients	222	42	86
Walking aids delivered	Units	71	25	
Wheelchairs or tricycles delivered	Units	19	2	15

SRI LANKA



ICRC/AR_2017
 ○ ICRC delegation + ICRC office/presence

The ICRC has worked in Sri Lanka since 1989. Its operations in the country focus on: visiting detainees and aiding the authorities in improving prison management; helping clarify the fate of missing persons and supporting their families; and providing backing for the Sri Lanka Red Cross Society's family-links services. It also supports the armed forces' training in IHL.

YEARLY RESULT

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

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Families of missing persons, helped by ICRC-backed local partners, met their economic, psychosocial and legal needs through a comprehensive support programme developed by the ICRC and expanded based on a 2015 assessment.
- ▶ Vulnerable households affected by past conflict, including households headed by women, started livelihood activities using ICRC cash grants. ICRC-constructed infrastructure broadened access to clean water in schools and villages.
- ▶ Forensic professionals developed their capacities in managing and identifying human remains, with ICRC support. Drawing on the ICRC's expertise in forensics, the authorities developed a training module for first responders.
- ▶ Penitentiary authorities and the ICRC launched or maintained pilot projects in several prisons; the projects sought to improve prison maintenance systems and procedures for medical screening and information management.
- ▶ Sri Lanka ratified the Anti-Personnel Mine Ban Convention. Troops bound for missions abroad learnt more about IHL and other applicable law at ICRC briefings and other events.

EXPENDITURE IN KCHF

Protection	3,680
Assistance	3,855
Prevention	746
Cooperation with National Societies	312
General	131
Total	8,724
<i>Of which: Overheads</i>	<i>532</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	25
Resident staff (daily workers not included)	117

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	16
RCMs distributed	17
Phone calls facilitated between family members	2
Tracing cases closed positively (subject located or fate established)	513
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	31
Detainees in places of detention visited	13,226
<i>of whom visited and monitored individually</i>	382
Visits carried out	42
Restoring family links	
RCMs collected	7
RCMs distributed	3
Phone calls made to families to inform them of the whereabouts of a detained relative	17

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	2,800
		1,988
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	1,000
		973

CONTEXT

People living in areas affected by the armed conflict that ended in 2009 continued to feel its effects. Many families remained without news of relatives who had gone missing during the conflict; in addition to psychosocial distress, they also faced difficulties navigating legal and administrative processes. Some struggled to pursue their livelihoods and meet their financial needs.

In line with a resolution adopted by the UN Human Rights Council in October 2015, the authorities developed a sequential plan for setting up mechanisms to address the needs of people affected by the past conflict; these mechanisms included an office for missing persons, a truth and reconciliation commission, a special court and an office for reparations. In 2016, they set up a legal framework for issuing “certificates of absence”; these documents attest to the absence of missing persons, in order to enable their families to request State assistance. That year, the government also passed a law that established the Office of Missing Persons, which is tasked with clarifying the fate of missing persons and addressing their families’ needs.

Some protests – arising from political and communal tensions – took place throughout the year.

ICRC ACTION AND RESULTS

The ICRC continued to support the authorities in addressing the consequences of past conflict in Sri Lanka. In particular, it sought to draw the attention of the authorities, and others concerned, to the various needs of the families of the thousands of people still missing.

With technical input and other support from the ICRC, the authorities began issuing “certificates of absence” to missing people’s families to help ease their legal and administrative burdens; efforts to set up the Office of Missing Persons continued (see *Context*). In parallel, the ICRC continued its comprehensive support programme for these families, and further expanded it based on the findings of a needs assessment it completed in November 2015. The programme enabled some 3,100 households in nine districts to obtain assistance – from ICRC-trained local partners or local authorities – to meet their economic, psychosocial, legal and financial needs. The ICRC continued to help authorities and forensic professionals to strengthen their capacities in managing and identifying human remains, particularly during natural disasters. Together with a local forensic institution, it set up a pilot project for improving the management of mortuaries.

The households of missing people’s families – some headed by women – received ICRC support to produce more food and to begin or resume livelihood activities; some of them started or expanded small businesses with cash grants and training. Schoolchildren and vulnerable households had better access to clean water after infrastructure was built in schools and villages.

The ICRC continued to visit detainees in prisons and places of temporary detention – in accordance with its standard procedures – and discussed its findings and recommendations confidentially with the authorities. In support of these authorities’ efforts to improve detainees’ treatment and living conditions, the ICRC continued to provide technical assistance and training, helped renovate prison facilities, donated medical equipment, and distributed hygiene and recreational items for detainees. In some

prisons, working jointly with the authorities, it launched or continued to implement pilot projects for improving prison maintenance systems and procedures for medical screening and information management. As the government was planning to relocate some prisons out of urban centres, the ICRC provided the authorities with expert advice on prison design, and other assistance. The national task force on the legal and judicial causes of overcrowding in prisons met regularly, with ICRC support, and issued a report containing recommendations for tackling this issue.

At ICRC workshops, briefings and other events, military personnel, including those bound for missions abroad, learnt more about humanitarian principles and IHL. Sri Lanka ratified the Anti-Personnel Mine Ban Convention. The ICRC continued to discuss issues of humanitarian concern with the authorities and urged them to ratify IHL-related treaties. The national IHL committee continued to discuss the ratification of IHL-related treaties and the drafting of legislation to implement treaties already ratified, with the ICRC’s support.

The Sri Lanka Red Cross Society and the ICRC offered family-links services for people to restore or maintain contact with relatives, including migrants and detainees. The National Society continued to bolster its operational and managerial capacities, particularly in emergency response, with the ICRC’s help.

CIVILIANS

Missing people’s families meet their needs with help from local organizations

The authorities, members of civil society and the ICRC continued to discuss issues remaining from the past conflict, particularly the need to ascertain the fate of missing persons and addressing their families’ needs. Among those reported missing were over 16,600 people whose families had lodged tracing requests with the National Society or the ICRC on their behalf.

With the ICRC’s support, the Sri Lankan authorities took steps to address the needs of the families of missing persons. The government began to issue “certificates of absence” (see *Context*) at the beginning of the year – under legislation drafted with the ICRC’s input – and worked to make them available throughout the country; the ICRC shared reports with the authorities containing its observations on the rollout of the service, and made recommendations for improvement. To support the authorities in setting up the Office of Missing Persons, it gave them technical guidance and offered to provide training in forensics (see also below).

In parallel, the ICRC continued to implement a comprehensive support programme for the families of the missing and, based on the findings from an assessment it conducted in 2015, further expanded the programme to include families in nine districts in all. Under the programme, 3,100 families received assistance in meeting their psychosocial and economic needs from local partners trained or financed by the ICRC, and obtained legal, administrative or financial assistance from local authorities after being referred to them by the ICRC. Some 530 households among them also benefited from an ICRC livelihood programme (see below).

Authorities train emergency first responders in the management of human remains

Authorities and medico-legal professionals strove to strengthen national capacities in identifying and managing human remains.

Owing to limited progress made in 2016 in the establishment of a course on forensic anthropology at Colombo University, it was decided to discontinue support for the initiative. The ICRC shifted its focus to collaborating with the Institute of Forensic Medicine and Toxicology in Colombo; it helped to equip the institute's laboratory and worked with staff to set up a pilot project on training in mortuary management. Forensic professionals, including members of the police force, honed their practical skills at training sessions organized by the ICRC; three of them attended a course abroad with ICRC sponsorship.

At an ICRC-organized national conference, forensic professionals drew on the lessons learnt from the response to past natural disasters, and discussed how to improve standard working procedures and coordination. Following this event, a training module – on recovering and managing human remains during emergencies – was developed for first responders, with the ICRC's technical assistance; this module was included in the disaster management ministry's standard training programme. Authorities attended a regional conference on the management of human remains during emergencies, where they connected with peers and learnt more about best practices in the region.

Schoolchildren have better access to clean water

Households comprised of the families of missing persons, including some households headed by women, received cash grants under an ICRC livelihood programme to start income-generating activities (430 households/1,626 people) and increase their food production (100 households/362 people). As part of the programme, some of these households learnt more about basic business management during training sessions, helping them develop their businesses and seek support from relevant local organizations.

Around 460 children had better access to clean water after wells were constructed at their school. The completion of wells and boreholes in three villages – part of a project begun in 2016 – improved the supply of water for 510 people.

People use family-links services to restore contact with relatives

Members of dispersed families, including migrants, connected with their relatives through family-links services offered by the National Society and the ICRC. Nearly 12,600 people bound for jobs abroad learnt how not to lose touch with their relatives at awareness-raising sessions conducted by the National Society. Fifteen people in Sri Lanka received travel documents from the ICRC, to facilitate their resettlement in third countries.

The National Society reinforced its capacities in providing family-links services, particularly through local workshops and by participating in regional meetings on the consequences, in humanitarian terms, of migration.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees, including migrants, contact their relatives

The ICRC visited, in accordance with its standard procedures, 31 prisons and places of temporary detention holding over 13,200 people in all. It paid particular attention to those held in relation to the past conflict and other particularly vulnerable inmates, such as migrants – including asylum seekers – and minors; 382 detainees were individually monitored. The ICRC communicated its findings and, when appropriate, its recommendations confidentially to the authorities. It engaged the authorities in

dialogue regularly on ensuring that detainees' living conditions and treatment – including procedural safeguards, judicial guarantees and access to essential services – complied with domestic/international law and internationally recognized standards.

Detainees, including migrants, contacted their families through family-links services provided by the Sri Lanka Red Cross Society and the ICRC. Some 120 detainees were visited by their families; the ICRC covered their relatives' transportation costs. Almost 100 detainees received certificates from the ICRC attesting to their detention, which helped facilitate legal and administrative processes. Thirty-four detainees were referred to organizations providing legal aid; the ICRC helped some foreign detainees notify their embassies of their detention.

National taskforce on prison overcrowding submits its recommendations to parliament

Penitentiary authorities and staff learnt more about improving detainees' treatment and living conditions; the ICRC provided technical and other support for this. Officials from the health and penitentiary ministries attended regional conferences, where they discussed such matters as prison monitoring and the availability of mental-health services in places of detention. Prison staff familiarized themselves with issues pertaining to the provision of health care in line with medical ethics, and to prison maintenance and construction, at ICRC workshops and briefings. At a round-table abroad, senior police officers discussed the implementation of procedural safeguards during arrest and detention.

Forensic professionals and the ICRC, and other stakeholders, met regularly to discuss how to ensure that forensic examinations of injuries and investigations into detainees' deaths were conducted in line with international standards. A committee established by the justice ministry to recommend legislative reforms related to inquests of death continued its work with support from the ICRC.

A national taskforce – established by the authorities in 2015, with ICRC support – and stakeholders from the criminal justice system met to discuss the legal and judicial causes of overcrowding in prisons and ways to address them, and issues related to prison reform. The taskforce submitted a report to the parliament, which contained its recommendations for tackling the issue of overcrowding.

Authorities and a local university launch a pilot project to improve prison maintenance

The authorities maintained their efforts to construct new prisons, and to improve their management and maintenance of existing facilities, with the help of ICRC technical input. In view of plans to relocate certain prisons outside of urban centres, penitentiary officials attended a conference abroad, where they learned more about the processes involved in building new facilities; the ICRC also provided the engineering division of the penitentiary ministry with safety equipment and design software, and other material support. At an ICRC workshop, staff from a prison in the last stages of construction discussed what they had learnt during the process of building the facility.

The authorities, a local university and the ICRC launched a pilot project in one prison to improve maintenance management, with a view to replicating it at other facilities; this initiative followed up the results of a workshop conducted in 2015. Pilot projects for improving waste management were launched in two prisons.

The authorities and the ICRC continued to jointly implement a project, started in 2016, to improve procedures for medical screening and information management, and broaden access to health care. Standard forms and procedures for medical screening were developed and used at the two pilot sites, and the medical facilities at these sites were equipped and renovated; a new laboratory was constructed at one prison.

Over 5,000 detainees benefited from infrastructural upgrades carried out by penitentiary authorities and the ICRC; these included renovation of sanitation facilities and water-supply systems, and improvements to areas used during family visits. Almost 12,000 detainees – including migrants – received hygiene items, and recreational and educational materials, distributed by the National Society and the ICRC.

ACTORS OF INFLUENCE

Troops bound for missions abroad learn more about IHL

At workshops, seminars and dissemination sessions, over 800 military personnel advanced their understanding of humanitarian principles and IHL. At predeployment briefings, some 450 troops bound for missions abroad learnt more about IHL in the context of peace-support operations, and about the role and mandate of the ICRC. The ICRC continued to engage the military and the police in dialogue on IHL and international standards applicable to policing, respectively. It provided expert input during high-level and regional round-tables held by the army and the navy.

With the ICRC's help, 36 commanders added to their knowledge of the laws governing naval warfare; naval officers and an officer from the coast guard attended regional events on maritime security. One military officer attended a senior workshop abroad, with ICRC sponsorship.

At ICRC seminars, nearly 40 military instructors familiarized themselves with techniques and materials for teaching IHL. Two legal officers from the army and the navy learnt more, at a regional event, about incorporating IHL in their doctrine, training and sanctions. The ICRC had discussions with the armed forces on possibilities for further training for legal advisers, and for other activities; it also expanded its engagement with the police training unit, for example, in strengthening training on the use of force.

Sri Lanka ratifies the Anti-Personnel Mine Ban Convention

The authorities continued to engage the ICRC in dialogue on domestic legislative initiatives; the ICRC urged them to ratify and implement IHL-related treaties. In December, Sri Lanka ratified the Anti-Personnel Mine Ban Convention.

The national IHL committee continued to discuss the ratification of IHL-related treaties and the drafting of legislation to implement treaties already ratified, with the ICRC's support.

During a regional workshop on IHL, organized by the authorities and the ICRC, officials from various ministries discussed best practices in drafting legislation and issues related to the implementation of IHL-related treaties. Members of the judiciary and government officials attended conferences abroad and ICRC training sessions, where they added to their knowledge of IHL, especially of provisions that were pertinent to their duties.

Law students demonstrate their grasp of IHL at a moot court competition

The ICRC cultivated its relationship with religious leaders and scholars; during dialogue with the former, it emphasized the similarities between their teachings and IHL. Legal scholars added to their knowledge and understanding of IHL at training sessions and seminars overseas, which they attended with ICRC support; law students tested their grasp of IHL at a moot court competition.

Several articles published in media, which drew on information provided by the ICRC, raised public awareness of humanitarian issues such as the plight of missing people's families.

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC technical, financial and material support, the Sri Lanka Red Cross Society strengthened its operational capacities, particularly in restoring family links (see *Civilians*); it provided an emergency response to floods in 2017, and this aspect of its work was also bolstered.

The National Society strove to strengthen its application of the Safer Access Framework. It developed action plans and implemented them in 10 branches across the country, leading to the purchase of additional protective equipment and more consistent use of the red cross emblem by staff and volunteers; it also conducted dissemination sessions on the framework for its staff. Over 520 staff and volunteers took basic or advanced first-aid courses; and 56 staff members were certified as instructors during National Society training sessions carried out with ICRC assistance. The National Society also conducted first-aid training sessions for the traffic police forces, with support from the ICRC. The National Society continued to prepare a first-aid handbook adapted for local use.

Community members, students, the authorities and National Society volunteers familiarized themselves with the Fundamental Principles and the Movement at dissemination and training sessions conducted by the National Society with ICRC support.

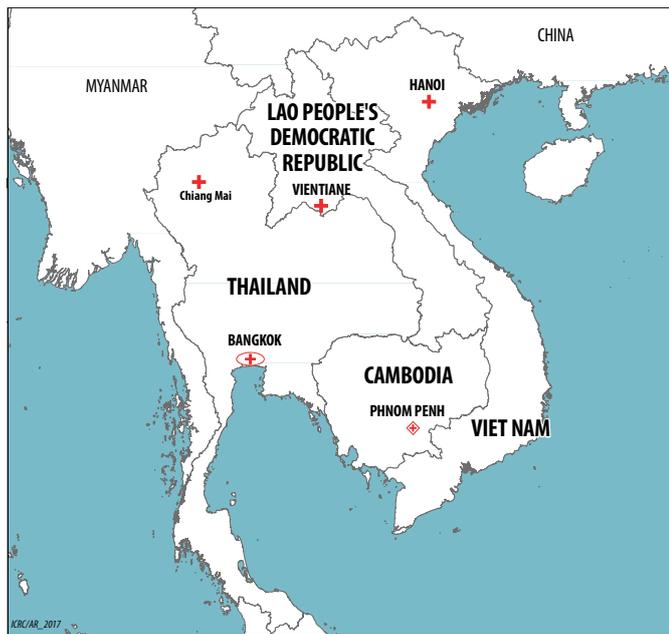
A draft Red Cross Act, prepared with the ICRC's guidance, awaited the approval of the pertinent authorities. Movement components met regularly to exchange information and coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		16			
RCMs distributed		17			
Phone calls facilitated between family members		2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		472	45	23	83
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases closed positively (subject located or fate established)		513			
<i>including people for whom tracing requests were registered by another delegation</i>		11			
Tracing cases still being handled at the end of the reporting period (people)		16,343	811	497	1,407
<i>including people for whom tracing requests were registered by another delegation</i>		184			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		10	5		
Documents					
People to whom travel documents were issued		15			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		31			
Detainees in places of detention visited		13,226	2,315	11	
Visits carried out		42			
			Women	Girls	Boys
Detainees visited and monitored individually		382	17	1	6
<i>of whom newly registered</i>		209	10		7
RCMs and other means of family contact					
RCMs collected		7			
RCMs distributed		3			
Phone calls made to families to inform them of the whereabouts of a detained relative		17			
Detainees visited by their relatives with ICRC/National Society support		121			
People to whom a detention attestation was issued		99			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	1,988	786	797
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	973	487	243
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	11,952	728	26
Cash	Beneficiaries	4		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,673	331	37
Health				
Places of detention visited by health staff	Structures	8		
Health facilities supported in places of detention visited by health staff	Structures	3		

BANGKOK (regional)

COVERING: Cambodia, Lao People's Democratic Republic, Thailand, Viet Nam



ICRC regional delegation ICRC mission ICRC office

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Detainees in Cambodia received ICRC visits; they benefited from upgraded infrastructure and skills-training programmes provided by the authorities and the ICRC. In Thailand, the ICRC held a conference on prison health care.
- ▶ The ICRC visited detained irregular migrants in Thailand, and reconnected them with their families. Discussions with the Thai authorities on resuming its visits to other detainees, in line with its standard procedures, continued.
- ▶ Communities in southern Thailand spoke with the ICRC about strengthening their resilience to the effects of violence, and how the ICRC could help them. Some of them started or maintained small businesses with ICRC support.
- ▶ Disabled people obtained services at ICRC-supported physical rehabilitation centres. At one of these centres, the ICRC launched a programme that provided opportunities for employment and vocational training.
- ▶ In southern Thailand, police and military forces involved in law enforcement operations developed their understanding of international policing standards and other applicable norms at ICRC workshops.

EXPENDITURE IN KCHF

Protection	2,983
Assistance	5,104
Prevention	3,335
Cooperation with National Societies	1,169
General	527
Total	13,119
<i>Of which: Overheads</i>	<i>801</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	51
Resident staff (daily workers not included)	161

The ICRC established a presence in Thailand in 1975 to support its operations in Cambodia, the Lao People's Democratic Republic and Viet Nam. It promotes the ratification and implementation of IHL treaties and the integration of IHL into military training. It raises awareness of humanitarian issues and supports National Societies in developing their capacities in IHL promotion, family-links services and emergency response. It assists violence-affected populations in Thailand and visits detainees there and in Cambodia, supporting the authorities in improving prison management. It helps provide assistive devices for people with disabilities in Cambodia and the Lao People's Democratic Republic.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,446
RCMs distributed	2,467
Phone calls facilitated between family members	546
Tracing cases closed positively (subject located or fate established)	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	23
Detainees in places of detention visited	13,339
<i>of whom visited and monitored individually</i>	47
Visits carried out	64
Restoring family links	
RCMs collected	2,116
RCMs distributed	1,228
Phone calls made to families to inform them of the whereabouts of a detained relative	51

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Productive inputs	Beneficiaries	551
Cash	Beneficiaries	480
480		301
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	40
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	4
2		2
Patients receiving services	Patients	11,250
11,250		11,088

CONTEXT

In April, a new constitution took effect in Thailand. The one-year period of national mourning for the death of King Bhumibol Adulyadej ended in October.

In southern Thailand, violent incidents continued to cause casualties and affect daily life. Peace talks between the government and armed groups progressed slowly.

Intermittent fighting between armed groups and the Myanmar military continued to take place along the Myanmar-Thailand border. Reportedly, over 100,000 Myanmar refugees were still in camps along the border, but others had returned voluntarily to Myanmar.

The countries covered by the regional delegation remained relatively stable, but social and political tensions persisted, particularly in Cambodia. Natural disasters, and the presence of mines and explosive remnants of war (ERW) – especially in Cambodia, the Lao People’s Democratic Republic (hereafter Lao PDR) and Viet Nam – remained major sources of regional concern. Cambodia also had to deal with overcrowding in prisons. Many irregular migrants continued to be held in immigration detention centres in Thailand.

ICRC ACTION AND RESULTS

The ICRC’s regional delegation in Bangkok focused on its activities for detainees, particularly its support for the Cambodian and Thai authorities’ efforts to improve prison health and infrastructure. It also helped people cope with the effects of past and ongoing armed conflicts or other situations of violence. It sought to foster understanding of humanitarian principles and IHL, and broaden acceptance for them, among parties with influence in the region and among armed groups along the Myanmar-Thailand border.

Discussions with the relevant authorities on resuming its visits to Thai prisons – in accordance with its standard procedures – continued; these visits were suspended in November 2016. However, it was unable to regain access to all detainees within its purview, including security detainees. The ICRC visited people held in prisons in Cambodia, and in immigration detention centres in Thailand, in accordance with its standard procedures; it paid special attention to irregular migrants. After its visits, it communicated its findings confidentially to the relevant authorities, to help them ensure that detainees’ treatment and living conditions were in line with internationally recognized standards. ICRC financial support enabled Cambodian officials to travel to provincial courts and finalize the sentences of three inmates in protracted detention. Detainees in Cambodia and irregular migrants in Thailand reconnected with their relatives through the Movement’s family-links services.

Cambodian authorities and the ICRC provided skills-training programmes for detainees and carried out infrastructural upgrades at selected prisons. They continued to implement – at one detention facility where women and minors were held – a project to create a national model for health care and hygiene in prisons. The ICRC organized a regional conference in Thailand on prison health care; students at a Thai university learnt about this subject through a course developed by that university and the ICRC.

Discussions with violence-affected community members in southern Thailand led to the ICRC providing a women’s group with technical support for maintaining their livelihoods. Vulnerable households in the area established small businesses with ICRC support. Physically disabled breadwinners in Cambodia received financial aid – from the ICRC and/or the Cambodian Red Cross Society – for starting similar businesses; ICRC assistance helped disabled children to go to school. People in three provinces in Viet Nam learnt safe practices at mine-risk awareness sessions conducted by the Viet Nam Red Cross with the ICRC’s help.

Disabled people in Cambodia obtained services at two physical rehabilitation centres receiving comprehensive ICRC support; the centres also offered activities that facilitated disabled people’s socio-economic reintegration, including through a new programme that provided opportunities for employment and vocational training. The ICRC helped strengthen the sustainability of the rehabilitation sector in Cambodia and the Lao PDR – for instance, by giving the authorities support to develop and implement national standards for physical rehabilitation services. The ICRC covered the costs of treatment, in Thailand, for people wounded during clashes in Myanmar.

The ICRC continued to advance understanding of humanitarian principles, IHL and/or international policing standards, and broaden support for them, among the authorities and other influential members of society in the four countries covered. Police and military forces from the region drew on the ICRC for guidance in applying the relevant principles and norms in their operations; government officials broadened support for IHL and IHL-related treaties. University students demonstrated their grasp of IHL through regional moot court competitions; professors and lecturers from the four countries honed their skills in teaching the topic at an ICRC seminar. In Cambodia and Thailand, public-communication efforts by the pertinent National Societies and the ICRC helped the general public learn about the Movement and its work.

National Societies in the region continued, with ICRC support, to strengthen their ability to respond to emergencies, assist communities affected by mines and ERW, restore family links and broaden awareness of humanitarian principles and the Movement’s work.

CIVILIANS

The ICRC relayed to weapon bearers the concerns of people affected by the violence in southern Thailand, and urged them to comply with applicable norms while conducting their operations (see *Actors of influence*). People from violence-affected communities and the ICRC discussed possibilities for supporting community initiatives to strengthen resilience to the effects of violence. These discussions led to the ICRC providing a women’s group with technical support for maintaining their livelihoods.

Around 100 vulnerable households in southern Thailand (551 people) began to earn money through small businesses, such as repairing motorcycles and growing vegetables; the ICRC helped them to buy the necessary productive inputs, instead of distributing cash directly to them, to speed up the delivery of aid. The ICRC repaired wells after various assessments revealed a need for it; some 40 people benefited. Ad hoc ICRC financial support enabled 26 households to pay for their relatives’ funerals.

Physically disabled people in Cambodia start small businesses

Financial and/or material assistance from the ICRC helped 21 disabled breadwinners (supporting 104 people) in Cambodia to start income-generating activities, and 67 children to go to school. More than 30 patients of ICRC-supported physical rehabilitation centres were referred for vocational training or employment.

The Viet Nam Red Cross conducted – with ICRC support – risk-awareness sessions for communities in three provinces affected by mines or ERW. With technical support from the Thai National Institute for Emergency Medicine, the ICRC trained Lao medical staff in first aid and trauma management, particularly for injuries from mines and ERW.

Thai and Vietnamese authorities develop their capacity to manage human remains

Members of families dispersed by various circumstances restored or maintained contact through family-links services provided by the National Society in their country and the ICRC. National Societies from the four countries and in the wider region attended an ICRC conference on restoring family links, mainly after natural disasters and in connection with migration; representatives of UNHCR and Thai forensic authorities also took part in the event.

The Vietnamese National Society and the ICRC cooperated in providing and promoting family-links services; they published articles online about these services. The National Society received ICRC technical advice for revising its guidelines for restoring family links; its staff attended an ICRC training course in providing family-links services. Vietnamese forensic authorities also drew on ICRC guidance, for revising national standards for managing human remains. Forensic professionals learnt more about human remains management at ICRC information sessions.

At a regional conference organized by the authorities and the ICRC in Thailand, forensic professionals discussed their role in identifying human remains to help resolve cases of missing people. Thai authorities and the ICRC exchanged best practices in managing human remains.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC sought to resume its visits to Thai prisons, which had been suspended since November 2016 because it was not permitted to work in accordance with its standard procedures. It continued to discuss the issue with the authorities, but was unable to regain access to all detainees within its purview, including security detainees.

The ICRC visited people held in prisons in Cambodia and immigration detention centres in Thailand, in accordance with its standard procedures; people with particular vulnerabilities, such as irregular migrants, received special attention. After its visits, the ICRC discussed its findings and recommendations confidentially with the relevant authorities, with a view to helping them ensure that detainees' treatment and living conditions were in line with internationally recognized standards. In Cambodia, senior police and *gendarmerie* officers received ICRC input for strengthening compliance with the procedures outlined in domestic legislation concerning the treatment of people during arrests and the initial stages of detention.

Detainees in Cambodia and irregular migrants held at Thai immigration detention centres restored or maintained contact with their families through the Movement's family-links services. In both countries, inmates held far from their homes received family visits arranged by the ICRC.

Detainees in Cambodia benefit from skills training

The ICRC continued to have discussions with the Cambodian authorities on tackling overcrowding in prisons; alternatives to detention were considered. Officials from the Cambodian General Department of Prisons (GDP) and the Appeals Court travelled to provincial courts, with the ICRC's financial assistance, and followed up detainees' cases that had been pending for several years. As a result, rulings in three cases were finalized.

Local authorities and organizations worked with the ICRC to facilitate the social reintegration of detainees after their release, with a view to reducing recidivism. The GDP, a local organization and the ICRC provided vocational training, personal-development programmes and regular family visits for 40 detained minors. The authorities gradually began to assume responsibility for these services, as new batches of detained minors were enrolled. Over 2,000 detainees benefited from skills-training programmes developed by an ICRC-supported working group consisting of Cambodian government officials and other local stakeholders; the programmes were based on educational needs assessments conducted by the group in 2016.

Cambodian and Thai authorities seek to improve health care for detainees

Cambodian and Thai authorities continued to draw on ICRC support to improve health-care services in prisons; with ICRC financial assistance, they also attended conferences abroad on prison management and infrastructure (see *Bangladesh* and *Jakarta*).

In Thailand, the ICRC organized a conference on prison health care for prison officials and health staff, and government officials from 13 countries; participants discussed best practices and challenges in providing health care for detainees. Post-graduate students at a Thai university learnt about prison health care through a course developed by that university and the ICRC.

In Cambodia, the ICRC encouraged cooperation, among the parties concerned, in matters related to prison health care. The GDP and the ICRC continued to implement a project that provided basic health care and promoted good hygiene at a facility holding about 1,400 women and minors. The project focused on creating a model that could be replicated throughout the country.

The ICRC also helped Cambodian authorities to strengthen their response to disease outbreaks in prisons. It helped the GDP set up an emergency response team, and donated medical supplies – to treat scabies, for instance – to prison health clinics. Health staff at selected prisons were trained to conduct medical screenings for detainees. ICRC health teams followed up cases of ailing inmates, and referred them to secondary-level care where necessary. Nearly 7,000 detainees and prison guards at five prisons received hygiene items, clothes and other items from the ICRC.

Inmates in Cambodia have better living conditions

The Cambodian authorities maintained their efforts – with ICRC support – to upgrade prison infrastructure, with a view to easing the effects of prison overcrowding. For example, ICRC training sessions helped local officials and engineers to refresh their skills in assessing prison infrastructure and planning ways to improve them. The authorities drew on ICRC support to revise national standards for renovating and constructing prisons.

Roughly 3,400 detainees in Cambodia had better living conditions as a result of infrastructural work – renovation or construction of common areas, and of water and sanitation facilities – done by the authorities with ICRC technical and material support.

Although the ICRC was unable to construct water systems in Thai prisons because of the suspension of visits, it was able to provide a follow-up training session for some 2,700 inmates on the maintenance and proper use of a water system that it had installed in 2016.

PEOPLE DEPRIVED OF THEIR FREEDOM	Cambodia	Thailand
ICRC visits		
Places of detention visited	9	14
Detainees in places of detention visited	12,878	461
<i>of whom women</i>	1,234	46
<i>of whom minors</i>	593	171
Visits carried out	29	35
Detainees visited and monitored individually	44	3
<i>of whom women</i>	2	1
Detainees newly registered	9	3
<i>of whom women</i>		1
Restoring family links		
RCMs collected	1,884	232
RCMs distributed	1,102	126
Phone calls made to families to inform them of the whereabouts of a detained relative		51
Detainees visited by their relatives with ICRC/National Society support	3	263

WOUNDED AND SICK

A few people injured by clashes in Myanmar crossed the border into Thailand; the ICRC covered the medical expenses of 23 wounded people treated in Thai hospitals. Amputees in areas along the Myanmar-Thailand border were referred to two ICRC-supported physical rehabilitation centres in Myanmar.

Cambodian authorities approve national standards for practising physiotherapy

Some 3,760 disabled people – including those injured by mines or ERW – benefited from physiotherapy services at two physical rehabilitation centres receiving ICRC support: donations of materials and equipment, infrastructural upgrades, and training and technical guidance for personnel. These centres also provided assistive devices for disabled people. Around 860 disabled people living far from the centres had their assistive devices repaired through ICRC-supported outreach programmes.

The Cambodian authorities approved a set of national standards for practising physiotherapy that were drafted with the ICRC's assistance; staff at ICRC-supported centres were trained in standard practices. Twelve students, sponsored by the ICRC, took a course in physiotherapy; the course was developed by two local institutions and the ICRC in 2016. Physiotherapists sharpened their skills at training sessions conducted by an ICRC-supported local organization.

Together with local partners, the ICRC helped to ease the socio-economic reintegration of some disabled people (see *Civilians*). In November, the ICRC launched a programme that provided opportunities for employment and vocational training to disabled people at one ICRC-supported centre. ICRC support helped 36 female wheelchair basketball players to continue training for regional competitions; a new wheelchair basketball team was assembled in Siem Reap.

The Lao health ministry and the ICRC sign an agreement to strengthen physical rehabilitation services

In June, the health ministry in the Lao PDR and the ICRC signed a five-year agreement to strengthen the ministry's capacities in prosthetics and orthotics and to set clinical and managerial standards for physical rehabilitation services; this was in line with the ministry's plan to scale up rehabilitation services in the country. As part of the agreement, eight students were selected to go abroad in 2018, to study prosthetics and orthotics. To support the development of national standards for physical rehabilitation services, the ICRC sponsored officials from the health ministry to attend an event abroad on standards for prosthetics/orthotics.

ACTORS OF INFLUENCE

Thai police and military officers strengthen their grasp of international policing standards and IHL

Military and security forces personnel in the region learnt more about abiding by humanitarian principles, IHL and international policing standards in their operations. The ICRC held a regional workshop on this subject, in Thailand, for senior military officers from 11 countries. Local workshops were also held in southern Thailand – on norms and internationally recognized standards applicable to their work – for police and military officers engaged in law enforcement operations; participants received informational materials in the local language.

Armed forces personnel from all four countries covered learnt more about applying IHL in their operations; the ICRC gave them technical advice and sponsored their participation in events abroad. Military officers in the Lao PDR, Thailand and Viet Nam attended local ICRC workshops on IHL and other applicable norms; the ICRC also pursued dialogue with the Vietnamese security forces on incorporating IHL in their training curriculum. Senior military officers from Cambodia, Thailand and Viet Nam strengthened their grasp of IHL by exchanging views with their counterparts at

seminars and other events abroad (see *International law and policy and Kuala Lumpur*).

At predeployment sessions conducted by the ICRC, Cambodian peacekeepers familiarized themselves with provisions of IHL and international norms applicable to their duties.

Some representatives of armed groups continued to consult the ICRC for advice on applying IHL in specific situations.

Authorities in the region broaden support for IHL

Guided by the ICRC, authorities in the region took steps to broaden support for IHL, for instance, by engaging regional counterparts in dialogue at conferences on IHL or IHL-related treaties (see *Kuala Lumpur* and *New Delhi*). The ICRC encouraged the Cambodian authorities to establish an IHL committee; it also gave them support for translating the 1949 Geneva Conventions and Additional Protocols I, II and III into the local language. Lao government officials learnt more about the Hague Convention on Cultural Property at an ICRC seminar.

The ICRC maintained dialogue with relevant actors in the region, including the Association of Southeast Asian Nations departments of the pertinent government ministries. Discussions covered topics such as mine-action programmes, management of human remains, and emergency response during natural disasters or in relation to migration.

People in Cambodia and Thailand learn more about the Movement and its work

The ICRC maintained contact with influential members of civil society throughout the region – including religious circles in southern Thailand – through bilateral dialogue and dissemination sessions on humanitarian principles and IHL.

The National Societies in Cambodia and Thailand, and the ICRC, strove to broaden public awareness and advance understanding of the Movement and its work. They posted audiovisual materials on social media about National Society and ICRC operations in the region and the Movement's neutral, impartial and independent humanitarian approach, and gave journalists information for articles on these subjects. These and other informational materials, produced by or with the ICRC, were in the local languages.

Some 40 law students in the Lao PDR and Viet Nam learnt about IHL at ICRC workshops; Thai students strengthened their grasp of the subject through internships with the ICRC. University students from the four countries demonstrated their knowledge of IHL at national and regional moot court competitions (see *Beijing*). A regional workshop in Thailand helped professors and lecturers to hone their skills in teaching IHL.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region continued to work with the ICRC and to draw on its support to strengthen their ability to respond to emergencies, restore family links, and assist communities affected by mines and ERW (see *Civilians*). The Lao National Society and the ICRC signed a three-year partnership agreement. The revised statutes of the Lao National Society, prepared with technical support from the International Federation and the ICRC, awaited approval by the pertinent authorities.

With ICRC technical and financial support, the Lao and Thai National Societies organized dissemination sessions on IHL and the Movement for roughly 2,500 people. During ICRC train-the-trainer workshops, some 20 people from the Cambodian National Society developed their ability to conduct similar dissemination sessions; around 2,000 border troops, police personnel and military cadets attended information sessions organized jointly by the Cambodian National Society and the ICRC. With ICRC support, the Cambodian National Society maintained its livelihood-assistance activities for people in areas affected by mines and ERW. It developed guidelines for National Society personnel to operate according to the Safer Access Framework, and provided cash grants to nearly 180 breadwinners – most of them women – for starting small businesses in safer areas.

Movement components in the region coordinated their activities through periodic meetings and regional events, including a regional meeting held in Viet Nam; National Society staff and volunteers, from the four countries, attended these events with financial assistance from the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,446			
RCMs distributed		2,467	1		
Phone calls facilitated between family members		546			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		12			2
Tracing cases closed positively (subject located or fate established)		1			
Tracing cases still being handled at the end of the reporting period (people)		61	19	6	5
Documents					
People to whom travel documents were issued		7			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		23			
Detainees in places of detention visited		13,339	1,280	764	
Visits carried out		64			
			Women	Girls	Boys
Detainees visited and monitored individually		47	3		
	<i>of whom newly registered</i>	12	1		
RCMs and other means of family contact					
RCMs collected		2,116			
RCMs distributed		1,228			
Phone calls made to families to inform them of the whereabouts of a detained relative		51			
Detainees visited by their relatives with ICRC/National Society support		266			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Productive inputs	Beneficiaries	551	233	158
Cash	Beneficiaries	301	54	193
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	40		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	6,957	219	
Services and training	Beneficiaries	40		40
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	6,062	271	135
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services (sum of monthly data)		11,088	1,815	1,421
New patients fitted with prostheses	Patients	261	27	8
Prostheses delivered	Units	1,602	146	29
	<i>of which for victims of mines or explosive remnants of war</i>	1,257	81	2
New patients fitted with orthoses	Patients	382	61	154
Orthoses delivered	Units	1,175	169	553
Patients receiving physiotherapy	Patients	3,761	495	839
Walking aids delivered	Units	1,122	121	149
Wheelchairs or tricycles delivered	Units	666	227	61

BEIJING (regional)

COVERING: China, Democratic People's Republic of Korea, Mongolia, Republic of Korea



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ In the Democratic People's Republic of Korea (hereafter DPRK), the Rakrang and Songrim physical rehabilitation centres continued to treat disabled people. The ICRC helped upgrade essential facilities at the centres.
- ▶ Teams from the DPRK's Ministry of Public Security developed their ability, through ICRC training, to dispose of explosive ordnance safely and respond to blast-related injuries.
- ▶ The ICRC's president advocated the inclusion of a humanitarian component in China's Belt and Road Initiative; the ICRC engaged Chinese officials on humanitarian issues of common interest.
- ▶ The ICRC reinforced its dialogue with authorities and other influential figures in the region. It emphasized the necessity of strengthening respect for IHL and of including IHL-related considerations in their contingency planning.

EXPENDITURE IN KCHF

Protection	190
Assistance	6,733
Prevention	5,165
Cooperation with National Societies	1,506
General	94
Total	13,689
<i>Of which: Overheads</i>	<i>835</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
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PERSONNEL

Mobile staff	22
Resident staff (daily workers not included)	60

Present in the region since 1987, the ICRC moved its regional delegation for East Asia to Beijing in 2005. The delegation fosters support for humanitarian principles, IHL and ICRC activities in the region and worldwide, among governments, experts and National Societies. It promotes the incorporation of IHL in national legislation, military training and academic curricula. It supports the region's National Societies in developing their capacities in restoring family links, emergency response and other relevant fields. In the Democratic People's Republic of Korea, in partnership with the National Society, it supports hospital care and contributes to meeting the need for assistive devices for people with disabilities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	1,600
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	13,000
9		
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	1
4		
Water and habitat		
Water and habitat activities	Beds	2,511
2,232		
Physical rehabilitation		
Projects supported	Projects	3
5		
Patients receiving services	Patients	2,210

CONTEXT

China figured prominently in international affairs, exercising influence through its permanent seat on the UN Security Council, and through various trade initiatives in the region; it continued to promote globalization and the Belt and Road Initiative. Disputes over territory, including maritime areas, remained a feature of its relationships with some of its neighbours.

The Democratic People's Republic of Korea (hereafter DPRK) claimed to have expanded its nuclear capacities and tested several missiles, further straining its relations with the Republic of Korea (hereafter ROK). In response, the UN Security Council imposed a new set of sanctions against the country.

Mines and explosive remnants of war (ERW), from the 1950–1953 Korean War, continued to threaten the safety of civilians in the DPRK.

A new president was elected in the ROK after the previous occupant of the office was impeached in December 2016.

Mongolia maintained ties with China, the DPRK and the ROK; a new president was elected and a new cabinet installed.

ICRC ACTION AND RESULTS

The Beijing regional delegation sought a more expansive dialogue with influential figures on humanitarian issues in the four countries covered, with a view to securing support for its humanitarian activities in the region and beyond. It also continued to strive to engage with the authorities, military and police forces, academics, the media and others, in order to broaden knowledge of IHL and humanitarian principles, and acceptance for them.

The ICRC partnered the authorities, National Societies and others to help improve conditions – largely through its assistance projects – for vulnerable people. In the DPRK, the Red Cross Society of the Democratic People's Republic of Korea and the ICRC carried out water and sanitation projects – still in progress – in peri-urban areas of Kaesong, to benefit residents without direct connection to a water source. The ICRC continued to support three hospitals by giving them supplies and training, and upgrading infrastructure. The Rakrang and Songrim physical rehabilitation centres received similar support.

The ICRC gave the Red Cross Society of China technical assistance to run a physical rehabilitation centre and repair workshop in the Yunnan province; vulnerable people in Yunnan, including the disabled, also drew on the livelihood support provided by the Chinese Red Cross. The ICRC signed an agreement with a hospital in the Sichuan province to strengthen its capacities in physical rehabilitation.

As mines and ERW from the 1950–1953 Korean War continued to threaten public safety, training courses in explosive ordnance disposal (EOD) were organized for the DPRK's Ministry of Public Security officers. The ICRC signed an agreement with the DPRK Red Cross that defined its capacity-building support for the National Society.

The ICRC supported the Chinese authorities' ongoing prison reforms with expert advice and by facilitating study tours to detention facilities outside China. ICRC workshops enabled prison staff to learn about best practices in health care in prisons.

The ICRC strove to expand its network of contacts in China, Mongolia and the ROK. Its discussions with influential parties – government officials, military officers, and academics and other members of civil society – focused on its role in addressing the humanitarian consequences of conflict in the region and beyond, and on the importance of including IHL-related considerations in national contingency plans and emergency-response measures. Participating in the Belt and Road forum in Beijing enabled it to enhance its dialogue with the Chinese authorities.

The ICRC worked with military and police forces throughout the region to advance understanding of IHL and other international norms among their personnel. Police officers and trainees in China and Mongolia attended workshops on international policing standards.

The ICRC conducted events to help university students and lecturers from China, Mongolia and the ROK get a stronger grasp of IHL and humanitarian activities. It assisted the Hong Kong Red Cross, Branch of the Red Cross Society of China, in hosting an international moot court competition.

The delegation boosted its public engagement in the region, particularly by strengthening its broadcast, print and online media presence. Journalists in China and the ROK covered the ICRC's activities; many of them used local-language media platforms, which enabled them to reach a wider audience.

The ICRC carried out working partnerships with the National Societies and coordinated its work with other Movement components in the region.

CIVILIANS

Water supply rehabilitation continues in the DPRK

The DPRK Red Cross and the ICRC continued to implement joint projects – begun in 2016 – to improve water supply and sanitation in the Unhak quarter of Kaesong. These projects were scheduled for completion in 2018 and would benefit roughly 15,000 civilians. Water technicians, sponsored by the ICRC, received training in France to strengthen their ability to ensure long-term maintenance of water facilities.

Authorities take steps to reduce risks posed by weapon contamination

With a view to minimizing civilian casualties of mines/ERW (see *Context*), the ICRC's Pyongyang mission, with support from the DPRK Red Cross and the ICRC's Weapon Contamination Unit, conducted training courses in EOD and risk awareness for police EOD teams under the Ministry of People's Security. The teams were also trained to treat blast-related injuries, and given the necessary medical equipment.

Owing to tensions in the region, the ICRC was unable to engage the DPRK and ROK governments in substantial discussions on the concerns of families separated by the 1950–1953 Korean War.

Destitute households pursue livelihoods

The Red Cross Society of China's integrated community resilience programme, funded by the ICRC, gave destitute households – some with disabled members – cash grants for undertaking livelihood activities. Roughly 300 Chinese Red Cross personnel took part in ICRC workshops on evaluating livelihoods and assessing related needs.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities expand their managerial capacities

The ICRC supported the Chinese authorities' ongoing prison reforms with expert advice. Senior officials from the justice ministry went on a study tour of places of detention in Geneva, in Switzerland, and London, in the United Kingdom of Great Britain and Northern Ireland; this broadened their knowledge of health-care provision in prisons, and of other matters. Two health ministry officials attended a conference on prison health in Thailand (see *Bangkok*). In cooperation with the justice ministry, the ICRC held a seminar in Yunnan to discuss detention-related issues such as TB control, and detainees' health and security. At a workshop in Zhengzhou, 39 prison staff learnt more about health care in prisons.

Finalization of a draft agreement – developed by the justice ministry, the Liaoning provincial government and the ICRC – for a TB-control programme, was pending at year's end. Justice ministry officials, and prison staff and government officials from Liaoning, went on an ICRC study tour of Azerbaijan, where they studied TB-control and management programmes in places of detention.

WOUNDED AND SICK

Disabled people in Yunnan are treated at a National Society centre

The Yunnan branch of the Red Cross Society of China continued, with ICRC material support, to manage a physical rehabilitation centre in Kunming and a repair workshop in Malipo. Disabled people received rehabilitative care, including physiotherapy and prostheses and other assistive devices, at these facilities; some were referred for economic assistance (see *Civilians*).

The ICRC provided clinical and technical guidance for the centre's management and staff, to help them improve their services. Monthly incentives from the ICRC helped the centre employ enough personnel and cover their salaries, thus ensuring uninterrupted services for disabled people.

The prosthetics and orthotics unit of the Chengdu Second People's Hospital, in Sichuan, received equipment and tools for producing assistive devices; the donation followed on from a capacity-building agreement between the hospital and the ICRC. The agreement enabled the ICRC to establish contact with the Sichuan Disabled Persons' Federation. The China Disabled Persons' Federation and the ICRC continued to discuss possibilities for cooperation.

Physical rehabilitation centres in the DPRK improve their services

In the DPRK, the Rakrang and Songrim physical rehabilitation centres continued to receive raw materials and components from the ICRC; disabled people obtained treatment at the centres, which also produced 1,566 prostheses, 181 orthoses and 1,279 walking aids. The ICRC provided on-site mentoring, and clinical and technical guidance, for personnel at the two centres. Personnel from the Songrim centre went on an ICRC study tour of Cambodia, where they learnt more about best practices in physical rehabilitation. The ICRC did not perform certain procedures – stump revision, for example – because the beneficiaries were inaccessible.

With ICRC support, infrastructure renovations were completed at the Songrim centre, and were at various stages of completion at the Rakrang centre. The patient's dormitories at Songrim

centre benefited from a major refurbishment, which included the construction of a new kitchen, and upgrades to the workshop, storeroom and clinical areas. Conditions for both staff and patients improved after the health and water-supply systems were upgraded. At both centres, the ICRC installed winter insulation and renovated toilets to make them more accessible to disabled people.

Facilities are upgraded at DPRK hospitals

Three hospitals (2,228 beds in all) – in Hamhung, Kaesong and Pyongsong – continued to receive ICRC support for improving their services: provision of medical supplies and essential drugs, and repairs to facilities. The ICRC upgraded the water- and electrical power-supply systems at these three hospitals; it also made repairs to or constructed sanitation facilities, including toilets and areas for washing clothes or managing solid waste. To promote the use of renewable energy, the ICRC installed solar-powered equipment for the hospital's heating systems. At the Pyongsong hospital, it installed a new X-ray machine that could run on photovoltaic power.

From September to November, an ICRC surgical team provided on-site technical support for the medical staff of the Pyongsong hospital; surgeons and other doctors learnt more about emergency-room trauma care at ICRC seminars.

The Rakrang hospital received ad hoc support from the ICRC for several months.

ACTORS OF INFLUENCE

The ICRC sought regular contact with government and military officials, and other influential parties in the region, to advance understanding of IHL and humanitarian issues and to foster support for its humanitarian activities in the region and elsewhere.

At the Belt and Road Forum for International Cooperation held in Beijing, the ICRC's president called for the inclusion of a humanitarian component in the initiative. During this event, the Chinese authorities and the ICRC discussed humanitarian issues of common interest and ICRC operations in key contexts. The ICRC discussed IHL and humanitarian principles with the governments of China and the ROK. The Chinese authorities sought the ICRC's technical support for the revision of the Red Cross Society law; the revised law was promulgated by the Standing Committee of the National People's Congress. While awaiting clarification of its legal status in the ROK, the ICRC explained – to various ministries – its mandate and its activities to reunite separated families.

In June, the Shanghai Cooperation Organization and the ICRC signed a memorandum of understanding, with a view to conducting a more structured dialogue on IHL and humanitarian issues arising from armed conflict and other situations of violence.

ICRC conferences highlight contemporary IHL issues

A local academic institution and the ICRC organized a two-day conference in Beijing to mark the 40th anniversary of the adoption of the 1977 Additional Protocols; participants learnt more about a broad range of IHL-related issues, including the conduct of hostilities and compliance with IHL in contemporary armed conflict. The event was attended by nearly 100 representatives, experts and scholars from the Chinese government and military, the national IHL committee, think-tanks, and academic institutions.

At a round-table organized by the China Arms Control and Disarmament Association and the ICRC in Beijing, participants discussed the humanitarian consequences of the unregulated transfer of arms and the international legal framework governing the arms trade; the event was attended by over 30 people, including representatives from military institutions and from weapons- and defence-related agencies of the Chinese government.

Students and lecturers learn more about IHL

University students and lecturers from China, Mongolia and the ROK developed a fuller understanding of IHL and humanitarian work – and of the obstacles to the latter – through courses, lectures and moot court competitions. These events were conducted in collaboration with universities, think-tanks, and National Societies and other local organizations in partnership with the ICRC. Roughly 100 students and lecturers from the Asia-Pacific region participated in a regional moot court competition organized jointly by the ICRC and the Hong Kong Red Cross branch of the Red Cross Society of China.

Legal experts from China and the ROK contributed to the ICRC's projects to update its commentaries on the Geneva Conventions and its study on customary IHL (see *International law and policy*).

The ICRC expands its dialogue with the armed forces and the security forces

The ICRC maintained its dialogue with the People's Liberation Army of China; discussions regarding IHL-related events for 2018 were ongoing. In the ROK, the ICRC conducted information sessions on IHL and the ICRC's activities at the Special Warfare Command and at the Korea National Defence University; this was in addition to its regular interaction with army and navy personnel. At a military exercise conducted by the United States Forces Korea, the ICRC briefed high-ranking officials of this command on its mandate and activities. In Mongolia, army officers attended ICRC refresher training in IHL.

Local-language coverage of humanitarian issues reaches wider audience

The ICRC boosted its public engagement in the region, in particular by strengthening its broadcast, print and online media presence in local languages. More contextualized digital content was produced and promoted online, including on social media platforms, which increased audience engagement. Expanded contact with members of the traditional and the electronic media, and interviews given by ICRC staff, led to broader coverage of humanitarian issues, ICRC operations, and subjects related to IHL.

The ICRC's partnership with China's main news agency enabled Chinese journalists to observe ICRC activities throughout the world – during ICRC-organized field trips – and report on them; they also reported on the ICRC president's visit to China, focusing on the ICRC's views on the Belt and Road Initiative.

The ICRC sought to widen its network of media contacts in the ROK and the Asia-Pacific region; to that end, it formed a partnership with an association of journalists; a conference in Seoul in October, attended by journalists from 18 countries, also gave the ICRC numerous opportunities for networking.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC pursued working partnerships with the National Societies and other Movement components in the region, with a view to shoring up emergency response capacities.

The ICRC trained personnel from the Red Cross Society of China in first aid, the Safer Access Framework and management of human remains. Some 100 staff from the Chinese Red Cross branches of three major cities participated in a simulation exercise in Beijing; Chinese Red Cross personnel and officials from the Shanghai government's emergency response office were given training pertinent to chemical, biological, radiological or nuclear events. After ICRC training in the management of human remains, held in Pakistan, the Chinese Red Cross began to incorporate in its manuals what it had learnt.

With ICRC support, the Chinese Red Cross incorporated elements of the Safer Access Framework and the Health Care in Danger project in its first-aid training curriculum. The ICRC enabled the Chinese Red Cross to visit ICRC delegations in conflict-affected contexts, to establish operational dialogue and enhance cooperation in the field within the Movement framework.

In Mongolia, the ICRC provided training in contingency planning for key members of the Mongolian Red Cross Society's emergency response teams, police officers and officials from the National Emergency Management Agency.

The Red Cross Society of the DPRK and the ICRC signed a cooperation agreement, which committed the ICRC to providing support for the National Society's public-communication, capacity-building and resource mobilization activities. The International Federation, the National Societies concerned and the ICRC continued to discuss contingency plans for emergencies in the region.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	9	4	2
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		35		
Water and habitat				
Water and habitat activities	Beds	2,232		
Physical rehabilitation				
Projects supported	Projects	5		
Patients receiving services (sum of monthly data)		2,210	389	57
New patients fitted with prostheses	Patients	637	91	16
Prostheses delivered	Units	1,786	318	57
	<i>of which for victims of mines or explosive remnants of war</i>	9	1	
New patients fitted with orthoses	Patients	83	9	10
Orthoses delivered	Units	181	22	10
Patients receiving physiotherapy	Patients	1,160	228	34
Walking aids delivered	Units	1,279	225	55
Wheelchairs or tricycles delivered	Units	48	4	1

JAKARTA (regional)

COVERING: Indonesia, Timor-Leste, Association of Southeast Asian Nations



The ICRC established a presence in Indonesia in 1979 and in Timor-Leste in 2002, following its independence. It supports the National Societies in boosting their emergency response capacities. It works with the armed forces to encourage the inclusion of IHL in their training, and with the police to foster compliance with international law enforcement standards. It maintains dialogue with ASEAN and other regional bodies and conducts activities with universities to further IHL instruction. In Timor-Leste, it supports training for the authorities and other relevant actors in the management of human remains following emergencies.

KEY RESULTS/CONSTRAINTS IN 2017

- Movement family-links services reconnected people with relatives separated from them by detention, migration or other circumstances. Some people saw their families for the first time since the 1975–1999 conflict in Timor-Leste.
- Forensic and emergency response personnel developed their capacities in managing human remains at ICRC-sponsored workshops, including one on the issue of missing migrants and another on emergency situations.
- Findings from an assessment of the services available to victims of sexual violence in Papua – conducted by the Indonesian Red Cross Society and the ICRC – served as the basis for a 2018 action plan for addressing victims' needs.
- The Indonesian parliament adopted a Red Cross law drafted with the ICRC's help. Key Indonesian and Timorese actors learnt more about IHL and its implementation at ICRC events.
- The Association of Southeast Asian Nations and the ICRC held their first joint event: a symposium exploring the common ground between IHL and religious/customary norms and its helpfulness in tackling humanitarian issues.

EXPENDITURE IN KCHF

Protection	478
Assistance	398
Prevention	2,700
Cooperation with National Societies	820
General	56
Total	4,452
<i>Of which: Overheads</i>	<i>272</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	44

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	6
RCMs distributed	40
Phone calls facilitated between family members	3
Tracing cases closed positively (subject located or fate established)	7

CONTEXT

Indonesia's capital city, Jakarta, was struck by two explosions in May, for which the Islamic State group claimed responsibility. Intensified police efforts to hunt down alleged "terror" networks resulted in some people being arrested. Socio-economic and communal or religious tensions caused episodic violence in some parts of the country; such incidents sometimes involved sexual abuse.

Migrants, including asylum seekers, continued to arrive in or pass through Indonesia. There were few options for resettling irregular migrants; many of them remained stranded in the country.

Indonesia continued to exert diplomatic influence in regional matters, notably through its membership of the Association of Southeast Asian Nations (ASEAN), the Organization of Islamic Cooperation and other multilateral bodies.

ASEAN, which is based in Jakarta, took steps to develop its capacity to coordinate humanitarian responses to emergencies in the region, including those created by armed conflict and other situations of violence, such as the events in Rakhine in Myanmar and in Marawi in the Philippines.

In Timor-Leste, security conditions remained relatively stable, but there were occasional incidents of urban violence that led to confrontations between the police and the alleged perpetrators. Thousands of families were still seeking information about relatives who went missing during the 1975–1999 armed conflict there. Presidential and parliamentary elections took place in 2017.

ICRC ACTION AND RESULTS

The ICRC kept up its efforts to advance understanding of IHL, pertinent international standards, humanitarian principles, and related issues – and build acceptance for the Movement's work – among government officials, armed forces and police personnel, religious and community leaders, and journalists, academics and other members of civil society, in Indonesia and Timor-Leste and within ASEAN. To that end, it organized workshops and other events in cooperation with local and regional institutions. It organized its first joint event with ASEAN – a symposium that explored the common ground between IHL and religious/customary norms and its helpfulness in tackling humanitarian issues in South-East Asia. At a round-table, representatives of faith-based organizations and ethnic communities in Indonesia shared their views – religious and traditional – on rules of conflict and humanitarian principles. The ICRC conducted several workshops for the armed forces and police units in Indonesia and Timor-Leste, with a view to helping them ensure that their senior officers, legal advisers and trainers were equipped to instruct their personnel in IHL and other applicable norms. Indonesian and Timorese authorities, sponsored by the ICRC, attended conferences on IHL and IHL-related treaties and their implementation. The Indonesian parliament adopted a Red Cross law; the pertinent officials and the Indonesian Red Cross Society had drafted the law with the ICRC's help.

The ICRC, together with the Indonesian Red Cross, implemented a pilot project to address the medical and psychological needs of victims of sexual violence in the Papua province of Indonesia. They also assessed the availability of services for victims; findings from this assessment were the basis of an action plan developed for implementation in 2018.

Members of families separated by armed conflict or other violence, detention or migration restored or maintained contact through the Movement's family-links services. Notably, several people of Timorese origin met their families for the first time since becoming separated from them as children during the 1975–1999 conflict; this was made possible by the joint efforts of local NGOs, the Indonesian and Timor-Leste authorities, the Timor Leste Red Cross and the ICRC.

The ICRC continued to provide support for building local and regional capacities in managing and identifying human remains. The aim was to reinforce the authorities' efforts to identify the remains of people who had died in past conflict and to prepare for future emergencies. Indonesian police personnel and other first responders, including from the Indonesian Red Cross, attended conferences and training sessions, organized or supported by the ICRC, on managing human remains. The Timorese police's forensic department received body bags and other supplies from the ICRC. The Timorese authorities and the ICRC continued to discuss a draft law on forensic activities and the drafting of a national policy for recovering human remains.

Indonesian penitentiary officials and police officers enhanced their understanding of internationally recognized standards for detention at ICRC workshops.

The Indonesian and Timor-Leste National Societies continued to receive ICRC support for strengthening their capacities in responding to emergencies and promoting IHL. A joint Indonesian Red Cross-ICRC programme continued to provide cataract surgery and other ophthalmic services to people in remote areas of East Nusa Tenggara, Maluku and Papua.

CIVILIANS

Some people see their relatives for the first time since the 1975–1999 conflict

Members of families separated by armed conflict or other violence, detention or migration restored or maintained contact through the Movement's family-links services. Those who used these services included: Indonesian families who received news of relatives detained abroad through brief oral messages relayed by the ICRC; and Indonesian migrant workers returning from foreign countries, who used phone services from the Indonesian Red Cross Society to re-establish contact with their families. A family in Indonesia made video calls and sent RCMs and parcels to a relative in the US internment facility at Guantanamo Bay Naval Station in Cuba. Together with the Indonesian foreign ministry, the ICRC made arrangements for four families to visit relatives detained in the Philippines.

Other people – including asylum seekers and refugees in Indonesia, some of whom were unaccompanied minors – filed tracing requests for relatives in other countries; several were located through the efforts of various ICRC delegations.

Fifteen people of Timorese origin met their families for the first time since becoming separated from them as children during the 1975–1999 conflict. A coalition of local NGOs organized these visits with financial support from the Indonesian and Timor-Leste governments, and in cooperation with local authorities, the Timor Leste Red Cross and the ICRC.

The Indonesian Red Cross expanded its capacities in restoring family links, notably through ICRC-supported training and participation in Movement meetings, such as regional conferences on family-links needs in relation to migration. The Timor Leste Red Cross continued to receive technical support from the ICRC for improving its family-links services; its disaster management department incorporated tracing services in its structure and training curriculum.

A pilot project to assist victims of sexual violence gets under way

In Indonesia, the National Society and the ICRC, in coordination with the authorities, pursued the implementation – in one district in Papua – of a pilot project to address the medical and psychological needs of victims of sexual violence, and to advocate the prevention of such abuse. The National Society and the ICRC assessed these needs and the availability of services – including mental health care and psychosocial support – for victims. Findings from the assessment were shared with the authorities and other organizations, and were the basis of an action plan developed for implementation in 2018. An NGO and the ICRC also held training sessions for young people, to broaden awareness among them of sexual violence and to teach them what they could do to help prevent it.

Forensic professionals develop their skills

ICRC training sessions helped forensic personnel and emergency responders to develop their capacities in managing human remains; such training also helped them become more capable of identifying the remains of people who died in disasters or in relation to past conflict, as in Timor-Leste, and to prevent cases of disappearance in future emergencies. With ICRC sponsorship, forensic personnel from the Indonesian police attended courses and conferences abroad, including a meeting of the Asia Pacific Medico-Legal Agencies network, which tackled the issue of missing migrants (see *Bangkok*), and a regional conference on post-emergency human remains management (see *New Delhi*). These subjects were also discussed at events in Indonesia – for instance, at a workshop for 40 emergency responders in Sulawesi and during a course on international policing standards for some 30 police officers. First responders from the Indonesian Red Cross attended a training session on managing human remains.

The ICRC continued to follow up, with the Indonesian police, several cases of migrants who had died during their journey; the aim was to help the migrants' families locate and take possession of their relatives' remains.

The Timorese authorities and the ICRC continued to discuss the ICRC's recommendations – provided at the authorities' request – for a draft law on forensic activities and the drafting of a national policy for recovering human remains. The Timorese police's forensic department received body bags and other supplies from the ICRC. The ICRC did not receive any requests for transportation assistance from families collecting the identified remains of relatives.

PEOPLE DEPRIVED OF THEIR FREEDOM

Prison officials learn more about internationally recognized standards for detention

With regard to the humanitarian situation of detainees in Indonesia and Timor-Leste, the ICRC continued to focus its efforts on discussing internationally recognized standards for detention with

the pertinent authorities; it sought by this means to create opportunities for cooperation in aligning detainees' treatment and living conditions with these standards. Indonesian prison officials learnt more about these standards at a seminar in Bangladesh for prison managers and during a conference in Thailand on health issues in prisons (see *Bangkok* and *Bangladesh*). They exchanged views with their regional counterparts at a conference in Jakarta on designing prisons, attended by architects and others involved in the planning and construction of prisons. The ICRC continued to explore possibilities for cooperating with the Indonesian police in promoting among their ranks the internationally recognized standards for the treatment for people in custody. At ICRC briefings, Indonesian police officers learnt about such standards applicable to arrests and detention (see also *Actors of influence*).

Forty-five former security detainees in Papua attended journalism and writing workshops organized by an Indonesian NGO with ICRC financial support.

The Indonesian Red Cross and the ICRC explored ways to provide family-links services for detained migrants.

ACTORS OF INFLUENCE

The Indonesian parliament adopts a Red Cross law

In December, the Indonesian parliament adopted a Red Cross law drafted with the ICRC's help. Other projects related to IHL implementation – a study on the compatibility of Indonesian law with weapons-related IHL treaties and a new penal code with provisions on war crimes – progressed slowly as the organizations concerned focused their attention to the Red Cross law. No progress was made in organizing, with the Timorese justice ministry, an assessment of the state of IHL implementation in Timor-Leste.

Through discussions with the ICRC and at events organized by it, Indonesian authorities – members of the national IHL committee, officials from the defence, judiciary, law, education and cultural affairs departments, and diplomats – advanced their understanding of IHL and its implementation and of related issues. At ICRC conferences, Indonesian government and military officials learnt more about implementing the Second Protocol to the Hague Convention on Cultural Property and the Convention on Certain Conventional Weapons (see *Kuala Lumpur* and *New Delhi*, respectively). Prosecutors, legislators and military and police officials in Papua benefited from ICRC information sessions. The Indonesian counter-terrorism agency and the ICRC discussed the humanitarian and protection issues that people returning to Indonesia, after participating in fighting elsewhere, might face.

Timorese officials, particularly those from the external affairs ministry, attended IHL conferences (for example, see *Kuala Lumpur*). The ICRC continued to encourage them to establish a national IHL committee.

ASEAN and ICRC hold first joint event

ASEAN and the ICRC held their first joint event: a symposium on IHL and humanitarian action. The event, which was held in the Philippines, brought together representatives from ASEAN bodies and Member States and from international organizations and Movement components, academics and religious and community leaders; they discussed how the common ground between IHL and religious/customary norms/practices helped to address specific humanitarian challenges in South-East Asia. At other meetings, including one between the ASEAN secretary-general and the ICRC

president, ASEAN and the ICRC continued to explore means of expanding cooperation in other issues of common concern, such as ASEAN States' efforts to ensure maritime security, curb violence and coordinate disaster response.

The ICRC continued to share its views on humanitarian issues of common interest at key multilateral forums, such as the Bali Democracy Forum.

Armed forces and security forces in the region strengthen their grasp of IHL and related norms

At events organized by the relevant authorities and the ICRC, military and police officers in the region learnt more about international norms and standards pertinent to their work. Where applicable, the ICRC laid emphasis on such matters as preventing sexual violence, protecting health-care services during armed conflict and other violence, and abiding by international policing standards.

Senior Indonesian and Timorese military officials, including military lawyers, exchanged views on the application of IHL with their peers, at ICRC-organized workshops on military operations (see *Bangkok* and *International law and policy*), armed conflict at sea (see *Kuala Lumpur*), and other related topics.

Peacekeeping personnel and other members of the Indonesian military added to what they knew of IHL at sessions conducted by ICRC-trained instructors and organized in coordination with the armed forces' Permanent Working Group on IHL and the National Law Development Agency.

Indonesian and Timor-Leste police officers learnt more about international law enforcement standards through ICRC briefings; the Indonesian personnel included commanders of crowd-control units and investigators working in violence-prone areas. These standards were also discussed during first-aid training sessions organized by the National Societies for the police forces in their countries.

As a result of ICRC training, military and police legal advisers, and trainers, from the countries covered were better placed to advise others on ensuring compliance with IHL and other applicable norms and to instruct their peers.

Religious and ethnic leaders share perspectives on rules of conflict

Various ICRC events gave religious leaders and others an opportunity to discuss IHL and related matters; they also contributed to fostering acceptance for the Movement's work. Indonesian academics, sponsored by the ICRC, attended IHL courses in

Arabic (see *Lebanon* and *Tunis*). At a round-table, representatives of faith-based organizations and ethnic communities in Indonesia shared their views – religious and traditional – on rules of conflict and humanitarian principles.

The ICRC sought to stimulate academic interest in IHL through seminars for Indonesian and Timorese lecturers, moot court and other competitions, and information sessions.

Indonesian and Timorese journalists learnt more about the protection afforded to them by IHL, and about the ICRC's work, through informational materials provided by the ICRC and at workshops, some of which included first-aid training.

Indonesians obtained information on ICRC activities and other humanitarian matters via social media and other Web-based platforms, and at the delegation's documentation centre.

RED CROSS AND RED CRESCENT MOVEMENT

With training and material, financial and technical support from the ICRC, the Indonesian and Timorese National Societies continued to strengthen their ability to respond to emergencies and promote humanitarian principles and IHL (see *Civilians* and *Actors of influence*). ICRC training sessions for them covered various topics: first aid, family-links services in disaster response, human remains management, and issues raised by the Health Care in Danger project. Both National Societies drew on ICRC expertise to update contingency plans and guidelines in accordance with the Safer Access Framework, and to monitor the application of the framework.

At a round-table organized by the Indonesian Red Cross, officials from the health ministry, military and police officers, representatives of disaster-management organizations, and others discussed strengthening the legal framework protecting humanitarian workers, particularly medical personnel.

Movement components based in Indonesia took stock of one another's capacities, to coordinate their response to large-scale disasters in the country.

People in isolated and violence-prone areas of Indonesia obtain ophthalmic care

Local health-care providers, the Indonesian Red Cross and the ICRC continued to work together to provide ophthalmic services for people in remote and violence-prone communities, particularly in East Nusa Tenggara, Maluku and Papua. Some 3,800 people had eye tests; among them, 411 underwent cataract surgery and 2,057 received spectacles. Roughly 190 medical staff from these provinces were trained in eye care.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		6			
RCMs distributed		40			
Phone calls facilitated between family members		3			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		74	11	29	15
Tracing cases closed positively (subject located or fate established)		7			
Tracing cases still being handled at the end of the reporting period (people)		95	12	31	25

KUALA LUMPUR (regional)

COVERING: Brunei Darussalam, Japan, Malaysia, Singapore



ICRC regional delegation ICRC mission ICRC office

Having worked in Malaysia since 1972, the ICRC established the Kuala Lumpur regional delegation in 2001 and a mission in Japan in 2012. It works with governments and National Societies – including through the regional resource centre supporting delegations in East and South-East Asia and the Pacific – to promote IHL and humanitarian principles and gain support for the Movement’s activities. In Malaysia, it visits detainees, works with authorities to address issues identified during visits, and helps detained migrants contact their families. In Sabah, it works with the Malaysian Red Crescent Society in the field of community health care.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ An anti-scabies campaign was carried out at one Malaysian prison; inmates had their prison cells and belongings disinfected. The ICRC provided staff training and material assistance for the campaign.
- ▶ Schoolteachers and National Society volunteers in Sabah were better placed to organize first-aid training and information sessions on good hygiene practices by themselves after the ICRC had instructed them in the basics.
- ▶ The National Defence University of Malaysia and the ICRC agreed to establish the Centre of Military and International Humanitarian Law, which will deliver IHL courses for the armed forces in the region.
- ▶ Government officials and members of civil society learnt about IHL and humanitarian issues at ICRC events such as the South-East and North-East Asian Teaching Session on IHL in Nagasaki, Japan.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	26
RCMs distributed	64
Phone calls facilitated between family members	4,339
Tracing cases closed positively (subject located or fate established)	38
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	20
Detainees in places of detention visited	24,584
<i>of whom visited and monitored individually</i>	827
Visits carried out	34
Restoring family links	
RCMs collected	123
RCMs distributed	103
Phone calls made to families to inform them of the whereabouts of a detained relative	403

EXPENDITURE IN KCHF

Protection	1,658
Assistance	868
Prevention	3,210
Cooperation with National Societies	614
General	152
Total	6,501
<i>Of which: Overheads</i>	397

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	42

CONTEXT

Migration, human trafficking and disputed maritime areas in the South China Sea continued to be prominent subjects of discussion in the region.

In Malaysia, irregular migrants were often detained or repatriated. New security laws and measures were introduced in recent years – in response, reportedly, to the increasing risk of violent attacks in the region and the alleged recruitment of Malaysians by foreign armed groups. The government established the Regional Digital Counter-Messaging Communication Centre and the King Salman Centre for International Peace. Malaysia signed a maritime patrol agreement with Indonesia and the Philippines. It also contributed troops to peacekeeping operations abroad.

In Japan, general elections to the House of Representatives took place in October. The country continued to hold a non-permanent seat at the UN Security Council. Japan withdrew its Self-Defense Forces from the UN Mission in South Sudan (UNMISS).

ICRC ACTION AND RESULTS

The ICRC pursued initiatives to broaden awareness of and support for humanitarian principles, IHL and the Movement among influential parties throughout the region. In Malaysia, it also endeavoured to address humanitarian issues concerning detainees, members of separated families, and other vulnerable groups of people in Sabah.

Residents and Malaysian Red Crescent Society volunteers bolstered their first-aid capacities at training sessions conducted by the National Society and the ICRC, so that they could provide basic emergency treatment in remote rural areas of Sabah. Schoolchildren and teachers learnt good hygiene practices at information sessions conducted by the ICRC together with the Sabah education department. Schoolteachers and National Society volunteers were better placed to organize such training and information sessions by themselves after the ICRC had instructed them in the basics.

The ICRC conducted visits, in accordance with its standard procedures, to detainees held in prisons, immigration detention centres and places of temporary detention in Malaysia. Afterwards, it discussed its findings on detainees' treatment and living conditions confidentially with the authorities concerned. The ICRC also organized information sessions and workshops for prison officers on internationally recognized standards for detention. The health ministry, the pertinent authorities and the ICRC continued to draft plans to improve health care in immigration detention centres and places of temporary detention. However, a project to improve health services at one immigration detention centre could not be carried out because of the authorities' decision to postpone it. Penitentiary and health ministry officials exchanged views with their counterparts from other countries at a regional conference on prison health. Medical equipment and supplies from the ICRC strengthened capacities at prison clinics. The ICRC provided staff at one prison with training in scabies control and material assistance for implementing an anti-scabies campaign.

Members of families separated by migration or detention restored or maintained contact through the Movement's family-links services. Notably, people held in immigration detention centres benefited from the increased availability of means to contact their families. Movement partners discussed their roles in improving family-links services along migration routes.

Authorities in the region drew on ICRC expertise to implement IHL-related treaties – particularly, the Arms Trade Treaty. In all the countries covered, the ICRC continued to work with the authorities, representatives of multilateral bodies and members of civil society – including academics and members of the media – to promote IHL and awareness of humanitarian issues. Students demonstrated their knowledge of IHL in essay-writing contests and moot court competitions in Malaysia and Japan. The ICRC organized or participated in various events for parties with influence over the humanitarian agenda. Notably, the ICRC organized the South-East and North-East Asian Teaching Session on IHL in Nagasaki.

Military and security forces in the region learnt more about IHL and/or international policing standards at ICRC workshops. The National Defence University of Malaysia and the ICRC signed a memorandum of understanding to establish the Centre of Military and International Humanitarian Law, which will serve as a platform for delivering IHL courses for military forces in the region. Military lawyers and naval officers from various countries strengthened their grasp of the applicability of IHL at sea during an ICRC event in Kuala Lumpur.

With support from Movement partners, National Societies in the region developed their ability to respond to humanitarian needs. They also consolidated their approach to civil-military relations into a roadmap that focused on developing a group of National Society managers in charge of civil-military relations during and after disasters.

CIVILIANS

Schoolchildren and others in Sabah learn about good hygiene and first aid

Health care of good quality remained comparatively inaccessible to people in remote rural areas of Sabah, some of whom were migrants and stateless people. With a view to at least partially remedying this, 132 residents and Malaysian Red Crescent Society volunteers learnt first aid at training sessions conducted by the National Society and the ICRC. Some 540 schoolchildren and 20 teachers also learnt good hygiene practices at information sessions held in coordination with the Sabah education department. Schoolteachers and National Society volunteers were better placed to organize such training and information sessions themselves after the ICRC had instructed them in the basics. The National Society branch in Sabah continued to receive guidance and support from the ICRC for improving and expanding its health-related activities.

Health officers from 11 districts, the National Society and the ICRC had several discussions about public-health needs and how to address them together. Following these discussions, the National Society and the ICRC were able to conduct a first-aid workshop for 24 members of the Sabah police's volunteer arm.

Members of families separated by migration or detention restore or maintain contact

People in Malaysia used the Movement's family-links services to keep in touch with relatives separated from them by migration or detention. The families of three detainees held at the US internment facility at Guantanamo Bay Naval Station in Cuba exchanged news with their relatives through RCMs and video calls, and oral messages relayed by an ICRC delegate who visited the detainees. Movement components discussed their roles in improving family-links services along migration routes.

Owing to operational constraints, several planned protection and assistance activities for vulnerable migrants did not take place.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees at places of temporary detention in Sabah receive ICRC visits

In Malaysia, detainees at nine immigration detention centres, eight prisons (including facilities for women and juveniles and a community rehabilitation centre) and three places of temporary detention received ICRC visits, conducted in accordance with standard ICRC procedures. During its dialogue with them, the ICRC sought to help the authorities reach a fuller understanding of its working procedures for prison visits. Expanded dialogue with the National Security Council enabled the ICRC to broaden its access to places of temporary detention in Sabah.

ICRC delegates monitored detainees' treatment and living conditions, and afterwards, discussed the findings confidentially with the authorities concerned. They focused on identifying and addressing the needs of detainees with specific vulnerabilities, such as migrants, minors, women and people who were ailing. The prison authorities used the ICRC's written reports on such matters to persuade their administration to carry out projects for detainees. At their own request, some foreign detainees were referred to the IOM, the UNHCR or their embassies for specific assistance.

Inmates restored or maintained contact with their relatives through family-links services such as RCMs, phone calls and oral messages. Those held in immigration detention centres continued to benefit from the increased availability of means to contact their families; this was a result of the Malaysian Red Crescent Society's efforts to expand, with the ICRC's support, family-links services at those facilities. With the ICRC's assistance, four people returned home, or were reunited with their families, after their release from detention. The ICRC provided them with transport assistance and/or essential items for their journey.

Prison cells are disinfected during an anti-scabies campaign

Prison officials and the ICRC maintained their dialogue on the welfare of detainees, particularly in connection with: health care (see below), water for personal use, living quarters, and the management of facilities. The ICRC was also invited by the prison department to participate in a meeting with prison directors. A total of 32 senior prison officers and 300 newly recruited prison guards learnt about internationally recognized standards for detention at ICRC workshops and/or information sessions.

The health ministry, the pertinent authorities and the ICRC continued to draft plans to improve health care in immigration detention centres and places of temporary detention. However, a project to improve health services at one immigration detention centre could not be carried out because of the authorities' decision to postpone it, owing to the turnover of staff in the facility. Officials from the health ministry and the prison and immigration departments learnt more about good practices for managing TB in the penitentiary sector during a study tour sponsored by the ICRC in Kyrgyzstan. Prison and health ministry officials also exchanged views with their counterparts from other countries at an ICRC conference on prison health care (see *Bangkok*). Prison clinics bolstered their capacities with medical equipment and supplies from the ICRC.

The ICRC provided staff at one prison with training in scabies control and material assistance for implementing an anti-scabies campaign, during which the cells and belongings of roughly 2,900 inmates were disinfected.

Some families at one place of temporary detention received kits for infant care, which included clothes. Soap donated by the ICRC helped about 1,100 detainees improve their personal hygiene.

ACTORS OF INFLUENCE

The ICRC sought various forms of engagement with key actors in the region – including representatives of multilateral bodies such as the Association of Southeast Asian Nations (ASEAN) and others with influence over the humanitarian agenda – with a view to promoting neutral, impartial and independent humanitarian action, broadening support both for itself and its Movement partners and fostering acceptance for IHL and other applicable norms. The ICRC offered its humanitarian perspective on issues of regional interest, including migration, during international events such as the Asia-Pacific Roundtable and the Shangri-La Dialogue.

The ICRC urged authorities in the region to ratify and/or implement IHL instruments, particularly the 1977 Additional Protocols, the Rome Statute and weapons-related treaties, including the Treaty on the Prohibition of Nuclear Weapons. The Malaysian and Singaporean governments were given technical guidance for implementing the Arms Trade Treaty. Brunei Darussalam's government participated in the consultation process for increasing compliance with IHL (see *International law and policy*). National authorities in the region were given IHL-related reference materials and technical advice, including on the role of national IHL committees. Policy-makers made use of reference materials produced by Movement components, such as an IHL handbook for Malaysian parliamentarians. Authorities in the region, sponsored by the ICRC, strengthened their grasp of IHL at national and international courses and events. The Singaporean authorities hosted a conference for government officials and academics from throughout the region on promoting respect for IHL.

The National Defence University of Malaysia and the ICRC agree to establish an IHL centre

The National Defence University of Malaysia and the ICRC signed a memorandum of understanding to establish the Centre of Military and International Humanitarian Law, which will serve as a platform for delivering IHL courses for military forces in the region. Officers attending command and staff colleges, peace-keeping training centres and exercises, and police command courses in Brunei Darussalam, Malaysia and Singapore learnt more about the ICRC's mandate and IHL at ICRC presentations or training sessions. In Japan, officials from the defence ministry and the Self-Defense Forces added to their knowledge of IHL at events organized by the ICRC with local partners.

Military lawyers and naval officers from various countries strengthened their grasp of the applicability of IHL at sea during an ICRC event in Kuala Lumpur. Military officers and/or lawyers, sponsored by the ICRC, attended IHL-related events elsewhere in the region and the Senior Workshop on International Rules governing Military Operations, which was held in Mexico.

Representatives of police forces in Brunei Darussalam and Malaysia advanced their understanding of international policing standards at ICRC workshops. The ICRC bolstered its dialogue with the ASEAN body for coordinating police work, ASEANAPOL, with a view to broadening support for IHL and the ICRC.

Civil society learns more about IHL and humanitarian issues

To promote IHL and its work, the ICRC maintained its engagement with influential members of civil society in the region: NGOs, academics, journalists and religious organizations. Through information sessions and other events for them, it encouraged academics to conduct research on subjects of humanitarian interest, and urged university lecturers to provide more effective IHL instruction. The public learnt more about IHL and humanitarian issues through various ICRC events and articles and features published by the media. Notably, students demonstrated their knowledge of IHL in essay-writing contests or moot court competitions in Malaysia and Japan. In Japan, young professionals from all over the country competed to develop virtual-reality tools to raise awareness of issues of humanitarian concern. Red Cross and Red Crescent Youth in Singapore and Malaysia, respectively, strengthened their grasp of IHL and humanitarian principles during ICRC-facilitated youth camps.

Some 45 representatives of government ministries, armed forces and National Societies in the Asia-Pacific region learnt more about IHL-related issues, including the humanitarian consequences of the use of nuclear weapons, at the South-East and North-East Asian Teaching Session on IHL, organized by the ICRC, in Nagasaki.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region, with assistance from Movement partners, enhanced their ability to respond to humanitarian needs. For instance, the Malaysian Red Crescent Society expanded its family-links services, and in Sabah, its health-related activities (see *Civilians*).

With ICRC support, the Japanese Red Cross Society's public-communication activities helped broaden public awareness of IHL-related issues and the Health Care in Danger project; the National Society organized a Movement symposium on the project. The Japanese Red Cross and the ICRC, in collaboration with the International Federation, hosted the Global High-level Movement Conference on Nuclear Weapons in Nagasaki in April; representatives of 35 National Societies attended the event.

The Brunei Darussalam Red Crescent Society, aided by the International Federation and the ICRC, reviewed its legal base and fundraising strategy. The ICRC also helped the Singapore Red Cross enhance its deployment of staff abroad and its fundraising capacities.

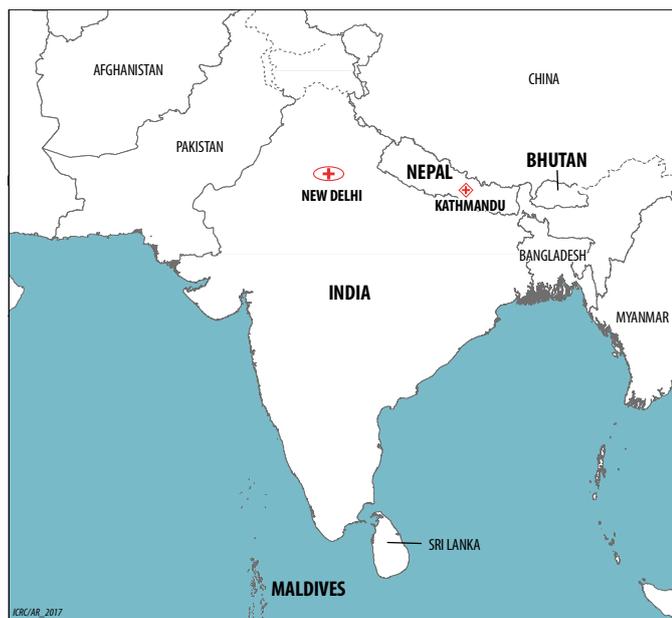
Movement components in the region bolstered their emergency preparedness and coordinated their emergency response, including to the Rakhine crisis in Myanmar. They also consolidated their approach to civil-military relations into a roadmap that focused on developing a group of National Society managers in charge of civil-military relations during and after disasters.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		26			
RCMs distributed		64			
Phone calls facilitated between family members		4,339			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		59	7	1	1
<i>including people for whom tracing requests were registered by another delegation</i>		24			
Tracing cases closed positively (subject located or fate established)		38			
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases still being handled at the end of the reporting period (people)		77	14	9	11
<i>including people for whom tracing requests were registered by another delegation</i>		27			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		20			
Detainees in places of detention visited		24,584	3,733	618	
Visits carried out		34			
			Women	Girls	Boys
Detainees visited and monitored individually		827	56	28	80
<i>of whom newly registered</i>		772	51	28	72
RCMs and other means of family contact					
RCMs collected		123			
RCMs distributed		103			
Phone calls made to families to inform them of the whereabouts of a detained relative		403			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	1,202	171	15
Cash	Beneficiaries	4	1	
Health				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	4		

NEW DELHI (regional)

COVERING: Bhutan, India, Maldives, Nepal



ICRC/AR_2017
 ICRC regional delegation ICRC mission

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ In India, the Maldives and Nepal, armed and security forces personnel, government authorities and others added to their knowledge of IHL at ICRC events, such as a conference on the Convention on Certain Conventional Weapons.
- ▶ In Nepal, the authorities were again urged to address the needs of people affected by the past conflict, such as missing people's families. Some of them obtained government aid, with the Nepal Red Cross Society and the ICRC's help.
- ▶ Medical staff became more adept in emergency-room trauma and mass-casualty management, and others were trained in first aid and/or basic life support, at courses in India and Nepal organized by the ICRC, at times with local actors.
- ▶ Physically disabled people obtained good-quality rehabilitative services through ICRC-backed projects in India and Nepal. An ICRC contest, organized with various partners, encouraged the production of innovative assistive devices.
- ▶ The ICRC did not visit prisons in India, as it was unable to secure the authorities' permission; it continued economic programmes for the families of current and former detainees. Inmates in Maldivian prisons received ICRC visits.

EXPENDITURE IN KCHF

Protection	2,386
Assistance	4,939
Prevention	3,717
Cooperation with National Societies	1,200
General	559
Total	12,801
<i>Of which: Overheads</i>	<i>781</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	176

Opened in 1982, the regional delegation in New Delhi seeks to broaden understanding and implementation of IHL and encourage respect for humanitarian principles among the armed forces, academics, civil society and the media. It supports the development of the region's National Societies. It visits detainees in the Maldives and engages in dialogue with the authorities in India on detention-related matters. In Nepal, its work focuses on helping clarify the fate of missing persons from the past armed conflict, and supporting their families. The ICRC helps improve local capacities to provide physical rehabilitation and emergency response services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	16
RCMs distributed	13
Phone calls facilitated between family members	1
Tracing cases closed positively (subject located or fate established)	8
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	4
Detainees in places of detention visited	1,668
<i>of whom visited and monitored individually</i>	4
Visits carried out	4
Restoring family links	
RCMs collected	6
RCMs distributed	4

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Essential household items	Beneficiaries	5,000	
Productive inputs	Beneficiaries	1,000	3,150
Cash	Beneficiaries	1,250	949
Services and training	Beneficiaries		127
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	9,040	9,043
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	7	9
Patients receiving services	Patients	40,000	46,084

CONTEXT

India continued to tackle various economic, social and security challenges, while also seeking to raise its profile in the region and throughout the world. Relations with some of its neighbours remained tense, particularly because of border and security issues; attacks on Indian military facilities in the north-west continued to be reported. Tensions persisted between militants and security forces in the Jammu and Kashmir region, and in parts of central, eastern and north-eastern India; these often culminated in arrests, casualties and/or displacement.

Amid political and resource constraints, two government bodies in Nepal – the Commission of Investigation on Enforced Disappeared Persons (CIEDP) and the Truth and Reconciliation Commission (TRC), both formed in 2015 – sought to fulfil their duties towards people affected by the past conflict. Their terms were extended until 2019. Local, provincial and federal elections were held in several phases throughout the year, despite occasional outbreaks of violence. This concluded a protracted political process and laid the groundwork for the country's transition to a federal system of government.

In the Maldives, hundreds of people linked to political unrest following the arrest of the former president in 2015 remained in prison. Local elections took place in May. Political protests occurred intermittently, and sometimes led to violence.

In the countries covered, detention or migration often led to loss of family contact.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in New Delhi sustained its efforts to: help ease the situation of people in need, such as missing people's families and detainees; and build acceptance for IHL and the Movement among authorities, armed and security forces, members of civil society and the general public.

The ICRC's interaction with influential parties in India, the Maldives and Nepal helped: foster support for neutral, impartial and independent humanitarian action; broaden understanding of IHL and other norms; and raise awareness of humanitarian issues. Armed and security forces personnel, troops bound for peacekeeping missions, and judges and lawyers strengthened their grasp of IHL – through training sessions, briefings and courses, respectively. Various ICRC events in India and Nepal, such as a conference in New Delhi on the Convention on Certain Conventional Weapons, helped government representatives, scholars and others to familiarize themselves with recent developments in IHL. National and regional initiatives with teachers and students encouraged academic interest in the subject.

In Nepal, the ICRC continued to emphasize to the authorities the necessity of addressing the needs of people affected by the past conflict: by the CIEDP, for missing people's families; and by the TRC, for victims of sexual violence. The Nepal Red Cross Society and the ICRC helped missing people's families obtain government aid. The ICRC organized refresher courses for National Society personnel and started sending them updates on missing-persons cases, in support of their visits to the families. The CIEDP and others working in forensics drew on ICRC expertise to strengthen their ability to manage and/or identify human remains, with ICRC input.

In India and Nepal, training sessions organized by the ICRC, sometimes with local partners, enabled: people in tension-prone areas, including first responders, to become more capable of administering first aid and/or providing basic life support; and medical professionals to develop their capacities in weapon-wound surgery, emergency-room trauma care and mass-casualty management.

Disabled people in India and Nepal received specialized care through ICRC-backed physical rehabilitation projects. To help ensure that more disabled people had access to such care, the ICRC supported: training for patients and doctors; and a partner organization's establishment of a facility for manufacturing clubfoot braces in Jammu. In India, innovative assistive devices, produced by the finalists in a 2015 contest held by partner organizations and the ICRC, were undergoing clinical tests. With partner organizations, the ICRC promoted the social inclusion of disabled people in India and Nepal through sports.

The ICRC did not visit detention facilities in India, as it did not receive official permission for doing so. Nevertheless, detainees at facilities in Jammu and Kashmir received care from psychiatrists assigned by health officials to those facilities, at the ICRC's recommendation. ICRC economic-assistance programmes for the families of current and former detainees continued. During its visits to places of detention in the Maldives, the ICRC checked on the treatment and living conditions of detainees, and communicated its findings confidentially to the authorities afterwards. The ICRC arranged family visits for some detainees in Bhutan and India.

People separated from their families, such as refugees, used the Movement's family-links services to reconnect with relatives.

The Indian Red Cross Society, the Maldivian Red Crescent and the Nepal Red Cross Society bolstered their capacities, with comprehensive ICRC support. Bhutan formally launched the "Bhutan Red Cross Society", which took steps towards membership of the Movement. Movement components in the region met regularly; this helped them share information and coordinate their activities.

CIVILIANS

Members of families separated because of unrest, migration or disasters reconnected through the Movement's family-links services. Despite a shortage of personnel, the Indian Red Cross Society collected tracing requests from refugees at a camp in Tamil Nadu. Travel documents issued by the ICRC, in coordination with the authorities, the IOM and the UNHCR, helped 13 people without identification documents, in India and Nepal, to resettle abroad. A Nepalese worker detained abroad phoned her relatives and, with ICRC financial support, rejoined them after being deported.

The Nepal Red Cross Society promoted the Movement's family-links services among potential beneficiaries, through leaflets and radio spots. With ICRC support, the National Societies in India and the Maldives pursued initiatives to incorporate these services more fully in their regular activities.

Missing people's families in Nepal obtain government aid

In Nepal, the ICRC continued to emphasize to the authorities the necessity of addressing the needs of people affected by the past conflict: by the CIEDP, for missing people's families; and by the TRC, for victims of sexual violence.

The cases of 1,335 missing people, including 4 newly registered by the ICRC, remained unresolved. The National Society continued to visit the families concerned and kept them informed of developments in the search for their missing relatives. The ICRC organized refresher courses for National Society personnel and sent them updates on missing-persons cases, to help make their visits to families more efficient.

The Nepal Red Cross and the ICRC helped 32 families obtain financial aid under the government's interim relief programme; to date, 1,277 families had received such aid. The National Society and the ICRC continued to follow up with the authorities in behalf of the families who had not yet benefited from the programme.

A network of victims' associations arranged a workshop on transitional justice, and the ICRC and the Nepal Red Cross organized ceremonies to mark the International Day of the Disappeared; the ICRC covered transportation costs for victims of the past conflict who attended these events.

With ICRC support, the National Network of the Families of the Disappeared and Missing (NEFAD) continued to lobby for the creation of legal and administrative mechanisms to address the needs of missing people's families.

Forensic professionals in India and Nepal bolster their capacities

The ICRC worked with forensic professionals in India and Nepal to strengthen their capacities. It discussed various subjects with people involved in forensic work, such as: with the Nepalese authorities and armed forces, proper management and identification of human remains, particularly after disasters; and with key Indian institutions, developing cooperation in humanitarian forensics. In Nepal, ICRC input helped the home affairs ministry to review national guidelines for managing dead bodies, and a technical working group to standardize procedures for forensic odontological identification. The CIEDP – based on recommendations from an ICRC round-table in 2016 – established a committee to draw up a technical roadmap towards clarifying the fate of people missing in relation to the past conflict.

At events in Nepal organized or supported by the ICRC: government officials from the region and elsewhere learnt about the proper management of dead bodies; actors involved in human remains management after disasters shared lessons learnt and best forensic practices; and army personnel learnt how to collect ante-mortem data. Forensic specialists from India and Nepal, sponsored by the ICRC, attended courses or conferences abroad on matters related to forensics (see, for example, *Pakistan*).

Vulnerable people in India receive health and livelihood support

In Jammu and Kashmir, the ICRC referred about 60 former detainees to physical or mental-health care providers. The households of 125 current or former detainees (723 people) began income-generating activities through the ICRC's microeconomic initiative programme; this also helped ease their socio-economic reintegration.

Some 500 farming households (3,150 people) elsewhere in India reported an average increase of 40% in their crop yields, after participating in livelihood projects carried out by the Indian Red Cross with ICRC financial and technical support. The ICRC gave 42 female

breadwinners (supporting 127 people) economic grants and trained them in basic business management, to help them improve their income-generating activities. Some 1,000 families (5,000 people) affected by floods received hygiene kits and other household items, supplied by the ICRC and distributed by the National Society.

Young people in India learn more about good hygiene

About 7,140 people from various communities in India, including students, learnt good hygiene practices through ICRC-supported National Society campaigns. At 15 schools where similar campaigns were carried out in 2016, around 250 students and teachers added to their knowledge during follow-up sessions conducted by a local organization. Some 1,650 flood-affected households had potable water after the National Society and the ICRC distributed water-purification materials to them.

A local agency and the ICRC discussed possibilities for training local technicians in installing rooftop solar panels and disability-adapted toilets.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC did not visit detention facilities in India for 2017, as it did not receive official permission to do so. However, it sought to engage pertinent authorities in dialogue on detention-related matters, such as access to health care and family contact. During visits to four places of detention in the Maldives, conducted in accordance with its standard procedures, the ICRC checked on the treatment and living conditions of detainees, including people arrested in relation to political unrest (see *Context*). It paid close attention to particularly vulnerable inmates, such as minors, women and foreigners. Afterwards, the ICRC communicated its findings and recommendations confidentially to the authorities, covering such topics as prison management and respect for judicial guarantees in detention. Sponsored by the ICRC, prison and health authorities attended regional conferences on prison management and health in detention (see *Bangkok* and *Bangladesh*).

Detainees reconnect with their relatives

Some detainees in the countries covered reconnected with their relatives via the Movement's family-links services. The ICRC arranged family visits for 61 detainees in India. Nine detainees in Bhutan also received such visits, from relatives with refugee status in Nepal. With the permission of the authorities, detainees in Nepal, including foreigners, made use of the Nepal Red Cross' family-links services, which were supported by the ICRC.

Detainees at four facilities in Jammu and Kashmir were given appropriate care by psychiatrists assigned by health officials to those facilities, at the ICRC's recommendation.

In India, former detainees, and households of current and former detainees, received ICRC assistance (see *Civilians*).

WOUNDED AND SICK

Local actors become more capable of providing life-saving care

People in tension-prone areas of India and Nepal, including National Society volunteers and trainers, developed their ability to administer or instruct others in first aid and/or basic life support. They did so through seminars organized by the health authorities, the ICRC's partner NGOs, National Societies concerned and/or the ICRC. In Nepal, people injured in electoral violence were treated by first-aiders from the Nepal Red Cross, some of whom had received

ICRC training. The Indian Red Cross drew on ICRC expertise to help disaster-management authorities develop a first-aid training curriculum for schools nationwide. Aided by the ICRC, the Nepalese national ambulance service revised its operational guidelines, to improve its emergency response and prevent misuse of ambulances.

At ICRC training sessions, which were sometimes organized with local partners, some 380 medical professionals in India and Nepal developed their capacities in weapon-wound surgery, emergency-room trauma care and mass-casualty management; some of them also learnt how to instruct others in the field. Ten doctors from medical colleges in India broadened their understanding of trauma management through a visit, arranged by the ICRC, to a trauma centre in New Delhi. Owing to constraints faced by the ICRC's local partner, a planned Health Emergencies in Large Populations course could not be held.

Physically disabled people benefit from good-quality rehabilitative care

Disabled people obtained specialized care at ICRC-backed physical rehabilitation centres – seven facilities in India, including one run by the Indian Red Cross, and two facilities in Nepal. Patients received assistive devices manufactured at these centres using raw materials and equipment from the ICRC. The ICRC supported its partner organizations' outreach activities to broaden awareness of available physical rehabilitation services. It covered costs for devices, treatment, transport and/or accommodation for about 800 destitute people in India and 1,140 people in Nepal.

The ICRC – at times, together with other organizations – sought to help ensure that good-quality physical rehabilitation services became accessible to more disabled people. In Jammu and Kashmir, 105 doctors refreshed their understanding of clubfoot management, and a partner organization set up a facility for manufacturing clubfoot braces; through such projects, more people with clubfoot than in the past obtained suitable services. About 200 physical rehabilitation personnel in India, including staff from ICRC-supported facilities, were sponsored by the ICRC to attend conferences, seminars and training courses held locally or abroad. Wheelchair users from India and Nepal learnt to share practical knowledge to their peers on such topics as health and mobility, through courses organized by the ICRC and an international NGO.

In India, innovative assistive devices produced by the finalists of the Enable Makeathon, a contest organized by the ICRC and its partner organizations in 2015, were undergoing clinical tests. A second edition of the contest was launched in May 2017, and was still in progress at year's end.

With help from the ICRC and its partner associations, wheelchair basketball players and other disabled athletes from India, Nepal and elsewhere participated in local and international tournaments and/or training camps. These helped promote their social inclusion. The Indian Red Cross and the ICRC promoted the inclusion of disability-related concerns in disaster-management frameworks among the authorities concerned.

ACTORS OF INFLUENCE

Primarily in India and Nepal, the ICRC's interaction with influential parties – at times with the National Societies – helped: foster support for its neutral, impartial and independent humanitarian activities; broaden understanding of IHL and other relevant norms; and raise awareness of humanitarian issues, including

sexual violence in armed conflict and the goals of the Health Care in Danger project.

Judges, lawyers and law-makers strengthen their grasp of IHL

The ICRC sought to expand its contact with judicial officials. Judges and government lawyers in Nepal attended IHL courses – organized by the National Judicial Academy and the ICRC – that also covered transitional justice (see *Civilians*). In Jammu and Kashmir, lower-court judges attended an IHL workshop conducted by local and ICRC experts, held at the authorities' request, and judicial officials attended ICRC training in preventive detention and judicial guarantees.

In Nepal, parliamentarians received copies of an IHL handbook in Nepali, revised by the ICRC. The Nepal Red Cross, drawing on ICRC advice, prepared a draft law on its legal status, which it submitted to the home affairs ministry for review.

At an ICRC regional conference in Nepal, government officials and representatives of national IHL committees from various countries discussed recent developments and challenges to the protection of cultural property during armed conflict. Representatives from 24 States and from international organizations attended an ICRC conference in New Delhi on the Convention on Certain Conventional Weapons – its provisions and implementation, from a military perspective, and efforts to strengthen its protocols; during the conference, States were encouraged to ratify and/or implement the Convention. Sponsored by the ICRC, government officials, academics and others – from India, the Maldives and Nepal – attended regional IHL events (see *Pakistan* and *Sri Lanka*).

The New Delhi-based Asian-African Legal Consultative Organization (AALCO) sought the ICRC's advice for setting up a working group on IHL and cyber warfare; an issue of the AALCO's journal, on cultural property and international law, was prepared with ICRC guidance.

Military and police forces learn more about pertinent norms

At workshops organized or supported by the ICRC, armed and security forces personnel in India and the Maldives, and military instructors in Nepal, advanced their understanding of IHL and/or international policing standards. Senior officers and instructors of the Border Security Force in India, and officers of the Armed Police Force in Nepal, strengthened their grasp of international human rights law, at ICRC-supported training sessions.

At national or regional seminars organized by the ICRC with other organizations in India, armed and/or security forces personnel from different countries added to their knowledge of the applicability of IHL to maritime operations, modern warfare and peacekeeping.

In India and Nepal, the ICRC briefed troops bound for UN peacekeeping missions abroad, and their instructors, on IHL. During an international peacekeeping exercise in Nepal, the ICRC briefed 1,020 personnel from 29 countries on IHL and on its own activities.

Journalism students in India learn more about reporting during armed conflict

The ICRC worked to encourage academic interest in IHL, in India and elsewhere in the region. It provided support for: teacher-training

programmes, such as advanced workshops in Nepal – on IHL-related issues such as sexual violence during conflict – for scholars from countries in South Asia and beyond; student participation in national or regional moot court competitions; and workshops on ethical reporting during armed conflict for journalism students.

Throughout the region, the general public learnt about IHL and the ICRC, through broadcast media, the New Delhi regional delegation’s blog and other online platforms, and printed materials – in English and local languages – distributed by the delegation’s resource centre.

The Indian and Nepalese National Societies enhanced their public-communication activities with ICRC support.

RED CROSS AND RED CRESCENT MOVEMENT

Comprehensive ICRC support enabled National Societies in the countries covered, primarily the Indian Red Cross Society, to strengthen their ability to help vulnerable people (see above) and

promote IHL and the Movement. The Indian Red Cross drew on the ICRC for guidance to ensure that its personnel applied the Safer Access Framework while carrying out their duties, and to improve its strategic development plan. The ICRC also helped the National Societies in India, the Maldives and Nepal to strengthen their legal base (see *Actors of influence*), and the Maldivian Red Crescent, its financial management and contingency plans for the forthcoming elections. The ICRC began to draft a strategy for helping the Indian Red Cross to deal with misuse of the emblems protected under IHL.

“Bhutan Red Cross Society” takes steps towards formal membership of the Movement

On World Red Cross and Red Crescent Day (8 May), the Bhutanese government formally launched the “Bhutan Red Cross Society”, which – with guidance from the International Federation and the ICRC – took steps towards formal membership of the Movement.

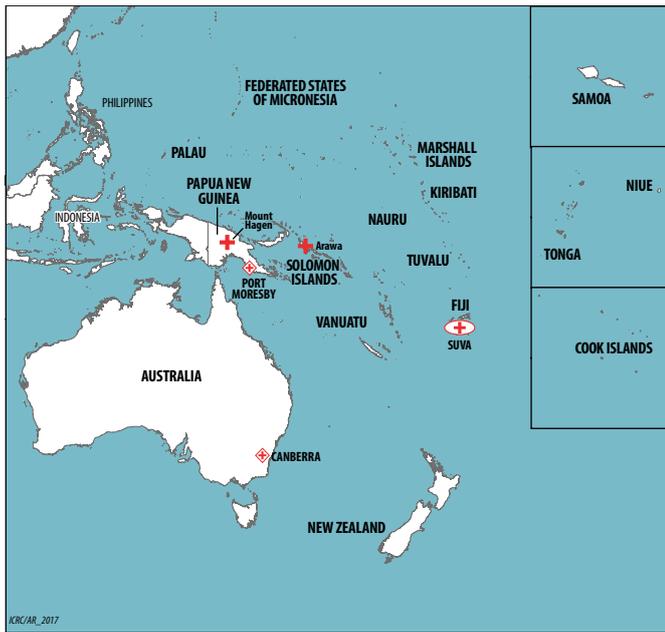
Movement components in the region met regularly; this helped them share information and coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact			UAMs/SC	
RCMs collected	16			
RCMs distributed	13			
Phone calls facilitated between family members	1			
Names published on the ICRC family-links website	1,335			
Reunifications, transfers and repatriations			Women	Girls
People reunited with their families	1			
	1			
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered	57	14	12	6
Tracing cases closed positively (subject located or fate established)	8			
Tracing cases still being handled at the end of the reporting period (people)	1,584	170	72	163
	2			
Documents				
People to whom travel documents were issued	13			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Places of detention visited	4			
Detainees in places of detention visited	1,668	82	8	
Visits carried out	4			
			Women	Girls
Detainees visited and monitored individually	4			
	1			
RCMs and other means of family contact				
RCMs collected	6			
RCMs distributed	4			
Detainees visited by their relatives with ICRC/National Society support	70			
People to whom a detention attestation was issued	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	5,000	1,749	1,500
	<i>of whom IDPs</i>	1,250	437	375
Productive inputs	Beneficiaries	3,150	1,102	945
Cash	Beneficiaries	949	316	355
	<i>of whom IDPs</i>	37	6	16
Services and training	Beneficiaries	127	44	82
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	9,043	4,431	2,713
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	75		
	Participants (sum of monthly data)	1,711		
Physical rehabilitation				
Projects supported	Projects	9		
Patients receiving services (sum of monthly data)		46,084	15,347	8,142
New patients fitted with prostheses	Patients	650	97	41
Prostheses delivered	Units	825	117	70
	<i>of which for victims of mines or explosive remnants of war</i>	20	2	
New patients fitted with orthoses	Patients	7,164	1,752	2,838
Orthoses delivered	Units	11,230	2,691	5,281
	<i>of which for victims of mines or explosive remnants of war</i>	5	1	
Patients receiving physiotherapy	Patients	18,267	5,103	4,885
Walking aids delivered	Units	4,816	1,303	354
Wheelchairs or tricycles delivered	Units	423	92	82

SUVA (regional)

COVERING: Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and the territories of the Pacific



ICRC regional delegation ICRC mission ICRC office

Since 2001, ICRC operations in the Pacific have been carried out by the Suva regional delegation. With the National Societies, the ICRC promotes respect for IHL and other international norms among armed and security forces and fosters awareness of these among academic circles, the media and civil society, and assists governments in ratifying and implementing IHL treaties. The ICRC works to ensure that victims of violence in Papua New Guinea receive emergency aid and medical care; it visits detainees there and elsewhere in the region. It helps National Societies build their emergency response capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The authorities concerned received ICRC feedback on issues faced by detained migrants in the processing centre on Manus Island – including those transferred to new facilities in November – in Papua New Guinea, and in Nauru.
- ▶ Victims of violence, including sexual abuse, in Papua New Guinea obtained suitable care at ICRC-backed facilities, such as a health post and a newly built family-support centre in the Western Highlands.
- ▶ Detaining authorities in Papua New Guinea strove to broaden detainees' access to health care, notably through a project implemented at three pilot prisons with the ICRC's help.
- ▶ Representatives from 12 Pacific countries participated in a regional round-table on IHL organized jointly by the government of Fiji and the ICRC. A national IHL committee was established in Papua New Guinea.
- ▶ The Marshall Islands Red Cross Society was formally recognized as a National Society; the ICRC supported it throughout the process leading up to its recognition.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
Tracing cases closed positively (subject located or fate established)	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	35
Detainees in places of detention visited	4,141
<i>of whom visited and monitored individually</i>	59
Visits carried out	51
Restoring family links	
RCMs collected	6
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	2

EXPENDITURE IN KCHF

Protection	2,236
Assistance	2,172
Prevention	2,835
Cooperation with National Societies	1,501
General	150
Total	8,894
<i>Of which: Overheads</i>	<i>543</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	54

ASSISTANCE

		2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Essential household items	Beneficiaries	12,250	13,714
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	6,500	795
Health			
Health centres supported	Structures	2	6
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures		4

CONTEXT

In the Enga, Hela and Southern Highlands provinces of Papua New Guinea, communal fighting caused casualties and displacement, and disrupted basic services. In the Autonomous Region of Bougainville, the government took steps to address issues remaining from the armed conflict in the 1990s, and made preparations for an independence referendum in 2019.

Efforts to intercept asylum seekers and other migrants off the coast of Australia reportedly continued. Hundreds of migrants, including refugees, on Manus Island in Papua New Guinea, and in Nauru, awaited resettlement or the resolution of their cases. After Papua New Guinea's supreme court declared in 2016 that the detention of migrants at the processing centre on Manus Island was unlawful, the government closed the centre in November and transferred all of the migrants to other facilities on the island, in Lorengau town. The United States of America was in the process of screening migrants for resettlement, in line with an agreement it had made with Australia in November 2016.

As part of efforts to counter "terrorism", Australia participated in an international military coalition (see *Iraq and Syrian Arab Republic*) and, with New Zealand, helped the Iraqi government to train its armed forces. Australia and Fiji provided troops for international peacekeeping operations.

General elections were held in Papua New Guinea; this heightened political tensions in some areas.

ICRC ACTION AND RESULTS

In the countries covered by its regional delegation in Suva, the ICRC worked to protect and assist people affected by violence or deprived of their freedom, helped National Societies build their capacities and supported efforts to advance IHL implementation.

The ICRC kept up its multidisciplinary efforts to mitigate the effects of communal violence, including sexual violence, in Papua New Guinea. It discussed allegations of unlawful conduct bilaterally with the parties concerned, emphasizing the necessity of facilitating, in an impartial manner, access to medical treatment for the wounded, the sick, and victims of sexual violence. In the Southern and Western Highlands, victims of sexual violence obtained specialized care at family-support centres receiving material assistance from the ICRC. ICRC courses enabled health workers to familiarize themselves with the specific needs of victims of sexual violence, and community members to learn first aid. Health posts, supported by the ICRC, offered primary-health-care services. Supplies from the ICRC helped health facilities in violence-affected areas to treat emergency cases.

The ICRC visited detainees in Fiji, Nauru, Papua New Guinea, the Solomon Islands and Vanuatu – in accordance with its standard procedures – to monitor their treatment and living conditions. With the Australian Red Cross's support, it checked on the situation of migrants on Manus Island and in Nauru. It also visited migrants undergoing treatment at medical facilities in Port Moresby, Papua New Guinea. After these visits, the ICRC discussed its findings with the authorities concerned, to help them make the necessary improvements. It also raised migrants' concerns – mental health, uncertainty about their status, and the situation on Manus Island – with the authorities in Australia, Nauru and Papua New Guinea.

In Papua New Guinea, the ICRC worked with the authorities to broaden access to health care for detainees and improve their living conditions – notably, by implementing a health-related project at pilot prisons, and by renovating or upgrading infrastructure.

Members of families separated by detention, migration or other circumstances reconnected through Movement family-links services. The ICRC arranged for inmates in Papua New Guinea and the Solomon Islands to be visited by relatives. Migrants on Manus Island and in Nauru filed tracing requests to locate relatives. The ICRC and a working group, comprising representatives from various local bodies, continued to discuss possibilities for creating a mechanism to address the needs of the families of people unaccounted for since the armed conflict in Bougainville in the 1990s.

Regional conferences and regular contact with national and regional authorities, armed forces personnel and members of civil society fostered support for IHL and other norms, and for Movement activities. Military legal advisers from the Asia-Pacific region learnt more about the application of IHL in military operations, through a workshop in Australia conducted by the Asia Pacific Centre for Military Law and the ICRC. The ICRC bolstered its efforts to foster respect for international law enforcement standards: it conducted workshops for police officers in Fiji, Nauru and Papua New Guinea, and took part in the annual conference of the Pacific Islands Chiefs of Police (PICP). At a regional round-table, organized jointly by the government of Fiji and the ICRC, representatives from 12 Pacific countries discussed IHL implementation. A national IHL committee was established in Papua New Guinea.

The ICRC – together with the International Federation and the National Societies of Australia and New Zealand – helped to strengthen the organizational and other capacities of the Pacific Islands National Societies. In December, the Marshall Islands Red Cross Society was formally recognized as a National Society.

CIVILIANS

In Papua New Guinea, the ICRC continued to promote respect for basic principles of humanity, with a view to mitigating the effects of communal violence in Enga, Hela and the Southern Highlands. It relayed documented allegations of unlawful conduct to the parties concerned and urged them to prevent the recurrence of such misconduct. During bilateral talks with these parties, the ICRC emphasized the necessity of: facilitating, in an impartial manner, access to basic services and to medical treatment for the wounded, the sick and victims of sexual violence; and protecting medical workers and facilities. Attention was drawn to these and other related issues of concern at workshops for police officers on international law enforcement standards, and through audiovisual presentations in violence-affected provinces (see *Actors of influence*).

The ICRC distributed household items to roughly 13,700 people (some 2,800 households) affected by fighting in Enga, Hela and the Southern Highlands; it also provided these items for distribution by the Papua New Guinea Red Cross Society to people affected by electoral violence in the Western Highlands.

Health-care providers familiarize themselves with the specific needs of victims of sexual violence

In Papua New Guinea, the National Society and the ICRC worked with local communities to mitigate the effects of violence on their

access to water and health care. The National Society strengthened its capacities in various areas – for example, in improving sanitation facilities – with training and other support from the ICRC (see also *Red Cross and Red Crescent Movement*).

National Society and ICRC training sessions helped prepare some 170 people – community members and nurses – to provide emergency treatment for people wounded in clashes. Training sessions conducted by the health ministry and the ICRC enabled 23 health staff from 16 health-care facilities to learn how to address the specific needs of victims of sexual violence. Victims of sexual and other abuse received counselling and specialized care at family-support centres in two hospitals in the Southern Highlands, and at a centre in the Western Highlands which was newly built by the ICRC; all three facilities received medical supplies and equipment. Staff at the Enga community hospital were trained in preparation for the opening of a support centre at their facility.

People in the Southern Highlands obtained primary-health-care services at the ICRC-supported health post in the village of Uma, and at a health post in the village of Yakisu that had just begun receiving ICRC support. These facilities vaccinated people, including children, against common diseases and provided care for pregnant and nursing women; in Yakisu, these services were enhanced by the construction of a maternity ward with additional rooms for deliveries and antenatal care. Several health facilities in Enga and in the Southern and Western Highlands, including some hospitals, used medical supplies from the ICRC to reinforce their preparedness for a possible influx of patients during the election period, and to treat patients seeking emergency care. The ICRC used a new referral system to cover transport costs for some patients. During awareness-raising sessions, community members learnt more about issues related to the provision of health care during violence.

Seven hundred people had better access to water after the ICRC installed rainwater-harvesting systems; among them were women who benefited from access to water sources closer to their homes. In Hela, clean water became more readily available to 95 children after ICRC-backed infrastructural upgrades at their school. National Society personnel – who were trained by the ICRC – built latrines at schools in Kuluwa.

Communities in Bougainville commemorate missing people

In Bougainville, the authorities and the ICRC – and a working group composed of representatives from various government bodies and an NGO – continued to discuss the creation of a mechanism to ascertain the fate of people unaccounted for since the armed conflict in Bougainville in the 1990s and to provide support for their relatives. The ICRC also met with local authorities and community members to raise awareness among them of the plight of missing people's families. Communities organized ceremonies and built a memorial for missing people, with the ICRC's assistance.

PEOPLE DEPRIVED OF THEIR FREEDOM

Authorities are informed of the particular concerns of migrants held in processing centres

The ICRC visited detainees, in accordance with its standard procedures, to monitor their treatment and living conditions at selected places of detention in Fiji, Nauru, Papua New Guinea, the Solomon Islands and Vanuatu. In Papua New Guinea, people held in several

police stations, and at facilities run by the correctional services, received particular attention. ICRC visits to migrants, including asylum seekers, in processing centres on Manus Island and in Nauru took place with the support of the Australian Red Cross; the ICRC visited migrants who had been transferred to new facilities in Lorengau (see *Context*). ICRC also visited migrants undergoing medical treatment at transit facilities in Port Moresby.

After these visits, the ICRC discussed its findings and recommendations with the detaining authorities, to help them make the necessary improvements. Dialogue with police commands in Papua New Guinea covered such matters as international standards applicable to arrests and detention and the importance of ensuring respect for judicial guarantees. During dialogue with the pertinent authorities in Australia, Nauru and Papua New Guinea, and through written and oral interventions, the ICRC continued to draw these authorities' attention to matters of persistent concern to migrants in processing centres, in particular, mental-health issues and also child-protection issues, allegations of sexual abuse and uncertainty about their status. It intensified its engagement with the authorities on these matters after the closure of the processing centre on Manus Island.

Participation in forums and training sessions complemented detaining authorities' confidential dialogue with the ICRC. In Fiji, newly recruited police officers attended training sessions in international policing standards, particularly those applicable to arrests and detention (see *Actors of influence*). The ICRC also made expert contributions to a regional conference of penitentiary officials.

Detainees grow food for themselves through an ICRC-backed project

The authorities received ICRC material and technical assistance to intensify their efforts to improve detainees' living conditions, particularly the availability and quality of health care.

In Fiji, refrigerators from the ICRC enabled clinics at four places of detention to store their stocks of medicines, including insulin, properly.

In Papua New Guinea, correctional services authorities continued to implement a project to strengthen health-care provision at three pilot prisons; they worked to improve health-care services at other facilities as well. The ICRC provided assistance for these efforts: it backed various construction and renovation projects – a new clinic and additional space for storing medicines, for instance – and donated medical supplies. They improved their implementation of procedures such as the medical screening of detainees upon arrival, and the referral of ill detainees for suitable care; ICRC training for health staff strengthened these efforts. Senior penitentiary officials exchanged best practices with their peers at an ICRC regional conference on health in detention.

Penitentiary authorities and the ICRC launched a project at two prisons, under which detainees grew vegetables and other crops – which were then added to their meals; this enabled them to get some physical exercise and also diversify their diet.

Detainees at seven police lock-ups in the Southern Highlands and Bougainville benefited from infrastructural work carried out with the ICRC's support: windows were installed to let in more sunlight and fresh air, and showers and other sanitation facilities were constructed. Two prison managers, sponsored by the ICRC,

attended a regional conference abroad, where they learnt more about designing and constructing detention facilities. Detainees at four places of detention received hygiene and recreational items from the ICRC.

Detainees are visited by their families

In Bougainville and Kerevat, 28 detainees were visited by relatives, who stayed in tents put up by the ICRC near the prisons; the ICRC also covered the families' transport costs. In the Solomon Islands,

28 detainees serving life sentences received family visits financed by the Solomon Islands Red Cross with ICRC support.

The ICRC maintained its efforts to resolve tracing requests made in 2015 by people held at the Manus Island processing centre. Migrants at the processing centre in Nauru, including asylum seekers, continued to benefit from tracing services provided by the Australian Red Cross.

PEOPLE DEPRIVED OF THEIR FREEDOM	Fiji	Nauru	Papua New Guinea	Solomon Islands	Vanuatu
ICRC visits					
Places of detention visited	13	2	14	2	4
Detainees in places of detention visited	1,446	19	2,169	390	117
<i>of whom women</i>	77	1	124	9	2
<i>of whom minors</i>			88	6	
Visits carried out	18	3	24	2	4
Detainees visited and monitored individually	59				
Detainees newly registered	53				
Restoring family links					
RCMs collected	3			3	
RCMs distributed	1			3	
Phone calls made to families to inform them of the whereabouts of a detained relative			2		
Detainees visited by their relatives with ICRC/National Society support			28	28	

ACTORS OF INFLUENCE

Dialogue with them enabled the ICRC to draw the attention of authorities at national and regional levels to matters of humanitarian concern, and to cultivate support for its response to these issues. It also met with influential regional bodies: notably, with the Pacific Islands Forum, it discussed ways to strengthen cooperation in promoting respect for international policing standards. Talks with the Australian authorities dealt with such matters as migration-related issues, the Strengthening IHL process, and ICRC activities in key contexts, such as Myanmar and the Syrian Arab Republic; some parliamentarians made public statements in support of the ICRC and its work.

Military legal advisers throughout the Asia-Pacific region strengthen their grasp of IHL

The ICRC conducted workshops for weapon bearers in the region, with a view to promoting respect for IHL and pertinent international standards.

At training sessions in Australia, conducted jointly by the Asia Pacific Centre for Military Law and the ICRC, military legal advisers from throughout the Asia-Pacific region strengthened their ability to foster compliance with IHL during military operations. Participation in ICRC regional events enabled officers from the Australian Defence Force, and the Papua New Guinea Defence Force, to learn more about the implementation of IHL and its applicability, including at sea. Plans for sessions on the applicability of IHL to the use of new military technology – to be held with an Australian university, for the region's armed forces – were postponed to 2018.

ICRC workshops helped police personnel in Fiji and Papua New Guinea, and a senior police trainer from Vanuatu, to familiarize themselves further with international policing standards, for instance on arrests and detention; prison staff attended similar sessions on the international standards pertinent to their duties. The ICRC attended the PICP's annual conference as an observer.

Members of violence-prone communities in Papua New Guinea were urged to respect basic principles of humanity – particularly in relation to sexual violence; they learnt more about the Movement through bilateral discussions and from plays, photo exhibits and an ICRC-produced documentary film. The film – on the humanitarian consequences of the fighting in Papua New Guinea – was also shown in Port Moresby and in some places in Australia, and the media coverage it attracted helped to broaden awareness of the issue.

States discuss IHL implementation at a regional round-table

Twenty-five representatives from 12 Pacific countries attended a regional round-table on IHL organized by the government of Fiji with the ICRC. They discussed such matters as disseminating, implementing and teaching IHL, and the challenges and opportunities related to these activities.

Government officials drew on the ICRC for advice on becoming party to IHL-related instruments. At the ICRC's urging, authorities in Fiji and Papua New Guinea took steps towards ratifying the Arms Trade Treaty – and, in Papua New Guinea, Additional Protocols I, II, and III as well. Authorities in Tonga translated the Rome Statute into the local language, and drafted a document on its ratification. The ICRC continued to urge the Australian government to ratify the First and Second Protocol to the Hague Convention on Cultural Property.

With the ICRC's encouragement and support, Papua New Guinea authorities established a national IHL committee, which met regularly throughout the year. Government officials attended an ICRC training session on IHL held at the committee's request.

Legal experts, academics and media professionals advance their understanding of IHL

In Australia and New Zealand, conferences attended by legal professionals and academics, and briefings for university students, enabled the ICRC to stimulate debate on IHL and related issues.

The annual conference of the Australian and New Zealand Society of International Law included a panel discussion – organized by the Australian and New Zealand National Societies and the ICRC – on IHL and the 1977 Additional Protocols to the Geneva Conventions. In Australia and New Zealand, academics and experts in related fields were briefed on the updated Commentary on the Second Geneva Convention. During an ICRC presentation, delivered at the request of an Australian university and an association of medical professionals, the medical personnel in attendance familiarized themselves with the rights and responsibilities of health-care providers during conflict. Members of civil society learnt more about the ICRC’s activities and the plight of missing persons, among other topics, during briefings.

Students from Australia and New Zealand, and several students representing the University of the South Pacific, competed in national and regional moot court competitions. A lecturer from a university in Papua New Guinea was sponsored to attend an IHL seminar abroad; this contributed to IHL being included in the university’s law curriculum.

In Australia, the ICRC arranged briefings for foreign correspondents, to help their coverage of humanitarian issues. Journalists throughout the region used information provided by the ICRC in their work. Online content – such as social media posts and blog articles – raised awareness of ICRC activities throughout the world.

RED CROSS AND RED CRESCENT MOVEMENT

Pacific Island National Societies broadened awareness of IHL and built their capacities with technical and material support from the ICRC and other Movement partners. Movement components in the region coordinated their activities, including during a meeting of leaders of Pacific Island National Societies.

Aided by the Australian Red Cross, the International Federation and the ICRC, the Papua New Guinea Red Cross Society continued to undertake organizational reforms. Representatives from several Pacific Island National Societies participated in regional forums on public communication and other key areas.

The Australian Red Cross, jointly with the ICRC, trained staff bound for humanitarian operations abroad; the New Zealand Red Cross opted not to conduct a similar activity in 2017.

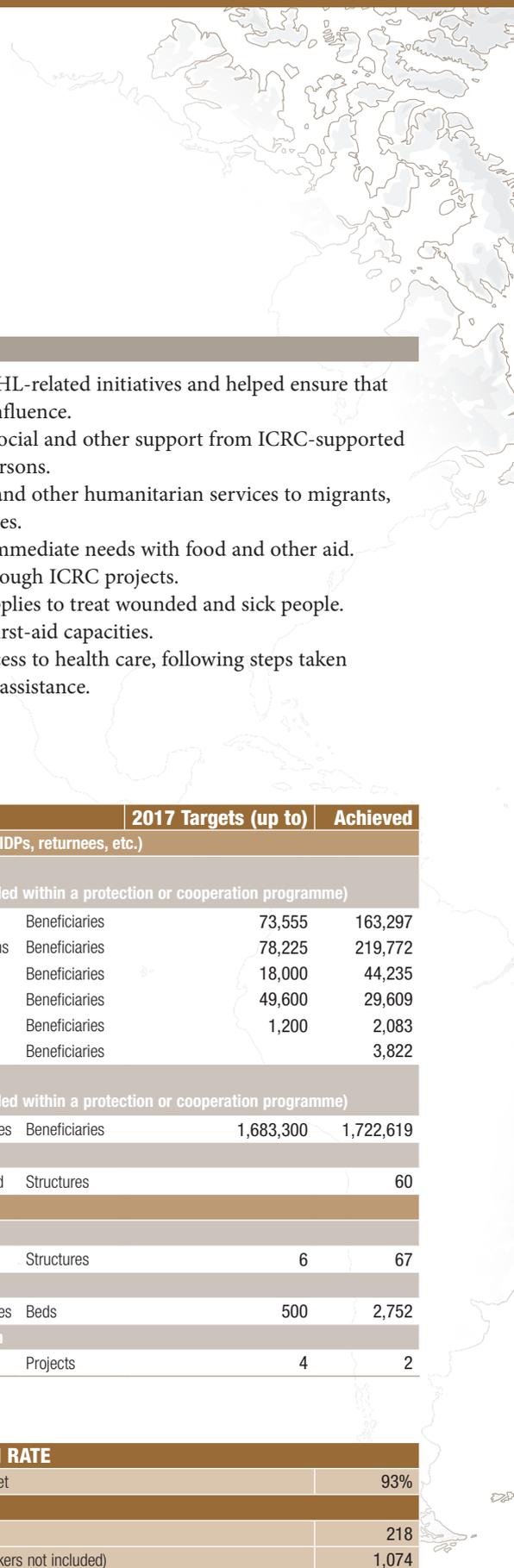
In December, the Marshall Islands Red Cross Society was formally recognized as a National Society; the ICRC had given it technical and other support throughout the process leading up to its recognition.

The Fiji Red Cross Society continued to draw on the ICRC for advice on discussing, with national authorities, the enactment of a law recognizing its status.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Tracing requests, including cases of missing persons					
			Women	Girls	Boys
People for whom a tracing request was newly registered	7	2			
Tracing cases closed positively (subject located or fate established)	1				
Tracing cases still being handled at the end of the reporting period (people)	19	6			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					
		Women	Minors		
Places of detention visited	35				
Detainees in places of detention visited	4,141	213	94		
Visits carried out	51				
		Women	Minors	Boys	
Detainees visited and monitored individually	59				
<i>of whom newly registered</i>	53				
RCMs and other means of family contact					
RCMs collected	6				
RCMs distributed	4				
Phone calls made to families to inform them of the whereabouts of a detained relative	2				
Detainees visited by their relatives with ICRC/National Society support	56				

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	13,714	4,389	4,418
	<i>of whom IDPs</i>	5,230	1,872	1,455
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	795	193	526
Health				
Health centres supported	Structures	6		
Average catchment population		32,628		
Consultations		5,472		
	<i>of which curative</i>	5,009	468	157
	<i>of which antenatal</i>	463		
Immunizations	Patients	179		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	963		
Referrals to a second level of care	Patients	53		
	<i>of whom gynaecological/obstetric cases</i>	2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Productive inputs	Beneficiaries	531	76	54
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	411	33	
Health				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		679		
Weapon-wound admissions (surgical and non-surgical admissions)		249		
Weapon-wound surgeries performed		170		
Patients whose hospital treatment was paid for by the ICRC		1		
First aid				
First-aid training				
	Sessions	11		
	Participants (sum of monthly data)	169		

EUROPE AND CENTRAL ASIA



KEY RESULTS/CONSTRAINTS IN 2017

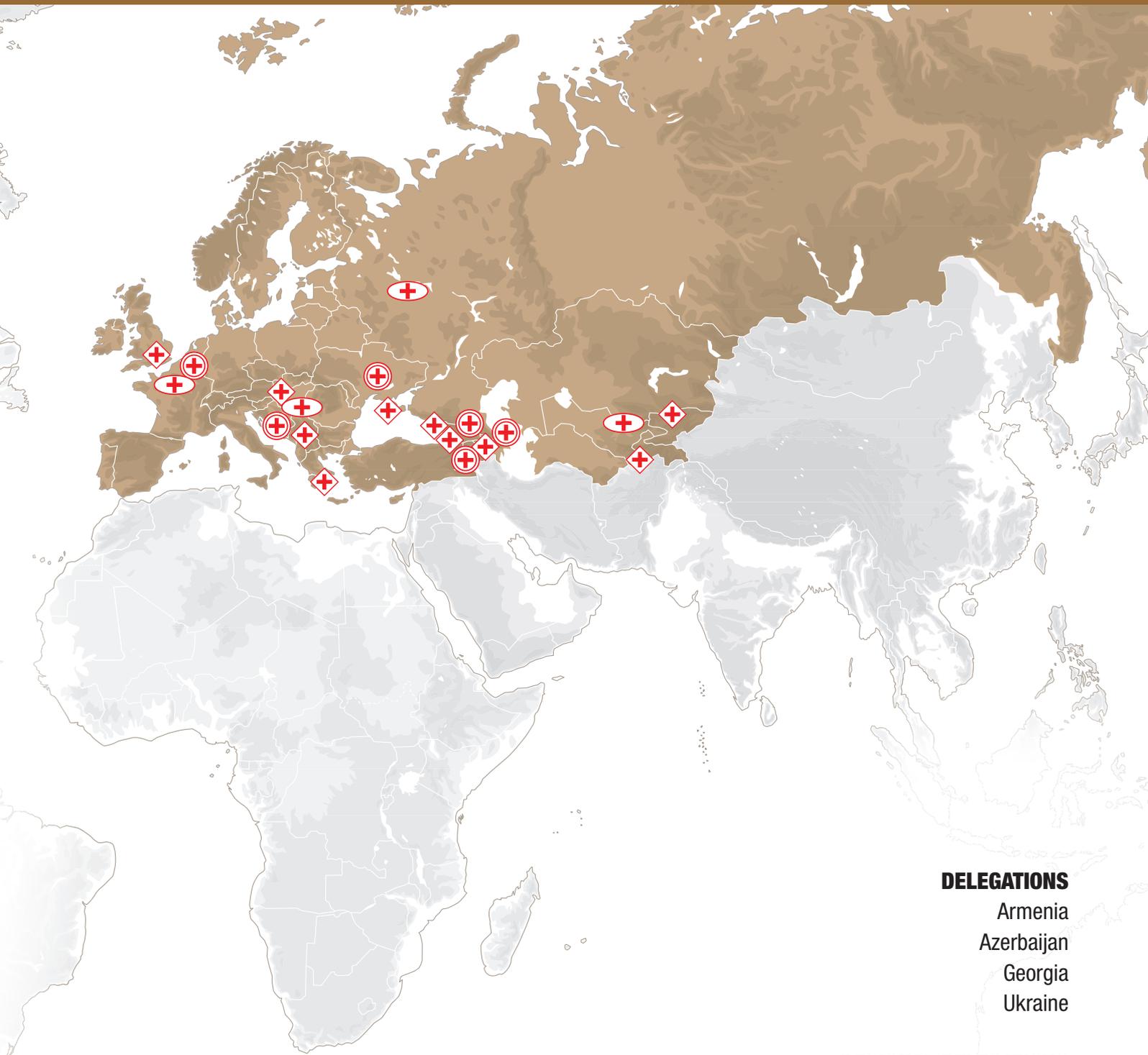
- ▶ ICRC dialogue with State authorities and international entities fostered support for IHL-related initiatives and helped ensure that humanitarian considerations were taken into account in their respective spheres of influence.
- ▶ Families of persons missing in relation to past or ongoing conflicts obtained psychosocial and other support from ICRC-supported local service providers. The region's authorities worked to resolve cases of missing persons.
- ▶ With ICRC support, National Societies bolstered their ability to deliver family-links and other humanitarian services to migrants, particularly those staying in or passing through Greece, Hungary and Balkan countries.
- ▶ People affected by the Ukraine crisis and the Nagorno-Karabakh conflict met their immediate needs with food and other aid. Some 1.65 million people in Ukraine had access to water and other basic services through ICRC projects.
- ▶ Hospitals and other facilities in eastern Ukraine received medical equipment and supplies to treat wounded and sick people. With ICRC-facilitated training, emergency responders in the region bolstered their first-aid capacities.
- ▶ Detainees benefitted from improved treatment and living conditions, particularly access to health care, following steps taken by the authorities based on the ICRC's recommendations, and in some cases with its assistance.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	403
RCMs distributed	329
Phone calls facilitated between family members	16,419
Tracing cases closed positively (subject located or fate established)	643
People reunited with their families	10
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	216
Detainees in places of detention visited	88,565
<i>of whom visited and monitored individually</i>	1,517
Visits carried out	505
Restoring family links	
RCMs collected	154
RCMs distributed	154
Phone calls made to families to inform them of the whereabouts of a detained relative	423

EXPENDITURE IN KCHF	
Protection	30,401
Assistance	65,222
Prevention	19,042
Cooperation with National Societies	9,277
General	970
Total	124,913
<i>Of which: Overheads</i>	<i>7,600</i>

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	73,555 / 163,297
Essential household items	Beneficiaries	78,225 / 219,772
Productive inputs	Beneficiaries	18,000 / 44,235
Cash	Beneficiaries	49,600 / 29,609
Vouchers	Beneficiaries	1,200 / 2,083
Services and training	Beneficiaries	3,822
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	1,683,300 / 1,722,619
Health		
Health centres supported	Structures	60
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	6 / 67
Water and habitat		
Water and habitat activities	Beds	500 / 2,752
Physical rehabilitation		
Projects supported	Projects	4 / 2

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%
PERSONNEL	
Mobile staff	218
Resident staff (daily workers not included)	1,074



DELEGATIONS

- Armenia
- Azerbaijan
- Georgia
- Ukraine

REGIONAL DELEGATIONS

- Balkans
- Moscow
- Paris
- Tashkent

- Brussels
- London

 ICRC delegation
  ICRC regional delegation
  ICRC mission



Ukraine, Donetsk area. At an ICRC briefing, hospital staff learn more about safe practices in areas contaminated with mines and explosive remnants of war.

HUMANITARIAN NEEDS AND RESPONSES

In 2017, the ICRC pursued its humanitarian diplomacy efforts in Europe and Central Asia, to secure wider support for IHL and for neutral, impartial and independent humanitarian action. It also continued to address the consequences of past and ongoing armed conflicts and other situations of violence in the region, as well as the needs arising from the continuing influx of migrants, including asylum seekers and refugees, in Europe.

Through dialogue with key actors and participation in national, regional and global forums, the ICRC raised humanitarian concerns and sought support for IHL, the ICRC's mandate, and Movement activities worldwide. The ICRC mission in London (United Kingdom of Great Britain and Northern Ireland, hereafter United Kingdom) and delegations in Brussels (Belgium), Moscow (Russian Federation) and Paris (France) spearheaded efforts to engage government officials, parliamentarians, the European Union (EU), NATO, the Commonwealth of Independent States (CIS), and the Collective Security Treaty Organization (CSTO) in dialogue on matters of humanitarian concern, such as the armed conflicts in the Lake Chad and Sahel regions, in the Middle East and in Ukraine, the plight of migrants, cases of missing persons, and the goals of the Health Care in Danger project. Interaction with these stakeholders enhanced coordination with them and helped ensure that humanitarian considerations and IHL were reflected in their respective spheres of influence (see also below). For example, the recently adopted EU directive on counter-terrorism stressed respect for IHL; the ICRC had engaged with the pertinent EU institutions on this matter, stressing the need to uphold IHL.

Cases of persons missing in relation to past or ongoing conflict remained a paramount humanitarian challenge, particularly in

Kyrgyzstan, Tajikistan, Ukraine, the northern and southern Caucasus and the Balkans, with hundreds of thousands of cases unresolved. The ICRC worked with the authorities concerned to resolve these cases, urging them to provide information on missing persons and potential gravesites, and adopt the legal frameworks necessary to clarify the fate of missing persons. It served as a neutral intermediary in various instances. It continued to chair or participate in coordination mechanisms, for instance, that between Abkhaz and Georgian participants working to ascertain the fate of people missing in connection with the 1992–1993 conflict, and that between Georgian, Russian and South Ossetian participants, in relation to the conflicts in the 1990s and 2008. It facilitated the exchange of information between stakeholders in the Nagorno-Karabakh conflict, and consolidated an updated list of missing persons for common reference. In the northern Caucasus, the ICRC referred missing-persons cases to a local NGO working on the same issue. To facilitate future identification of human remains, the ICRC helped bolster local forensic capacities, by providing materials, infrastructural upgrades and/or training in human remains management. All such efforts helped resolve over 600 cases of missing persons across the region. In line with an agreement between Argentina and the United Kingdom, the ICRC exhumed the remains of 122 Argentine soldiers who had perished during the 1982 conflict between the above-mentioned countries, and identified 88 of them; the results were handed over to the authorities of both countries.

Families coped with the suffering caused by the uncertainty surrounding the fate of their missing relatives through psychological, legal and/or administrative assistance from ICRC-supported local service providers. In Tajikistan, more families stood to benefit from an ICRC-supported accompaniment programme following

the expansion of its geographical coverage. In Ukraine, the ICRC presented to the authorities the results of a needs assessment it had carried out on the families concerned; the deputy prime minister issued an executive order requiring several ministries to establish a system for assisting these families, for which they requested the ICRC's support.

As the civilian population faced risks arising from the Ukraine crisis and the Nagorno-Karabakh conflict, the ICRC continued to monitor the situation of the communities affected, and confidentially made representations to the parties concerned about the humanitarian consequences in both situations. It reminded them of IHL provisions on the conduct of hostilities, particularly the obligation to protect civilians and ensure their access to essential services. For instance, in Azerbaijan, the ICRC's intercession with the pertinent authorities enabled communities to safely conduct activities, such as farming, near front-line areas. In Ukraine, the ICRC continued to lobby the parties concerned for demilitarized "safety zones" to protect critical civilian infrastructure.

With the National Societies concerned, the ICRC helped violence-affected people cope with safety risks stemming from their proximity to front lines and weapon-contaminated areas. In Armenia and Azerbaijan, walls were reinforced or built in front of houses and schools exposed to military positions; emergency shelters were upgraded and equipped. In Ukraine, the windows of more than 100 schools were fitted with anti-blast film to protect children from injury in the event of shelling. ICRC-trained teachers provided psychosocial support to children and adolescents. At mine-risk education sessions, people learnt more about safe practices in weapon-contaminated areas.

People affected by the Ukraine crisis met their immediate needs with the help of food, household essentials and/or cash assistance provided by the National Society and the ICRC on a monthly or one-off basis. The beneficiaries included: civilians living near the front line; people waiting to pass through front-line crossing points; those housed at IDP centres, schools and orphanages; and people who fled eastern Ukraine for Belarus, Crimea and south-western Russia. In Ukraine, over 1.65 million people on both sides of the front line gained or maintained access to essential services thanks to ICRC repairs or upgrades to water, sanitation, shelter and health facilities. Other ICRC projects helped improve access to water – for drinking, household use and/or irrigation – for front-line communities in Armenia and in Azerbaijan. Vulnerable households pursued livelihood activities with cash grants, productive inputs and/or business training provided by the ICRC. Beneficiaries included people affected by the Nagorno-Karabakh conflict and the Ukraine crisis, including those who had fled to Belarus, and the families of mine victims and/or missing persons in Armenia and Azerbaijan.

The ICRC worked with or supported National Societies in providing life-saving care for wounded and sick people. First-aid training and/or material support enhanced the capacities of emergency responders – as in front-line communities in Armenia, Azerbaijan and Ukraine, and in hard-to-reach areas in Kyrgyzstan and Tajikistan. The ICRC helped ensure that wounded or sick people had access to appropriate medical treatment. It provided surgical equipment and other medical supplies to hospitals in remote and border areas of Tajikistan to help boost their capacities to treat the wounded, including casualties of the fighting in Afghanistan. In Ukraine, similar support was given to hospitals and health centres on both sides of the front line, including in

non-government-controlled areas, where the ICRC was the only humanitarian organization providing assistance for health care. Doctors, including surgeons, and other medical staff strengthened their skills through ICRC-facilitated training.

Working with the National Societies of, primarily, the countries covered by the Balkans and Paris regional delegations, the ICRC monitored the situation and addressed the protection-related concerns of migrants, particularly those staying in or passing through Greece, Hungary and Balkan countries. In Greece, the health and interior ministries and the ICRC discussed the situation of detained migrants, and possible solutions to issues concerning, for instance, their access to health care. With ICRC technical, financial and/or material assistance, National Societies across the region helped thousands of migrants to reconnect with their relatives. In Mediterranean countries, National Societies and forensic services drew on ICRC support to boost their capacities to manage and identify the remains of people who had perished at sea, with a view to informing their families of their fate.

Elsewhere in the region, members of families separated by the Ukraine crisis and the Nagorno-Karabakh conflict, by the demarcation of administrative boundaries in Abkhazia, Georgia proper and South Ossetia, or by other circumstances, reconnected through family-links services offered by the National Societies and/or the ICRC. Acting as a neutral intermediary, and in coordination with the pertinent authorities, the ICRC facilitated the reunion of separated family members, the return of people's remains to their families and the transfer of official documents across boundary lines.

In accordance with its standard procedures, the ICRC visited detainees, including those being held in relation to armed conflict or other violence, people remanded by the UN Mechanism for International Criminal Tribunals and the International Criminal Court in The Hague, Netherlands, and those serving sentences handed down by international tribunals. After it had secured the authorities' consent to do so, the ICRC began visiting inmates at all eight high-security prisons and one women's prison, in England and Wales. During visits, delegates monitored detainees' treatment and living conditions and/or helped them maintain contact with their relatives. Afterwards, the ICRC confidentially shared with the authorities concerned its findings regarding detainees' treatment and living conditions, including respect for judicial guarantees. The ICRC pursued its dialogue with the *de facto* authorities in Abkhazia on securing access to people held there, and with the Ukrainian authorities on formalizing its access to all detainees within its purview. Acting as a neutral intermediary, it participated in the release and transfer of people who had been held by the parties to the conflict in Ukraine.

Penitentiary authorities and/or staff drew on ICRC support to improve detainees' treatment and living conditions. In Kyrgyzstan, the health and penitentiary authorities continued to tackle TB among detainees. In Northern Ireland, the health authorities and the ICRC organized a health-care workshop for prison officials and staff. ICRC infrastructure projects helped improve living conditions for detainees in, for instance, Azerbaijan and Kyrgyzstan. Detainees in Ukraine benefited from ICRC-provided food and other items.

The ICRC continued to support the efforts of national authorities in the region to incorporate IHL provisions in domestic legislation. It provided technical assistance for the work of national IHL

committees, for instance, in Belarus, the Republic of Moldova and Ukraine. With the ICRC's help, Bosnia-Herzegovina and Bulgaria took steps to establish national IHL committees. The Kyrgyz authorities incorporated ICRC recommendations concerning war crimes in the country's revised penal code, and the Kyrgyz parliament adopted legislation on the National Society's legal status.

The ICRC backed the efforts of armed forces – either operating domestically or bound for deployment in conflict-affected areas overseas – and security forces across the region to integrate IHL, international human rights norms and internationally recognized standards on the use of force, as applicable, into their doctrine, training and/or operations. It pursued high-level dialogue on operational, legal and policy issues with the defence authorities – for instance, in France and the United Kingdom – and with the CSTO and NATO. It provided technical input for NATO's efforts to implement its policy for the protection of civilians and contributed to a review of NATO's doctrine on civil-military cooperation. The Interparliamentary Assembly of the CIS and the ICRC drafted a set of model regulations, based on IHL, for the armed forces of CIS Member States.

Throughout the region, the ICRC spread awareness of humanitarian concerns and fostered wider support for IHL and humanitarian action through public communication and other initiatives for national authorities and other civil society members. At the Sixth Moscow Conference on International Security, organized by the Russian defence ministry, the ICRC vice-president made a presentation on the humanitarian impact of counter-terrorism measures in the Middle East. At an international expert meeting in the Czech Republic, government officials, NGOs, academics and other professionals discussed the protection of people seeking and delivering medical services during conflict and other emergencies.

With ICRC support, National Societies enhanced their operational capacities to respond to humanitarian needs and/or reinforced their organizational capacities. Several European National Societies furthered their cooperation with the ICRC through partnerships involving activities for vulnerable people in the region or elsewhere.

PROTECTION MAIN FIGURES AND INDICATORS

EUROPE AND CENTRAL ASIA														
	CIVILIANS													
	RCMIs collected	RCMIs distributed	Phone calls facilitated between family members	Names published on the ICRC family-links website	People reunited with their families	People transferred or repatriated	Human remains transferred or repatriated	Tracing cases closed positively (subject located or fate established)	People to whom travel documents were issued	Places of detention visited	Detainees in places of detention visited	of whom women	of whom minors	Visits carried out
Armenia	1		385				2			9	2,402	151	4	21
Azerbaijan	117	90	429				144	3	29	15,780	187	57	88	
Georgia	191	176			10	764	13	64	11	6,023	272	20	29	
Ukraine	23	5	3				139	2	38	22,835	1,382	138	97	
Balkans (regional)			3	8,456			165		18	10,164	154	10	21	
Moscow (regional)	51	41					18	9						
Paris (regional)	3		13,576				17	1	48	17,710	2,218	2,976	124	
Tashkent (regional)	17	17	2,023				96	8	52	9,295	508	72	105	
London									11	4,356	53		20	
Total	403	329	16,419	8,456	10	764	15	643	23	216	88,565	4,925	3,277	505

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees visited and monitored individually	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	People to whom a detention attestation was issued	
22	2			13	1			7	2	12	1	1	Armenia
188	6			77	6			59	100	19	16	5	Azerbaijan
40	5			19	2			49	28	1	3	4	Georgia
621	45		3	244	18		3	20	11	334	7	1	Ukraine
79				22							2	82	Balkans (regional)
								2	5		416	6	Moscow (regional)
62	1	3	8	32	1	3	8	6	1	4			Paris (regional)
366	24		4	96	13		1	11	6	53	473		Tashkent (regional)
139	12			89	12				1				London
1,517	95	3	15	592	53	3	12	154	154	423	918	99	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

EUROPE AND CENTRAL ASIA									
	CIVILIANS								
	CIVILIANS - BENEFICIARIES							HEALTH CENTRES	
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	Health centres supported	Average catchment population
Armenia		2,506		585		5	2,354		
Azerbaijan	60	1	4,494	2,440			70,265		
Georgia	574	579	29	16		18			
Ukraine	140,741	191,439	39,712	26,567	63	3,785	1,650,000	60	198,822
Moscow (regional)	21,922	25,172			2,020				
Paris (regional)						14			
Tashkent (regional)		75		1					
Total	163,297	219,772	44,235	29,609	2,083	3,822	1,722,619	60	198,822
<i>of whom women</i>	68,905	89,596	20,021	12,483	1,264	1,878	682,798		
<i>of whom children</i>	34,109	53,092	7,618	5,625	4	382	522,801		
<i>of whom IDPs</i>	40,505	44,082	933	6,345	18	436	155		

HEALTH CENTRES		PEOPLE DEPRIVED OF THEIR FREEDOM		WOUNDED AND SICK				
				FIRST AID		HOSPITALS	PHYSICAL REHABILITATION	
Consultations	Immunizations (patients)	Essential household items	Water and habitat activities	Sessions	Participants (sum of monthly data)	Hospitals supported	Projects supported	
		341						Armenia
		685		54	505			Azerbaijan
		70						Georgia
254,945	660	13,896	5,700	78	1,165	67	2	Ukraine
								Moscow (regional)
		8,476						Paris (regional)
		4,816	4,470					Tashkent (regional)
254,945	660	28,284	10,170	132	1,670	67	2	Total
		3,010	321					<i>of whom women</i>
		679						<i>of whom children</i>
								<i>of whom IDPs</i>

ARMENIA



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Through confidential representations, workshops and bilateral meetings, the ICRC reminded the sides to the conflict of IHL provisions on the conduct of hostilities, particularly the obligation to protect civilians.
- ▶ Border communities reduced their exposure to risk through structural modifications to houses or public buildings, and improved their economic prospects and access to water, with Armenian Red Cross Society and/or ICRC support.
- ▶ More than 200 emergency rescuers from ten border villages were trained in first aid and given the requisite supplies, based on an agreement between the Ministry of Emergency Situations, the National Society and the ICRC.
- ▶ Troops deployed near the international border, departing peacekeepers, military officers and instructors, and civilian protection teams learnt more about IHL and the ICRC through training and information sessions.
- ▶ Data preservation and support for missing people's families continued as planned. An exhibition marking the ICRC's 25 years of humanitarian work in the region also broadened awareness of the plight of these families.
- ▶ Students gained practical knowledge of IHL through summer courses, a conference for young researchers, and a moot court competition, all organized by the ICRC in partnership with universities in Armenia.

EXPENDITURE IN KCHF

Protection	773
Assistance	1,313
Prevention	501
Cooperation with National Societies	658
General	73
Total	3,318
<i>Of which: Overheads</i>	<i>202</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	43

The ICRC has been working in Armenia since 1992 in relation to the Nagorno-Karabakh armed conflict. It focuses on addressing the issue of missing persons and visiting detainees held for conflict-related or security reasons, and works to protect and assist communities living near the international border with Azerbaijan. It promotes the national implementation of IHL and its integration into the armed and security forces' doctrine and training and into academic curricula. The ICRC works in partnership with the Armenian Red Cross Society and aims to help strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1
Phone calls facilitated between family members	385
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	9
Detainees in places of detention visited	2,402
<i>of whom visited and monitored individually</i>	22
Visits carried out	21
Restoring family links	
RCMs collected	7
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	12

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items Beneficiaries		2,506
Cash Beneficiaries	5,200	585
Services and training Beneficiaries		5
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities Beneficiaries	4,000	2,354

CONTEXT

Tensions remained high between the sides to the Nagorno-Karabakh conflict: exchanges of fire, skirmishes and deaths were reported near the international border between Armenia and Azerbaijan and the Line of Contact.

Civilians in border villages, particularly in the Tavush region, continued to be at risk from military activity and the presence of mines and explosive remnants of war (ERW); these also restricted their movement, access to basic services and livelihood activities.

The Minsk Group of the Organization for Security and Co-operation in Europe (OSCE) sought, as before, to advance the implementation of agreements reached by the sides in 2016, but its efforts yielded no concrete results.

The OSCE announced the closure of its office in Yerevan, following unsuccessful efforts to reach an agreement regarding its activities and budget.

More than 4,500 people remained unaccounted for in connection with the Nagorno-Karabakh conflict in the 1990s.

ICRC ACTION AND RESULTS

The ICRC continued working to alleviate the humanitarian consequences of the Nagorno-Karabakh conflict. It monitored the situation of civilians living near the international border between Armenia and Azerbaijan, and assisted those affected by the ongoing tensions. Through dialogue, and by submitting representations whenever necessary, it reminded the sides to the conflict of their obligation under IHL to protect civilians and civilian objects.

In February and December, at the request of the authorities, the ICRC acted as a neutral intermediary to facilitate the transfer of soldiers' remains across the international border between Armenia and Azerbaijan.

Following consultations with communities in the Tavush region, and in cooperation with the Armenian Red Cross, the ICRC implemented a range of projects to reduce border communities' exposure to risks arising from the conflict, and to improve their living conditions and economic security. For example, with ICRC support, people reinforced the walls of their houses as protection against stray gunfire; in schools and other public buildings, basements designated as 'safer rooms' – in which community members could take refuge in case hostilities escalated – were reinforced. Following upgrades to essential infrastructure, border communities had better access to water for drinking and irrigation. Vulnerable households, including those engaged in farming near the border, received ICRC support for pursuing other livelihood activities.

To supplement the safety measures taken by border communities, the Armenian Red Cross, with ICRC support, provided emergency teams of the Ministry of Emergency Situations with first-aid training and materials. It also carried out sessions on basic first aid and on the risks posed by mines and ERW for schoolchildren in ten villages. Surgeons from civilian and military hospitals enhanced their knowledge of war surgery at an ICRC seminar.

The ICRC continued to work with the authorities, particularly the Armenian State Commission on Prisoners of War, Hostages and

Missing Persons (CEPOD), to clarify the fate of people missing in connection with the conflict in the 1990s. Collection of biological reference samples from missing people's relatives went on as planned, as did the review of ante-mortem data; the samples and data were for use in a future identification process. During a study tour in Cyprus, CEPOD representatives observed best practices in exhuming and identifying human remains for humanitarian purposes. Missing people's relatives were given psychosocial support via counselling, commemorative events or referrals to appropriate service providers; some of the most vulnerable households received cash for launching income-generating activities or for covering their most pressing needs.

The ICRC provided technical advice to the Armenian Centre for Humanitarian Demining and Expertise (CHDE), to support the development of a national strategy to address the humanitarian consequences of weapon contamination. With ICRC support, families of mine/ERW victims launched small businesses to support themselves, or improved their living conditions through home repairs.

During visits carried out in accordance with its standard procedures, the ICRC checked on detainees' treatment and living conditions. With ICRC support, foreign detainees contacted their relatives abroad; detainees in two prisons received some material assistance.

Humanitarian issues arising from the Nagorno-Karabakh conflict, and the ICRC's work for the people affected, remained at the centre of discussions with the authorities, the military, the international community, the media and civil society. The defence ministry and the ICRC renewed an agreement on IHL training and promotion among Armenian troops, whose knowledge of IHL grew during workshops, seminars or information sessions. Students and researchers took part in IHL events organized by the ICRC in partnership with universities in Armenia.

In cooperation with other Movement components, the ICRC provided the Armenian Red Cross with support for increasing its operational capacities, particularly in the Tavush region. Movement components worked together to strengthen their collective capacity to respond to humanitarian emergencies in the country.

CIVILIANS

Dialogue with the sides emphasizes their obligations under IHL

As the civilian population continued to face risks arising from military activity (see *Context*), the ICRC – through field visits and direct contact with authorities and community leaders – monitored the humanitarian situation of the communities affected and conformity with IHL by the sides to the conflict. Through written and oral representations, the ICRC shared its findings confidentially with the sides concerned, and reminded them of IHL provisions on the conduct of hostilities, particularly the obligation to protect civilians. It also reminded them to take precautions to ensure civilians' safety ahead of cultural events or seasonal activities tied to farming.

In February and December, at the request of the authorities, the ICRC acted as a neutral intermediary to facilitate the transfer of soldiers' remains across the international border between Armenia and Azerbaijan.

Front-line communities have more protection against threats to their safety

ICRC projects in the Tavush region, implemented after consultations with the communities involved, helped members of border communities cope with chronic insecurity and its effects on their well-being and livelihoods. ‘Passive protective measures’ – such as walling up windows or reinforcing the sides of houses or schools facing military positions, and fortifying basements or rooms in public buildings that could serve as safer spaces – benefited roughly 800 people in seven border villages. Blankets and emergency supplies were donated by the ICRC, to the benefit of roughly 2,500 people. With support from the German Red Cross and the ICRC, the Armenian Red Cross also carried out five of these projects in four villages. The ICRC assessed other public facilities, with a view to undertaking similar projects in 2018.

The Danish Red Cross and the ICRC carried out an assessment of the psychosocial needs in border communities; the results were to serve as a basis for a future ICRC response.

Based on an agreement between the Ministry of Emergency Situations, the Armenian Red Cross and the ICRC, 205 emergency rescuers from ten border villages received first-aid training and materials. The Armenian Red Cross also conducted training in first aid and safe practices, and information sessions on the dangers posed by mines/ERW, for over 500 students and 60 teachers living there. In nine villages not covered by the rescue teams of the Ministry of Emergency Situations, the Armenian Red Cross, with support from the German Red Cross and the ICRC, conducted first-aid training for 74 volunteers, such as nurses, teachers and community leaders. In parallel, the ICRC boosted local capacities in weapon-wound surgery through a seminar for more than 20 surgeons from civilian and military hospitals.

Vulnerable households explore alternative sources of income

Following a pilot project in 2016 and a joint assessment carried out with National Society volunteers, the ICRC expanded its economic assistance to vulnerable households in border villages where farming exposed civilians to risk, and gave them support for pursuing other livelihood activities. A total of 58 such households (259 people) participated in microeconomic initiatives such as beekeeping, raising dairy cattle, or starting a small retail business; 19 households (56 people) who were unable to undertake income-generating activities owing to physical disability or other vulnerabilities received cash to meet their most pressing needs.

Where water was scarce owing to poorly maintained and/or dilapidated infrastructure, the ICRC installed essential apparatus and laid or repaired pipelines, which increased the available supply and facilitated its flow to villages. This improved access to water for drinking and irrigation for about 1,550 residents in two border villages. A similar project was in progress in another village.

Victims of mines/ERW launch small businesses to support themselves

Using ICRC cash grants, 27 households of mine/ERW victims (137 people) started income-generating activities such as dress-making, providing transport services, cattle breeding and jewellery-making; 12 households (61 people) improved their living conditions through home repairs financed by the ICRC and carried out jointly with an Armenian housing NGO.

The ICRC continued to provide technical advice – for developing a national strategy to address weapon contamination and its consequences – to the CHDE, which assumed responsibility for running the Information Management System for Mine Action database in 2016. Analysis of information on the needs of mine/ERW victims and their families, collected and entered into the database, was ongoing. A regional workshop for CHDE staff members was rescheduled for 2018.

Information on missing people continues to be analysed and preserved

More than 4,500 people remained unaccounted for in connection with the Nagorno-Karabakh conflict in the 1990s. The ICRC submitted an updated list of missing persons to the sides in 2015, encouraging them to use it as a source of reference. It submitted analytical reports on incidents of disappearance to the authorities concerned, with a view to facilitating verification of information, including on the location of burial sites. The ICRC continued to interview sources and, when possible, assessed unmarked burial sites.

The ICRC urged the authorities to establish, for humanitarian purposes, procedures for clarifying the fate of missing people in the region. It sponsored a study tour in Cyprus for CEPOD representatives, enabling them to observe best practices in humanitarian forensics.

To facilitate future identification of exhumed remains, the relevant authorities and the ICRC continued collecting buccal swabs from missing people’s relatives, who received psychological support during the process. Third-party laboratory testing confirmed the samples’ viability. The ICRC continued to review and hand over ante-mortem data to the CEPOD, which entered them into a centralized ante/post-mortem database. It donated a new computer for the database, and sponsored the database operator’s training abroad.

Families of missing people address their needs, with community support

Families coped with the uncertainty surrounding the fate of their missing relatives, and its socio-economic repercussions, with the help of a comprehensive support programme run by the ICRC with the National Society and other partners. Around 45 relatives of missing people discussed their needs and learnt of services that could help them, during information sessions facilitated by local leaders, experts and NGOs. Some were referred to the appropriate channels for psychosocial, medical and/or legal assistance, and for help in obtaining social benefits. Vulnerable families received 34 follow-up home visits.

The ICRC provided families of missing people with cash assistance: three households (12 people) started income-generating activities; four households (16 people) paid the interest on their loans; and 12 particularly vulnerable households (19 individuals) were able to address some of their most pressing needs. Home repairs financed by the ICRC improved living conditions for six households (25 people); repairs for four others were ongoing.

Families commemorated their missing relatives at 11 events (see also *Actors of influence*) organized with the involvement of the community; these events helped the families process their grief, and broadened public awareness of the difficulties they faced.

The ICRC briefed 23 people with missing relatives on its activities in connection with missing people; 12 people contributed to a memory book honouring their missing relatives.

PEOPLE DEPRIVED OF THEIR FREEDOM

In accordance with its standard procedures, the ICRC visited detainees to monitor their treatment and living conditions, including their access to health care. Findings from these visits, and recommendations whenever necessary, were communicated confidentially to the detaining authorities.

In two prisons, 27 foreign detainees used ICRC-provided phone cards to contact relatives. One foreign detainee received help in finding accommodations after his release; another returned to his home country after being referred to IOM and obtaining travel documents. The ICRC helped a father come to Armenia to visit his detained son. A project enabling foreign detainees to maintain contact with their families through video calls was developed with the justice ministry and set for implementation in 2018. Its focus having shifted towards this project, the ICRC did not undertake infrastructural repairs or conduct vocational training in prisons.

Small-scale material assistance – for example, exercise bikes and hygiene parcels – helped ease detainees' situation in two prisons.

ACTORS OF INFLUENCE

Local media draw attention to the plight of people affected by the conflict

Using ICRC interviews, factsheets and news releases, media outlets helped to broaden public awareness and understanding of humanitarian needs linked to the conflict and of the ICRC's mandate. News editors learnt more about the ICRC during a briefing. Ten journalists enhanced their knowledge of the Movement, and of the protection afforded by IHL to journalists while covering armed conflict, at a workshop conducted jointly with a local media training and development centre. The ICRC's activities in the Tavush region were covered by the media, after journalists visited the area.

An exhibition marking the ICRC's 25 years of humanitarian work in the region drew attention to the plight of missing people's families. Government officials, diplomats, missing people's families and members of the local media attended the event, which was followed up with a social media campaign.

The Armenian Red Cross raised awareness of the Movement's activities and humanitarian principles through social media and during first-aid training sessions (see *Civilians*).

Military personnel and civilian protection teams learn more about IHL

The defence ministry, having renewed an agreement with the ICRC on IHL training and promotion, supported the ICRC's direct engagement, on the subject of IHL incorporation, with the heads of the departments of the general staff. A military officer learnt more about incorporating IHL in military planning and decision-making at a course in San Remo, Italy. Having attended a military exercise organized by the Collective Security Treaty Organization (CSTO), as an observer, the ICRC held discussions with CSTO commanders on the application of IHL provisions in multinational military operations. Train-the-trainer workshops helped 15 command officers from border units and 10 military instructors to develop their ability to teach IHL. During seminars, staff

members of the Human Rights Defender's office and the Military Investigative Department furthered their knowledge of IHL and the ICRC's activities and role as a neutral intermediary; these topics were also discussed during information sessions for troops deployed near the international border and for peacekeeping contingents bound for missions abroad. Military officers received pamphlets, in the Armenian language, on IHL.

Civilian protection teams consisting of Tavush community members, and headquarters staff from the Ministry of Emergency Situations learnt more about IHL and the ICRC's activities during workshops.

The authorities receive technical support for incorporating IHL in domestic laws and policies

The ICRC supported the authorities' efforts to incorporate IHL in domestic laws and policies, by making its expertise in the subject available to them. It submitted a comprehensive assessment of the draft criminal code, with proposals for aligning criminal law with IHL, to the working group revising the criminal code.

Officials from the defence, foreign and justice ministries, and from the Military Investigative Department, attended a regional seminar on IHL implementation in Belarus (see *Moscow*).

Students strengthen their grasp of IHL

The ICRC renewed an agreement with the Russian-Armenian University to conduct IHL-promotion activities jointly, and drafted similar agreements with two other universities. In October, researchers from more than ten countries participated in the annual youth conference on IHL in Yerevan. At a follow-up event, scholars and government officials discussed how the effectiveness of IHL was perceived in various quarters.

Students learnt more about international law at a summer IHL course organized with the American University of Armenia, and at a new summer course on public international law organized with the Russian-Armenian University and the UNHCR office in Armenia. Teams from leading universities and military academies gained practical knowledge of IHL through an annual moot court competition.

RED CROSS AND RED CRESCENT MOVEMENT

To enhance the Movement's overall capacities in emergency preparedness and response in Armenia, the ICRC, together with the International Federation, the Armenian Red Cross Society and six other National Societies, drafted a Movement-wide contingency plan for dealing with conflict-related humanitarian emergencies affecting border communities and the rest of the country.

The Armenian Red Cross and the ICRC held simulation exercises to fine-tune their response to emergencies; these also helped the National Society to incorporate the Safer Access Framework in its activities. To strengthen the National Society's emergency response capacities, the ICRC provided financial and technical support for establishing a disaster response team in the Tavush region, and covered insurance costs for 100 volunteers at the National Society branches most exposed to the effects of the conflict.

The Armenian Red Cross, the Danish Red Cross and the ICRC continued their joint project to develop the organizational capacities of the Armenian Red Cross's regional branch in Tavush; for example, they provided seed funding for volunteer initiatives,

and organized training activities and meetings for exchanging best practices. This project was expanded to cover two other branches in the Gegharkunik and Syunik regions.

The Armenian Red Cross received ICRC material and technical support for expanding its capacities in family-links services and awareness-raising, and for formalizing its legal status. Its volunteers took part in socio-economic assessments of households in the Tavush region and conducted first-aid training (see *Civilians*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1			
Phone calls facilitated between family members		385			
Reunifications, transfers and repatriations					
Human remains transferred or repatriated		2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
Tracing cases still being handled at the end of the reporting period (people)		407	24		5
<i>including people for whom tracing requests were registered by another delegation</i>		3			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		9			
Detainees in places of detention visited		2,402	151	4	
Visits carried out		21			
			Women	Girls	Boys
Detainees visited and monitored individually		22	2		
<i>of whom newly registered</i>		13	1		
RCMs and other means of family contact					
RCMs collected		7			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		12			
Detainees visited by their relatives with ICRC/National Society support		1			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	2,506	627	1,252
Cash	Beneficiaries	585	228	174
	<i>of whom IDPs</i>	14	6	5
Services and training	Beneficiaries	5	1	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,354	942	471
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	341	43	
Health				
Places of detention visited by health staff	Structures	3		

AZERBAIJAN



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Through confidential representations, workshops and bilateral meetings, the ICRC reminded the sides to the conflict of IHL provisions on the conduct of hostilities, particularly the obligation to protect civilians.
- ▶ Members of front-line communities met some of their urgent needs, launched income-generating activities and improved their safety and living conditions, with support from the ICRC and the Red Crescent Society of Azerbaijan.
- ▶ People became more capable of dealing with the consequences of the conflict through psychosocial-support activities and training in safe practices and first aid. Teachers were trained in counselling and stress management.
- ▶ Training was stepped up for new first-aiders and first-aid instructors in order to reinforce emergency preparedness. Medical professionals advanced their skills in war surgery and emergency-room trauma care through ICRC courses.
- ▶ The ICRC visited detainees, including those held in relation to the conflict, to monitor their treatment and living conditions and to enable them to maintain contact with their families.
- ▶ Cadets, command officers and other military personnel learnt more about the IHL provisions applicable to their duties during ICRC workshops and briefings. Thirty-five Azerbaijani military officers were certified as IHL trainers.

EXPENDITURE IN KCHF

Protection	2,847
Assistance	5,477
Prevention	809
Cooperation with National Societies	560
General	75
Total	9,769
<i>Of which: Overheads</i>	<i>596</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	20
Resident staff (daily workers not included)	113

The ICRC has been working in Azerbaijan since 1992 in relation to the Nagorno-Karabakh armed conflict. It focuses on addressing the issue of missing persons and visiting detainees held for conflict-related or security reasons, and works to protect and assist communities living near the Line of Contact and the international border with Armenia. It promotes implementation of IHL and its integration into armed and security forces' training and into academic curricula. The ICRC works in partnership with the Red Crescent Society of Azerbaijan and aims to help strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	117
RCMs distributed	90
Phone calls facilitated between family members	429
Tracing cases closed positively (subject located or fate established)	144
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	29
Detainees in places of detention visited	15,780
<i>of whom visited and monitored individually</i>	188
Visits carried out	88
Restoring family links	
RCMs collected	59
RCMs distributed	100
Phone calls made to families to inform them of the whereabouts of a detained relative	19

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	10,000
		60
Essential household items	Beneficiaries	
		1
Productive inputs	Beneficiaries	4,800
		4,494
Cash	Beneficiaries	3,925
		2,440
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	64,300
		70,265
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported ¹	Projects	2

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Tensions remained high between the sides to the Nagorno-Karabakh conflict; exchanges of fire, skirmishes and deaths were reported near the international border between Azerbaijan and Armenia and the Line of Contact.

Civilians in front-line villages continued to be at risk from military activity and the presence of mines and explosive remnants of war (ERW); these also restricted their movement, access to basic services and livelihood activities.

Some communities continued to feel the impact of the intensified fighting in April 2016. A number of families returned to a front-line village following the reconstruction of their houses. In Nagorno-Karabakh, the population of the village of Talish remained displaced and were living precariously.

The Minsk Group of the Organization for Security and Co-operation in Europe (OSCE) sought, as before, to advance the implementation of agreements reached by the sides in 2016, but its efforts yielded no concrete results.

More than 4,500 people remained unaccounted for in connection with the Nagorno-Karabakh conflict in the 1990s.

ICRC ACTION AND RESULTS

The ICRC continued working to alleviate the humanitarian consequences of the Nagorno-Karabakh conflict. It monitored the situation of civilians living near the international border between Azerbaijan and Armenia and the Line of Contact, and assisted those affected by the ongoing tensions and the escalation of fighting in April 2016. Through dialogue, and by submitting representations whenever necessary, it reminded the sides to the conflict of their obligation under IHL to protect civilians and civilian objects.

The ICRC acted as a neutral intermediary to facilitate the retrieval of the remains of soldiers killed on the Line of Contact, and the transfer of soldiers' remains across the international border between Azerbaijan and Armenia.

Following consultations with front-line communities, the ICRC implemented a range of projects to reduce their exposure to risks arising from the conflict, and to improve their living conditions and economic security. In five front-line villages, for example, school basements were reinforced, so that they could shelter community members in case hostilities intensified again. With ICRC support, vulnerable households – including people affected by mines/ERW, missing people's families and people from Talish displaced in Nagorno-Karabakh – became more economically self-sufficient by launching livelihood activities or participating in cash-for-work projects. Elderly people living alone in Nagorno-Karabakh, and others with specific vulnerabilities, received cash for covering their immediate needs.

To boost emergency preparedness, the ICRC stepped up its training activities for emergency responders, and equipped them to provide first aid and treat wounded people. Medical personnel strengthened their capacities in emergency-room trauma care and war surgery through ICRC courses. The Red Crescent Society of Azerbaijan and the ICRC conducted first-aid training for members of front-line communities. Twelve people received training in conducting small-scale clearance of explosive ordnance in civilian areas of Nagorno-Karabakh.

The ICRC continued to work with the authorities, particularly the Commissions on Prisoners of War, Hostages and Missing Persons (CEPODs), to clarify the fate of people missing in connection with the conflict in the 1990s. Collection of biological reference samples from missing people's relatives went on as planned, as did the review of ante-mortem data; the samples and data were for use in a future identification process. During a study tour in Cyprus, CEPOD representatives from the sides observed best practices in exhuming and identifying human remains for humanitarian purposes. Missing people's relatives were given psychosocial support via counselling, commemorative events or referrals to appropriate service providers.

Detainees, including those held in relation to the conflict, were visited by the ICRC in accordance with its standard procedures. Delegates monitored their treatment and living conditions, and helped them maintain contact with their relatives. Some detainees received hygiene kits and other forms of material assistance.

Humanitarian issues arising from the Nagorno-Karabakh conflict, and the ICRC's work for the people affected, remained at the centre of discussions with the authorities, the media and others. Military personnel learnt more about IHL considerations in military operations at ICRC briefings, workshops and seminars. IHL events fostered academic interest and expertise in the subject.

With ICRC support, the Azerbaijani Red Crescent strengthened its capacity to respond to emergencies and assist conflict-affected communities. Movement components coordinated their activities related to emergency preparedness and response.

People in Azerbaijan who had lost contact with their relatives in Iraq and the Syrian Arab Republic (hereafter Syria), owing to the conflicts in those countries, requested the ICRC's help in locating them. Video calls facilitated by the ICRC enabled unaccompanied children in those countries to reconnect with their families in Azerbaijan.

CIVILIANS

Dialogue with the sides emphasizes their obligations under IHL

As the civilian population continued to face risks arising from military activity (see *Context*), the ICRC – through field visits and direct contact with authorities and community leaders – monitored the humanitarian situation of the communities affected and conformity with IHL by the sides to the conflict. Through written and oral representations, the ICRC shared its findings confidentially with the sides concerned, and reminded them of IHL provisions on the conduct of hostilities, particularly the obligation to protect civilians. The ICRC's intercession with the pertinent authorities enabled communities to safely conduct seasonal farming activities and make repairs to water facilities near front-line areas.

In February, following an agreement between the sides and in coordination with the OSCE, the ICRC acted as a neutral intermediary to facilitate the retrieval of the remains of soldiers killed on the Line of Contact. It also facilitated, in February and December, the transfer of soldiers' remains across the international border between Azerbaijan and Armenia.

In Nagorno-Karabakh, the ICRC conducted a seminar for the *de facto* authorities on IHL principles and managing human remains. It renovated the autopsy room of the morgue in Stepanakert/Khankendi, and trained emergency teams in human remains management.

People separated by the conflict maintained contact through family-links services. Members of ethnic minority groups received support for clarifying their legal status and applying for identification documents; the ICRC funded the funeral of one beneficiary.

Front-line communities have more protection against threats to their safety

ICRC projects, implemented after consultations with the communities involved, helped members of front-line communities cope with chronic insecurity and its effects on their well-being and livelihoods. 'Passive protective measures' – such as constructing walls in front of houses, schools or playgrounds exposed to military positions, and reinforcing school basements or rooms that could serve as safer spaces and providing them with emergency supplies – benefited roughly 1,700 people in four front-line villages. The ICRC also constructed an emergency shelter to serve as a model for those who wished to build one. Teachers, students and parents learnt first aid during training sessions conducted by the Azerbaijani Red Crescent and the ICRC (see *Wounded and sick*). They also attended information sessions on the dangers posed by mines/ERW and safe practices.

Community members, particularly those affected by the escalation of fighting in April 2016, benefited from psychosocial support. Some 50 teachers were trained in counselling and stress management; they organized psychosocial-support activities for 240 children and adolescents. Recreational events for students in two communities, organized by the Azerbaijani Red Crescent and the ICRC, promoted safe practices during evacuations.

In Nagorno-Karabakh, the *de facto* authorities and the ICRC discussed contingency measures for protecting civilians; the ICRC maintained an emergency stock of food and other essentials in its warehouse. With ICRC support, 12 people received training in conducting small-scale clearance of explosive ordnance in civilian areas; anti-blast film for windows was installed at public buildings. Nurses and teachers learnt how to recognize symptoms of conflict-related trauma among children, and make referrals for psychological support, at an information session. The ICRC, together with an NGO, organized a concert for children of displaced people.

The Azerbaijani Red Crescent and the ICRC worked with the Azerbaijan National Agency for Mine Action to collect information about mine/ERW victims and about their families' needs; the ICRC shared its recommendations for meeting these needs with the authorities concerned.

Vulnerable people meet their immediate needs and pursue livelihood activities

Distribution of seed and other supplies enabled more than 1,088 households (4,352 people) to engage in food production activities that benefited their communities. They included 408 households (1,632 people) who started a potato seed multiplication project, and 24 households (96 people) who received winter fodder for their livestock.

In total, 860 people (around 215 households) augmented their incomes by participating in cash-for-work projects; 145 households (627 people), including families of mine victims, received cash – and some of them, skills training as well – for starting small businesses. A total of 120 particularly vulnerable people – including one former conflict-related detainee and relatives of mine victims, received cash for buying household essentials.

In cooperation with the *de facto* authorities, the ICRC repaired the houses of 14 families of mine victims (64 people) in Nagorno-Karabakh. Monthly allowances helped alleviate the living conditions of 286 elderly people living alone.

Civilians from the village of Talish remained displaced in Nagorno-Karabakh, following the escalation of fighting in April 2016. With ICRC-provided cash or material support, 22 households (97 people) started collective livelihood projects such as beekeeping and pig or cattle farming, and 37 households (142 people) cultivated vegetable gardens; 237 people (68 households) received cash to meet their basic needs.

Communities have broader access to water and electricity

In total, 4,485 people in five front-line villages gained more access to water, for irrigation and household use, after the ICRC repaired boreholes and installed water tanks, pipes and other equipment. Twenty water technicians received maintenance training; 2,385 community members, including 108 children, learnt more about water conservation and good hygiene practices, through information sessions conducted with the Azerbaijani Red Crescent. In two villages, 794 people benefited from electrical supply networks installed by the ICRC.

People in Stepanakert/Khankendi had a more reliable supply of water after the ICRC installed new water pumps and donated a generator for a water-treatment plant.

Information on missing people continues to be analysed and preserved

More than 4,500 people remained unaccounted for in connection with the Nagorno-Karabakh conflict in the 1990s. The ICRC submitted an updated list of missing persons to the sides in 2015, encouraging them to use it as a source of reference. The Azerbaijani CEPOD contacted the ICRC regarding the inclusion of additional cases.

The ICRC submitted analytical reports on incidents of disappearance to the CEPODs, with a view to facilitating verification of information, including on the location of burial sites. Together with the Azerbaijani CEPOD, the ICRC visited a cemetery with unmarked graves presumed to contain Azerbaijani servicemen, and began analysing information provided by the CEPOD on 196 similar burial sites. The ICRC also continued to interview sources and, when possible, assessed unmarked burial sites in Nagorno-Karabakh.

The ICRC urged the authorities to establish, for humanitarian purposes, procedures for clarifying the fate of missing people in the region. It sponsored a study tour in Cyprus for CEPOD representatives from the sides, enabling them to observe best practices in humanitarian forensics. In Baku, CEPOD representatives attended information sessions conducted by ICRC forensic experts.

To facilitate future identification of exhumed remains, the relevant authorities and the ICRC continued collecting buccal swabs from missing people's relatives, who received psychological support from ICRC-trained counsellors during the process. Third-party laboratory testing confirmed the samples' viability; an ICRC geneticist also provided support for ensuring quality control. The ICRC continued to review and hand over ante-mortem data to the CEPODs, which entered them into their ante/post-mortem databases. Database operators from the CEPODs, sponsored by the ICRC, attended training abroad.

Families of missing people receive psychosocial support

Families coped with the uncertainty surrounding the fate of their missing relatives, and its socio-economic repercussions, with the help of a comprehensive support programme run by the ICRC until March. Peer counsellors formerly trained by the ICRC formed a support network and continued to help the families. More than 1,100 relatives of missing persons drew psychological support from commemorative events, peer-group sessions or individual home visits; some 340 people were referred to the appropriate channels for medical and/or legal assistance.

Missing people's families in Nagorno-Karabakh received support from ICRC-trained psychologists; around 30 people were referred to the appropriate channels for further assistance. The ICRC organized an exhibition, and supported the construction of a commemorative park, to raise awareness of their plight.

People restore contact with relatives in Iraq and Syria

The ICRC opened tracing requests for families in Azerbaijan who wanted help in contacting their relatives in Iraq and Syria. Unaccompanied children in those countries reconnected with their families in Azerbaijan through video calls facilitated by the ICRC. The support they would need, in the event of their repatriation, was a subject of discussion between the Azerbaijani authorities and the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

In accordance with its standard procedures, the ICRC visited detainees, including those held in relation to the conflict, to monitor their treatment and living conditions. Findings from these visits, and recommendations whenever necessary, were communicated confidentially to the detaining authorities.

Foreign detainees informed their embassies, or UNHCR, of their circumstances and contacted their families through RCMs or phone calls facilitated by the ICRC. Detainees held in relation to the conflict also used ICRC family-links services. More than 600 detainees, including those with specific vulnerabilities, received hygiene items or other material assistance.

The Ministry of Justice and the ICRC explored possibilities for cooperation in bringing prison management, including the provision of health care for detainees, in line with internationally recognized standards. At two ICRC workshops, prison psychiatrists learnt more about mental-health care for detainees; with ICRC support, penitentiary officials went on a study tour abroad.

The ICRC renovated a kitchen and constructed a waiting room and toilets for visitors at the main detention facility in Nagorno-Karabakh; a generator donated by the ICRC was awaiting installation.

PEOPLE DEPRIVED OF THEIR FREEDOM	Related to the Nagorno-Karabakh conflict	Not related to the Nagorno-Karabakh conflict
ICRC visits		
Places of detention visited	2	27
Detainees in places of detention visited	5	15,775
	<i>of whom women</i>	187
	<i>of whom minors</i>	57
Visits carried out	29	59
Detainees visited and monitored individually	5	183
	<i>of whom women</i>	6
Detainees newly registered	2	75
	<i>of whom women</i>	6
Restoring family links		
RCMs collected	48	11
RCMs distributed	91	9
Phone calls made to families to inform them of the whereabouts of a detained relative	2	17
Detainees visited by their relatives with ICRC/National Society support		16
People to whom a detention attestation was issued	3	2

WOUNDED AND SICK

First responders prepare for potential influxes of wounded people

Training conducted or supported by the ICRC aimed to increase the likelihood of wounded people receiving timely and appropriate care. Twenty-six National Society volunteers from front-line branches, 15 military paramedics and 15 rescuers from the Ministry of Emergency Situations were trained in first aid; 34 of them became first-aid trainers. In Nagorno-Karabakh, seven first-aid instructors were certified. In addition, medical professionals enhanced their skills through a course in emergency-room trauma care; seven military and civilian surgeons attended a seminar on war surgery.

During training sessions carried out by the Azerbaijani Red Crescent and the ICRC, 180 civilians from nine front-line villages learnt first aid and were given the requisite supplies. Emergency responders on both sides of the Line of Contact also received supplies for treating wounded people.

Between March and December, the ICRC gave the physical rehabilitation sector in Nagorno-Karabakh various forms of support. It provided supplies and equipment, including a generator, and on-site training to the rehabilitation centre in Stepanakert/Khankendi. ICRC-sponsored training enabled wheelchair technicians and clubfoot specialists to improve their skills. Wheelchair users in one hospital benefited from the installation of a ramp.

After conducting an assessment, the ICRC ceased its physical rehabilitation activities at year's end.

ACTORS OF INFLUENCE

Stakeholders increase their understanding of IHL and ICRC activities

The ICRC visited front-line communities to understand their needs and to explain its activities to them. National Society volunteers, and officials from the Azerbaijani CEPOD, the Ministry of Emergency Situations and other bodies, learnt more about IHL

principles and the ICRC's activities, including those linked to missing people and the prevention of disappearances, at information sessions. Lectures for future judges at the Justice Academy focused on IHL and its application to modern armed conflicts; one judge learnt more about IHL implementation at a regional seminar (see *Moscow*). Ten journalists were briefed on the importance of protecting conflict victims from public curiosity during an IHL seminar. Officials from Nagorno-Karabakh's *de facto* Ombudsman's office strengthened their grasp of IHL and of the ICRC's activities to promote compliance with IHL.

Using ICRC interviews, factsheets and news releases, media outlets helped to broaden public awareness of the ICRC's mandate. Workshops in Baku and Nagorno-Karabakh enabled journalists to gain a fuller understanding of the ICRC's work and of the humanitarian considerations linked to reporting on conflict-affected people. In Nagorno-Karabakh, the workshop was followed by interviews with people who had received ICRC assistance. An exhibition marking the International Day of the Disappeared drew people's attention to the plight of missing people's families.

Armed forces personnel familiarize themselves with IHL considerations in military operations

Cooperation between the defence ministry and the ICRC, in promoting IHL among military personnel, continued. At ICRC seminars, workshops and briefings, military cadets, peacekeeping troops and senior defence ministry officials learnt more about the IHL provisions that they had to take into account while carrying out their duties. More than 1,200 military personnel enhanced their understanding of IHL principles during information sessions supplemented with ICRC-produced handbooks on codes of conduct for combatants. Thirty-five Azerbaijani military officers had been certified as IHL trainers and were set to provide further instruction in IHL to troops. At a round-table, the heads of the military's operational departments and the ICRC discussed how to ensure respect for IHL during security operations and similar issues. The ICRC discussed its activities for detainees, at a briefing for military personnel participating in a NATO evaluation exercise.

Information sessions conducted by the ICRC in Nagorno-Karabakh enabled more than 1,500 military personnel and 100 students in military schools to gain a firmer grasp of basic IHL principles; 25 military personnel with command responsibilities learnt more about IHL considerations in planning and conducting military operations.

Members of the Internal Troops, the State Border Service of Azerbaijan and police officers, including directors of places of temporary detention, increased their practical knowledge of international policing standards at ICRC workshops and briefings.

Students strengthen their grasp of IHL

Students of law, journalism and international relations broadened their knowledge of IHL by attending ICRC guest lectures, for example, those held during evening classes organized with the ADA University. Three lecturers from universities in Baku and Nagorno-Karabakh developed their ability to teach IHL through a seminar abroad. Law students and IHL researchers from Nagorno-Karabakh attended summer courses and other IHL events in Armenia. A law student was given an internship at the ICRC delegation in Baku, as part of the ICRC's efforts to promote research in IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Crescent Society of Azerbaijan continued to receive ICRC support for strengthening its operational capacities. Together with teams from the ICRC, the National Society surveyed the needs of conflict-affected households, including those of mine/ERW victims, and monitored the results of ICRC support. It expanded its first-aid capacities (see *Wounded and sick*); twenty-four of its emergency responders received training in operational communication, family-links services, emergency relief, counselling, and mine-victim assistance. The Azerbaijani Red Crescent was provided with donation boxes to aid its fundraising efforts; a member of its headquarters staff attended a training session on fundraising organized by the British Red Cross.

With ICRC support, the Azerbaijani Red Crescent drafted a contingency plan for conflict situations and carried out a simulation exercise, with a view to improving response and coordination during emergencies.

Movement components held meetings in Baku and Barda to coordinate activities in connection with emergency preparedness and response, and to support the Azerbaijani Red Crescent in developing partnerships with other actors.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		117			
RCMs distributed		90			
Phone calls facilitated between family members		429			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		478	125	146	140
Tracing cases closed positively (subject located or fate established)		144			
Tracing cases still being handled at the end of the reporting period (people)		4,482	397	126	157
Documents					
People to whom travel documents were issued		3			
Official documents delivered across borders/front lines		8			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		29			
Detainees in places of detention visited		15,780	187	57	
Visits carried out		88			
			Women	Girls	Boys
Detainees visited and monitored individually		188	6		
	<i>of whom newly registered</i>	77	6		
RCMs and other means of family contact					
RCMs collected		59			
RCMs distributed		100			
Phone calls made to families to inform them of the whereabouts of a detained relative		19			
Detainees visited by their relatives with ICRC/National Society support		16			
People to whom a detention attestation was issued		5			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	60	30	
	<i>of whom IDPs</i>	18	9	
Essential household items	Beneficiaries	1	1	
Productive inputs	Beneficiaries	4,494	2,037	454
	<i>of whom IDPs</i>	142	50	56
Cash	Beneficiaries	2,440	792	303
	<i>of whom IDPs</i>	509	203	185
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	70,265	21,856	27,330
	<i>of whom IDPs</i>	155	62	46
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	685	16	1
Cash	Beneficiaries	205	1	
Health				
Places of detention visited by health staff	Structures	11		
WOUNDED AND SICK				
First aid				
First-aid training				
	Sessions	54		
	Participants (sum of monthly data)	505		
Physical rehabilitation				
Projects supported ¹	Projects			

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

GEORGIA



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KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The remains of 26 people missing in connection with the 1992–1993 armed conflict were identified and returned to the families concerned.
- ▶ With ICRC assistance, local partners developed their ability to provide psychosocial support to relatives of the missing and broaden public awareness of their plight.
- ▶ The ICRC visited detainees in Georgia proper and South Ossetia. With the ICRC's help, people being held in Abkhazia, Georgia proper and South Ossetia stayed in touch with their families across administrative boundary lines.
- ▶ The Georgian military, aided by the ICRC, continued to incorporate IHL in its doctrine, training and sanctions systems. Officers of the *de facto* Abkhaz military learnt more about IHL through an ICRC workshop.
- ▶ With technical and financial support from the ICRC and other Movement partners, the Georgia Red Cross Society strengthened its ability to deliver humanitarian services to people affected by emergencies.

EXPENDITURE IN KCHF

Protection	2,305
Assistance	3,811
Prevention	880
Cooperation with National Societies	297
General	75
Total	7,368
<i>Of which: Overheads</i>	<i>450</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	125

The ICRC has been present in Georgia proper, Abkhazia and South Ossetia since 1992. Acting as a neutral intermediary, it contributes to efforts to clarify the fate and whereabouts of missing persons, including by offering its forensic expertise to the actors concerned. It supports the families of missing persons, works to protect and assist vulnerable groups in conflict-affected regions, and visits detainees. It promotes the national implementation of IHL and its integration into armed and security forces' doctrine, training and sanctions and into academic curricula. The ICRC helps the Georgia Red Cross Society strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	191
RCMs distributed	176
Tracing cases closed positively (subject located or fate established)	64
People reunited with their families	10
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	11
Detainees in places of detention visited	6,023
<i>of whom visited and monitored individually</i>	40
Visits carried out	29
Restoring family links	
RCMs collected	49
RCMs distributed	28
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE	2017 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	455	574
Essential household items	Beneficiaries	125	579
Productive inputs	Beneficiaries	125	29
Cash	Beneficiaries	125	16
Services and training	Beneficiaries		18

CONTEXT

The Geneva International Discussions – involving representatives of Abkhazia, Georgia proper, the Russian Federation and South Ossetia – continued: the European Union (EU), the Organization for Security and Co-operation in Europe (OSCE) and the UN served as mediators. Meetings of the Incident Prevention and Response Mechanism, facilitated jointly by the EU Monitoring Mission and the OSCE, enabled bilateral talks between Abkhazia and Georgia proper, and between Georgia proper and South Ossetia, on humanitarian and security-related matters.

Some 2,400 people remained unaccounted for in connection with past armed conflicts; new cases were still being reported.

The demarcation of administrative boundaries between Abkhazia and Georgia proper, and between Georgia proper and South Ossetia, continued to restrict the movement of people, disrupt livelihoods and hinder communication among families.

People were being held in Abkhazia, Georgia proper and South Ossetia on security-related charges or in connection with past conflicts.

In South Ossetia, local health services, and social services for vulnerable people, have improved.

ICRC ACTION AND RESULTS

The ICRC continued to assist people coping with the effects of past conflicts. During discussions with Georgian authorities and the *de facto* Abkhaz and South Ossetian authorities, the ICRC reminded them of their obligation to facilitate access to basic services. As before, the ICRC was the only international organization doing humanitarian work in South Ossetia.

In coordination with the pertinent authorities, the ICRC served as a neutral intermediary in reuniting separated families, handing over human remains to the families concerned, and transferring official documents across administrative boundary lines. The ICRC continued to help people cross the administrative boundary line between Georgia and South Ossetia to obtain medical treatment; this was less necessary in 2017 than in previous years, because local health services had improved. At year's end, the ICRC closed its office in Gori, retaining only a few personnel to facilitate people's passage across the administrative boundary line.

The ICRC maintained its support for efforts to resolve missing-persons cases associated with past conflicts. It continued to chair the Abkhaz–Georgian coordination mechanism dealing with the issue of persons missing in connection with the 1992–1993 conflict, and the Georgian–Russian–South Ossetian equivalent for persons missing in connection with the conflicts in the 1990s and 2008. The ICRC continued to urge the Georgian and the *de facto* Abkhaz and South Ossetian authorities to set up or strengthen local mechanisms to resolve missing-persons cases.

The work of the two coordination mechanisms yielded information on some 50 possible gravesites; roughly 150 sets of human remains were recovered and analysed. The remains of 26 people who had gone missing during the 1992–1993 conflict were identified and handed over to the families concerned.

Missing people's families obtained psychosocial and other support from local NGOs and from associations that these families had

themselves formed – which continued to receive ICRC technical and financial assistance. In Georgia proper, an ICRC-supported academic working group, formed in 2016, organized forums to broaden people's awareness of the 'ambiguous loss' – pain exacerbated by lack of closure or clarity – experienced by missing persons' relatives.

The ICRC continued to provide food and other essentials to destitute people in Abkhazia and South Ossetia. The *de facto* South Ossetian authorities, with ICRC support, reinforced social services for vulnerable people.

Conflict-affected households in Abkhazia and Georgia proper, who had previously increased their income through ICRC-supported livelihood projects, benefited from a last phase of ICRC monitoring to ensure that there was no falling off in this regard. The ICRC ended its livelihood-support activities in Georgia at year's end.

The ICRC visited detainees in Georgia proper and South Ossetia in accordance with its standard procedures. It pursued discussions with the *de facto* Abkhaz authorities on access to people held in Abkhazia. Detainees in Abkhazia, Georgia proper and South Ossetia benefited from ICRC family-links services.

ICRC events, and media coverage of the ICRC's work, helped broaden awareness of issues of humanitarian concern – particularly in connection with missing persons – among the authorities, other influential parties and the general public.

The ICRC continued to support the incorporation of IHL in Georgian legislation. The Georgian armed forces continued to incorporate IHL in their doctrine, training and sanctions system, and to conduct IHL training for their troops. In Abkhazia, officers of the *de facto* military attended an ICRC workshop on IHL.

Together with other Movement components, the ICRC continued to give the Georgia Red Cross Society technical and financial assistance for pursuing organizational development and reinforcing its operational capacities.

CIVILIANS

Efforts to resolve cases of missing persons continue

Representatives of the Abkhaz–Georgian coordination mechanism dealing with the issue of people missing in connection with the 1992–1993 conflict, and its forensic working group, met twice and went on an ICRC-organized study tour of Cyprus. Representatives of the Georgian–Russian–South Ossetian equivalent for people missing in connection with the conflicts in the 1990s and 2008, which also dealt with other consequences of those conflicts, held one meeting.

The ICRC continued to chair both coordination mechanisms. Their work yielded information on the location of some 50 possible gravesites. ICRC forensic experts assessed the sites; some of their findings were still being processed. Exhumations took place at several sites in Georgia proper and South Ossetia, with technical and financial assistance from the ICRC. Several forensic specialists in Abkhazia and Georgia proper strengthened their capacities through ICRC training.

More than 150 sets of human remains were recovered and analysed. The remains of 26 people who had gone missing in connection with the 1992–1993 conflict were identified and handed over to the families concerned, enabling them to arrange reburials with dignity.

Collection of ante-mortem data and DNA samples, from missing persons' relatives, continued; in South Ossetia, DNA samples were collected by the ICRC-trained staff of a local medical college. With the ICRC's support, all DNA samples were sent to internationally accredited laboratories for testing.

The ICRC continued to register and manage missing-persons cases related to past conflicts. It pursued discussions with the parties concerned about creating local mechanisms for dealing with the issue of missing people in Abkhazia, Georgia proper and South Ossetia, or reinforcing existing mechanisms; in Georgia proper, the establishment of a legal framework to address the issue (see *Actors of influence*) was also discussed.

Missing persons' families receive psychosocial support

The ICRC continued to give associations of missing persons' families technical and financial assistance for providing support for people like them, and for broadening public awareness of their plight; local NGOs doing such work were given similar assistance.

In Georgia proper, an ICRC-supported academic working group – formed to help increase public awareness of the issue of missing persons and promote research into the psychosocial needs of the families affected – conducted four dissemination sessions for students, and one workshop for an association of social workers, on the 'ambiguous loss' experienced by missing persons' relatives. At a round-table organized by the ICRC, its NGO partners drafted a document – based on their experiences – to guide advocacy for missing persons' families. Fifty-three families received psychosocial support – from these NGO partners or family associations – during emotionally difficult events, such as the identification and handover of their relatives' remains and the subsequent reburial ceremonies.

ICRC workshops in Abkhazia helped NGO partners and one family association to develop their ability to provide psychosocial support. At an information session in South Ossetia, 17 people learnt more about the process of recovering and identifying their relatives' remains.

Some 750 families in Abkhazia, Georgia proper and South Ossetia marked the International Day of the Disappeared with commemorative events.

People obtain medical care and reunite with their families across administrative boundary lines

During dialogue with the Georgian authorities and the *de facto* authorities in Abkhazia and South Ossetia, the ICRC emphasized the concerns of civilians affected by the demarcation of administrative boundaries – in particular, access to basic services and restoring or maintaining contact with relatives.

A total of 182 people crossed the administrative boundary between Georgia proper and South Ossetia to obtain medical treatment. The ICRC facilitated their passage, in coordination with the pertinent authorities; this was less necessary in 2017 than in previous years, because local health services had improved. The ICRC provided 25 disabled people in South Ossetia with prostheses, wheelchairs or walking aids.

With the ICRC's help, 10 people were reunited with their families living across boundary lines. The ICRC transferred the remains of 13 people across the administrative boundary and facilitated the

handover of nine other sets of remains to the families concerned. RCMs and official documents were also relayed across the administrative boundaries. The ICRC strove to facilitate people's access across administrative boundaries to their relatives' graves, but no progress was made in this regard.

The ICRC arranged a family visit for a former internee at the US internment facility at Guantanamo Bay Naval Station in Cuba, who had resettled in Georgia.

The ICRC continued to give the Georgian Red Cross technical and financial support to provide family-links services for people separated from their relatives by migration, disasters or other circumstances unrelated to violence. In November, the ICRC held a round-table on humanitarian issues related to migration; participants included representatives from the Georgian government, the IOM, UNHCR and other international organizations, and the Georgian Red Cross.

Vulnerable people meet their basic needs

In South Ossetia, some 570 destitute people (211 households) received household and hygiene essentials; around 550 of them were provided with food parcels that enabled them to eat at least three meals a day, and 114 of the households were given firewood for the winter. Among those who received food and household essentials were 18 elderly, largely house-bound people who were living alone. They received further assistance through daily or weekly home visits: water was collected for them, their houses were cleaned and their clothes washed, and some of them were accompanied to local health facilities, as needed. Nine households (16 people) with access to markets received cash for buying food. Children at an orphanage in Tskhinvali/Tskhinval benefited from an ICRC donation of hygiene items.

In the Kodori Gorge in Abkhazia, 16 vulnerable people were given food rations.

Conflict-affected households in Abkhazia and Georgia proper, who had previously increased their income through ICRC-supported livelihood projects, benefited from ICRC monitoring to ensure that there was no falling off in this regard. The ICRC ended its livelihood-support activities in Georgia at year's end.

Social workers in South Ossetia develop their capacities

With ICRC support, the *de facto* authorities in South Ossetia continued to strengthen social services for vulnerable people. They discussed the challenges they faced, and strategies for dealing with them, at two ICRC round-tables. Six officials, sponsored by the ICRC, went on a study tour to a city in Krasnodar Krai in the Russian Federation. Social workers in Tskhinvali/Tskhinval attended an ICRC training course on managing stress and preventing burnout.

At the *de facto* authorities' request, the ICRC provided computers and printers for the social-welfare offices in all five districts of South Ossetia, benefiting more than 20 personnel. The ICRC also donated various medicines and a medical refrigerator. Kitchen equipment from the ICRC helped the *de facto* authorities run a canteen that served free food at a home for elderly people.

Eleven people – including several elderly people benefiting from home visits (see above) – obtained official documents and social benefits with the ICRC's assistance.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits and stay in touch with their families

Detainees at nine facilities in Georgia proper and two, including one place of pre-trial detention, in South Ossetia received ICRC visits conducted in accordance with the organization's standard procedures. Forty detainees were followed up individually. After these visits, the ICRC communicated its findings and, where necessary, its recommendations for improving detainees' living conditions, confidentially to the authorities concerned. The ICRC carried out an ad hoc visit to a place of temporary detention in South Ossetia. It pursued dialogue with the *de facto* authorities in Abkhazia regarding its access to people detained there.

With the ICRC's assistance, eleven foreign detainees in Georgia proper, including asylum seekers and stateless persons, notified their embassies or consulates and/or UNHCR of their detention. The authorities were reminded through written representations of the necessity of upholding the principle of *non-refoulement*.

Detainees in Abkhazia, Georgia proper and South Ossetia stayed in touch with their families through RCs. Acting as a neutral intermediary, the ICRC facilitated family visits or parcel deliveries across administrative boundaries for several detainees in Georgia proper and South Ossetia. ICRC efforts over the past several years contributed to an amendment of Georgian law, in March, that allowed all detainees, including those being held under high security, to benefit from longer family visits. The new legislation was fully implemented later in the year.

Seventy detainees at two places of detention in South Ossetia received hygiene items, bedding and books from the ICRC.

ACTORS OF INFLUENCE

Georgian media draw attention to the issue of missing persons

The Georgian authorities, the *de facto* Abkhaz and South Ossetian authorities, other influential parties and the general public learnt more about issues of humanitarian concern, and about the ICRC's mandate and activities. They were enabled to do so through events organized by the ICRC and media coverage of its activities, including interviews given by its representatives and beneficiaries. The Georgian media drew attention to the issue of missing people – particularly by covering the transfer from Sukhumi/Sokhum to Tbilisi of the remains of 26 people who had been missing in connection with the 1992–1993 conflict (see *Civilians*).

During discussions with Georgian authorities, including parliamentarians, the ICRC promoted further incorporation of IHL in domestic legislation and the creation of a legal framework to address the needs of missing people's families. The ICRC completed a study on the state of IHL implementation in Georgia proper and presented it to the authorities. The national IHL committee set up working groups to look into the study's recommendations.

In its dialogue with the *de facto* authorities in South Ossetia, the ICRC emphasized their obligations under IHL, customary law and other applicable norms, and its role as a neutral intermediary.

The ICRC continued to promote the inclusion of IHL in university curricula in Georgia proper and South Ossetia. Georgia hosted the 2017 Jean-Pictet Competition on IHL. Georgian university professors and law students, sponsored by the ICRC, attended regional and international academic forums; a South Ossetian law professor attended the Martens Readings International Conference in St Petersburg in the Russian Federation (see *Moscow*). In Georgia proper, law graduates who had won the national moot court competition in IHL – organized jointly by the justice ministry and the ICRC – joined the justice ministry as employees or interns, enlarging the pool of government workers familiar with IHL. History and law students at an Abkhaz university learnt about IHL through an ICRC seminar, and were given reference materials on IHL.

Military officers and peacekeeping troops learn more about IHL

With technical assistance from the ICRC, the Georgian armed forces continued to incorporate IHL in their doctrine, training and sanctions system. They also continued to train their troops in IHL and to review their field manuals for compliance with IHL. Together with the ICRC, an internal monitoring group, formed in 2016, evaluated the quality of the IHL training for troops. In all, some 430 military personnel received IHL training during the year. The ICRC organized two train-the-trainer workshops, which enabled 47 military instructors to become more proficient in teaching IHL. Peace-support troops bound for missions in Afghanistan attended an ICRC predeployment briefing.

In Abkhazia, 10 officers of the *de facto* military strengthened their grasp of IHL through an ICRC workshop.

RED CROSS AND RED CRESCENT MOVEMENT

The Georgian Red Cross continued to pursue organizational development and to strengthen its operational capacities, with technical and financial assistance from Movement partners. It bolstered its emergency preparedness, in line with the Safer Access Framework through various initiatives, including a partnership agreement with the Danish Red Cross and the ICRC. Community members in nine regions of Georgia proper, and in Tbilisi, received National Society training in first aid. At an ICRC-funded forum in December, representatives from the National Society's headquarters and from 34 branches discussed disaster management and other related topics.

The National Society worked to develop its fundraising capabilities, in coordination with the International Federation and with support from the Swiss Red Cross and the ICRC. The ICRC gave National Society staff expert advice for raising the Movement's public profile.

The Georgian parliament amended a law on the National Society and the use of the emblem, after several years of ICRC-assisted advocacy by the National Society.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		191			
RCMs distributed		176			
Reunifications, transfers and repatriations					
People reunited with their families		10			
People transferred or repatriated		764			
Human remains transferred or repatriated		13			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		106	12		4
Tracing cases closed positively (subject located or fate established)		64			
Tracing cases still being handled at the end of the reporting period (people)		2,449	390	34	22
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Documents					
Official documents delivered across borders/front lines		16			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		11			
Detainees in places of detention visited		6,023	272	20	
Visits carried out		29			
			Women	Girls	Boys
Detainees visited and monitored individually		40	5		
<i>of whom newly registered</i>		19	2		
RCMs and other means of family contact					
RCMs collected		49			
RCMs distributed		28			
Phone calls made to families to inform them of the whereabouts of a detained relative		1			
Detainees visited by their relatives with ICRC/National Society support		3			
People to whom a detention attestation was issued		4			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	574	175	293
	<i>of whom IDPs</i>	1		
Essential household items	Beneficiaries	579	180	295
	<i>of whom IDPs</i>	1		
Productive inputs	Beneficiaries	29	12	
Cash	Beneficiaries	16	7	5
Services and training	Beneficiaries	18	17	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	70		

UKRAINE



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The parties to the conflict and the ICRC had regular bilateral discussions on the protection of civilians during the conduct of hostilities. Little progress was made towards creating demilitarized 'safety zones' for key infrastructure.
- ▶ With help from the Ukrainian Red Cross Society and the ICRC, conflict-affected people obtained food and other necessities, had access to essential utilities, rebuilt their homes and/or reinforced their livelihood activities.
- ▶ Missing persons' families received financial and psychosocial support through an ICRC programme. The authorities took steps to set up a system for providing the families with comprehensive assistance.
- ▶ People who were wounded or chronically ill were treated at front-line hospitals receiving supplies from the ICRC. Disabled people in non-government-controlled areas obtained rehabilitative care at two ICRC-supported centres.
- ▶ People detained by the government received ICRC visits, and some material and medical assistance. Detainees on both sides of the front line exchanged parcels and letters with their relatives through an ICRC service.
- ▶ With technical and financial assistance from the ICRC and other Movement partners, the Ukrainian Red Cross strengthened its ability to deliver humanitarian aid to conflict-affected people.

EXPENDITURE IN KCHF

Protection	6,199
Assistance	40,638
Prevention	3,369
Cooperation with National Societies	2,582
General	275
Total	53,063
<i>Of which: Overheads</i>	<i>3,215</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	95
Resident staff (daily workers not included)	374

Since 2014, the ICRC has expanded its presence in Ukraine to help protect and assist conflict-affected people in the eastern part of the country. It responds to emergency and early-recovery needs, notably by providing relief, facilitating access to medical care and other essential services, and restoring family links. It seeks access to all persons deprived of their freedom. In dialogue with all parties to the conflict, it supports efforts to clarify the fate of missing persons and encourages compliance with IHL. The ICRC supports the Ukrainian Red Cross Society in improving its emergency preparedness and delivery of humanitarian assistance.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	23
RCMs distributed	5
Phone calls facilitated between family members	3
Tracing cases closed positively (subject located or fate established)	142
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	38
Detainees in places of detention visited	22,835
<i>of whom visited and monitored individually</i>	621
Visits carried out	97
Restoring family links	
RCMs collected	20
RCMs distributed	11
Phone calls made to families to inform them of the whereabouts of a detained relative	334

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 44,000	140,741
Essential household items	Beneficiaries 54,000	191,439
Productive inputs	Beneficiaries 13,200	39,712
Cash	Beneficiaries 38,250	26,567
Vouchers	Beneficiaries	63
Services and training	Beneficiaries	3,785
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 1,615,000	1,650,000
Health		
Health centres supported	Structures	60
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	6 67
Water and habitat		
Water and habitat activities	Beds	500 2,752
Physical rehabilitation¹		
Projects supported	Projects	2 2

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

The armed conflict in the Donetsk and Lugansk/Luhansk regions of eastern Ukraine intensified early in the year and again in December, resulting in reportedly more civilian casualties than 2016, and further damaging critical infrastructure such as water systems and power lines. The discussions of the Trilateral Contact Group on Ukraine – made up of representatives from the Russian Federation, Ukraine and the Organization for Security and Co-operation in Europe – continued in Minsk, Belarus, but failed so far to resolve the conflict.

Partly because of a trade blockade imposed by the Ukrainian government, economic relations across the front line – which separated government-controlled areas from non-government-controlled areas – were virtually non-existent. Unemployment increased, as production in key industries plummeted.

People in front-line communities were at risk from gunfire, shelling, mines and explosive remnants of war (ERW). Also at risk were the tens of thousands of civilians who crossed the front line daily to visit relatives or obtain official documents, or for other purposes, such as the bimonthly verification process for obtaining government pensions. As in the past, the front line could only be crossed at five places; civilians, many of whom were elderly, sometimes queued at these crossing points for hours.

People were detained in connection with the conflict by all the parties involved.

ICRC ACTION AND RESULTS

The ICRC continued to address the humanitarian needs of people affected by the armed conflict in Ukraine, focusing on communities near the front line. It engaged in discussions with the parties to the conflict, to remind them of their obligations under IHL to protect people who were not or were no longer taking part in the fighting and to ensure these people's access to basic services. It gathered information on the situation of civilians, including allegations of violations of IHL, and made confidential representations to the pertinent parties at all levels. The ICRC lobbied even more vigorously than before for demilitarized 'safety zones' to protect critical infrastructure; however, little progress was made in this regard.

The Ukrainian Red Cross Society and the ICRC continued to help front-line communities protect themselves. People learnt safer practices related to mine/ERW-contaminated areas through National Society and ICRC training sessions. Local teams marked mine-affected areas or carried out weapon-clearance activities with ICRC assistance.

The National Society and the ICRC helped people living near the front line to obtain food and other necessities, gain access to essential utilities, and rebuild their homes. Vulnerable households reinforced their livelihoods with supplies or cash from the ICRC.

The ICRC continued to provide financial and psychosocial support to missing persons' families, and help for resolving more missing-persons cases by strengthening local forensic capacities. The authorities took steps to set up a system for assisting missing persons' families and to establish a centre for forensic identification.

The ICRC maintained its support for health services on both sides of the front line. Health centres and hospitals were given medicines

and other supplies to treat wounded or chronically ill people. In non-government-controlled areas, where the ICRC was the only humanitarian organization providing assistance for health care, blood banks and haemodialysis centres were given the necessary supplies; disabled people obtained physical rehabilitation services at two ICRC-supported centres. Conflict-affected people received psychosocial support from ICRC-trained community members.

The ICRC engaged the authorities in discussions on formalizing its access to all detainees within its purview. At the same time, the ICRC continued to visit detainees, including those being held in connection with the conflict, to check on their treatment and living conditions. Afterwards, it communicated its feedback and recommendations, if any, confidentially to the authorities. It made an ad hoc visit to 34 people being held by the armed opposition in the Donetsk region.

The ICRC began a monthly service enabling detainees to exchange parcels and letters with their relatives on the other side of the front line. It served as a neutral intermediary in the simultaneous release and transfer of some 300 people who had been held in connection with the conflict. People being held at detention facilities under government supervision received some material and medical assistance.

The ICRC engaged the authorities and other parties concerned in dialogue, with a view to broadening support for its mandate and activities. The national IHL committee, reconvened with ICRC support, met in December. Military officers learnt more about IHL through ICRC seminars. The military, the National Guard and the police were given reference materials on the international rules and standards applicable to their work.

Media reports and the ICRC's public-communication activities helped people become more familiar with humanitarian issues and how the ICRC was tackling them. Academics and think-tanks discussed these issues in ICRC-organized forums.

Aided by the ICRC, the National Society continued to carry out internal reforms and develop its operational capacities.

CIVILIANS

Parties to the conflict discuss how to protect civilians during hostilities

The ICRC continued to gather information on the situation of civilians, including allegations of violations of IHL, and to make confidential representations to the parties concerned, at all levels – for instance, during two round-tables with defence ministry officials. During its regular bilateral discussions with the parties to the conflict, it emphasized their obligation under IHL to protect people who were not or were no longer taking part in the fighting, and to ensure these people's access to basic services. It raised matters such as the shelling of critical infrastructure, the humanitarian consequences of restricting people's movement, the necessity of protecting children and ensuring their access to education, and the use of explosive devices activated by proximity to people or vehicles.

The ICRC lobbied even more vigorously than before for demilitarized 'safety zones' to protect water-supply systems and other critical infrastructure; for instance, the ICRC's president brought up this subject during his meetings with the authorities when he visited Ukraine in March. However, little progress was made in this regard.

The ICRC offered the parties to the conflict assistance in enabling people in non-government-controlled areas to obtain social services, pensions and official documents.

Members of front-line communities, helped by the Ukrainian Red Cross and the ICRC, strove to protect themselves from the fighting. For instance, more than 100 front-line schools and kindergartens implemented risk-reduction measures, such as fitting classroom windows with anti-blast film to protect children from injury in the event of shelling, and developing evacuation procedures for emergencies.

The National Society and the ICRC worked with the authorities and community members to mitigate the risk from mines and ERW. They installed signs, distributed booklets and broadcast recorded messages warning people about these weapons. Local teams marked mine-affected areas with ICRC-supplied materials; weapon-clearance personnel were trained and equipped by the ICRC. Some 10,600 people in front-line communities, including schoolchildren, learnt safe practices in mine/ERW-contaminated areas through National Society and ICRC training.

The ICRC and the local authorities coordinated their plans for dealing with the threat posed by hazardous chemicals in storage facilities near the front line.

Conflict-affected people meet their basic needs and step up livelihood activities

Some 1.65 million people on both sides of the front line had access to essential utilities after the ICRC rebuilt a major pumping station in the Donetsk region, donated water-treatment chemicals to a water company serving the Lugansk/Luhansk region, and provided other materials for operating and maintaining water and electricity networks. ICRC repairs or upgrades to public infrastructure – including waiting shelters and latrines at front-line crossing points, health and forensic facilities, schools, kindergartens and a footbridge – benefited around 955,000 people. About 31,900 people used construction materials from the ICRC to repair their houses; the ICRC repaired – or fully rebuilt – some people's houses.

Sixty front-line health centres received regular supplies of medicines for treating common chronic illnesses. ICRC-trained community members – including health-care workers, social workers, schoolteachers and National Society volunteers – provided psychosocial support for conflict-affected people.

Conflict-affected people in the Donetsk and Lugansk/Luhansk regions – including people living near the front line, the families of people wounded or killed in the fighting, and people housed at institutions, such as schools, orphanages, IDP centres and medical facilities – benefited from various forms of emergency relief delivered by the Ukrainian Red Cross and the ICRC.

Some 140,700 people were provided with food; among them were households who were supplied with food parcels every month, people at institutions who received bulk donations of food, and people waiting to pass through front-line crossing points, who were given biscuits and hot beverages.

Around 191,400 people benefited from the provision of household and hygiene essentials, including firewood or coal for the winter, and supplies for the maintenance of front-line crossing points.

Monthly or one-off cash assistance enabled some 24,700 people to buy basic supplies and/or pay for their wintertime heating costs.

People on both sides of the front line reinforced their livelihoods with support from the National Society and the ICRC. Some 5,200 households (13,900 people) received chickens, fodder, greenhouses, fertilizer, tools and/or other materials. Around 13,200 households (25,800 people) in non-government-controlled areas were given vegetable seed. Some 580 households (1,300 people) bought livestock, repaired greenhouses or pursued other income-earning activities with ICRC cash grants.

Transportation services funded by the ICRC opened up access to jobs, markets and/or banks for some 600 households (2,000 people) every month. About 1,700 people benefited from ICRC training in agronomy or raising livestock.

In government-controlled areas, the families of current or former detainees received ICRC cash assistance on a monthly basis. Similar aid was given to detainees' relatives in non-government-controlled areas – only for three months, however, as authorization for further assistance could not be secured. A total of 209 people benefited from this assistance.

ICRC training helped National Society personnel to develop their ability to carry out economic-assistance activities.

The authorities take steps to assist missing persons' families

People in search of missing relatives lodged tracing requests with the Ukrainian Red Cross and the ICRC; 142 people were located in 2017. The ICRC covered transportation costs for 17 people who crossed the front line or travelled abroad to join their families.

Under an ICRC accompaniment programme for missing persons' families, launched in 2016, 206 people in both government- and non-government-controlled areas benefited from cash assistance, and 29 families received psychosocial support. The ICRC carried out an assessment of the needs of missing persons' families, and presented the results to the authorities.

The deputy prime minister issued an executive order to several ministries to set up a system for providing psychosocial, legal and financial assistance to missing persons' families, and to create a centre for forensic identification, for which they requested the ICRC's support. They held several meetings with families to apprise them of developments in the search for their missing relatives. A draft law on the issue of missing persons, prepared with the ICRC's help, was reviewed by the parliamentary committee on human rights.

The parties to the conflict did not accept an ICRC proposal to create a multilateral coordination mechanism for addressing the issue of missing persons.

The ICRC assisted local agencies to manage the remains of people killed in the conflict. Some 570 people – including forensic experts, law enforcement authorities and military personnel – attended ICRC training or information sessions on various aspects of forensic science. Sponsored by the ICRC, 26 people attended training abroad. The ICRC carried out repairs or upgrades at three forensic facilities; it also donated equipment to 27 forensic facilities and to teams recovering human remains. It served as a neutral intermediary in the collection – and subsequent transfer across the front line – of forensic data and DNA samples.

The authorities organized three conferences, attended by the ICRC, on strengthening coordination in identifying human remains.

In its discussions with the armed forces, the ICRC stressed the importance of preventing the disappearance of people during armed conflict and other situations of violence, and of managing human remains in line with IHL.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees get in touch with relatives across the front line

The ICRC engaged the authorities in discussions on formalizing its access to all detainees within its purview. An amendment to a domestic law on pre-trial detention, which would allow the ICRC to visit people being held in all detention facilities under government supervision, was reviewed by the parliament, but no final decision was taken. In the meantime, the ICRC visited detainees, including those being held in connection with the conflict, at 37 detention facilities under government supervision; 587 people were followed up individually. After its visits, the ICRC communicated its findings – and, where necessary, its recommendations for improving detainees' treatment and living conditions – confidentially to the authorities.

The ICRC made an ad hoc visit to 34 people in the Donetsk region, who were being held in connection with the conflict by the armed opposition.

Through a monthly ICRC service that began in the second half of 2017, detainees in both government- and non-government-controlled areas exchanged parcels and letters with their relatives on the other side of the front line.

The ICRC served as a neutral intermediary in the simultaneous release and transfer of people who had been held in connection with the conflict; 223 people were transferred to non-government-controlled areas, and 73 to government-controlled areas. Both groups of people transferred received food, clothes, bedding and medical assistance from the ICRC.

People being held at detention facilities under government supervision were given various forms of ICRC assistance. More than 13,800 detainees, including people in pre-trial detention, were provided with clothes, hygiene items and/or household appliances. The ICRC repaired bathrooms at two prisons and renovated two prison pharmacies, benefiting some 5,700 detainees in all. It provided support for enhancing detainees' access to health care. For example, the infirmary at a pre-trial detention facility in Kyiv was provided with medicines and equipment, and its staff given regular technical advice. Six detainees bought eyeglasses with cash assistance from the ICRC.

Twenty prison doctors updated their knowledge of cardiovascular diseases through a training course conducted by a Ukrainian university and the ICRC.

With ICRC support, the authorities reinforced their capacities in prison management. The parliamentary committee on penitentiary reform drew on the ICRC's expertise to do its work. Justice ministry officials, regional penitentiary authorities and prosecutors attended ICRC training sessions.

Owing to a decrease in needs, the Ukrainian Red Cross scaled down its family-links services for detained migrants.

WOUNDED AND SICK

The ICRC made confidential representations to the pertinent parties about allegations of violence hindering the delivery of health care.

People in front-line communities, including police officers, were trained in first aid by the Ukrainian Red Cross, with ICRC support. The ICRC supplied first-aid kits to schools in the Donetsk region. ICRC train-the-trainer sessions enabled military personnel to develop their ability to teach first aid.

Hospitals on both sides of the front line treated wounded or chronically ill people with medicines, vaccines and other supplies from the ICRC. The ICRC made repairs at several health facilities – with some 2,700 beds in all – enabling them to function more effectively. The ICRC provided supplies regularly to blood banks and haemodialysis centres in non-government-controlled areas of the Donetsk and Lugansk/Luhansk regions. Some 15,000 diabetes patients benefited from ICRC-supplied insulin. ICRC cash assistance enabled 93 people to pay for their medical treatment. Plans for a course for local doctors fell through, owing to lack of authorization.

Two physical rehabilitation centres – one in the Donetsk region and another in the Lugansk/Luhansk region – were given material support for improving their services. Some 6,000 assistive devices and 200 wheelchairs were donated. The ICRC also supported organizations working for the social inclusion of disabled people. It provided equipment for physical rehabilitation to a day-care facility for disabled children in the Donetsk region, and to two organizations of disabled people.

ACTORS OF INFLUENCE

The ICRC engaged in dialogue with the authorities and other parties concerned, with a view to broadening support for its mandate and work. Discussions with parliamentarians – regarding draft laws on humanitarian issues, such as the provision of aid to people in non-government-controlled areas and their access to pensions – continued. In coordination with the Ukrainian parliament, the ICRC drafted an IHL handbook for parliamentarians and launched an IHL course for them and their staff.

A draft policy on arrests made in connection with the conflict, prepared with the ICRC's help, was submitted to the defence ministry for review. The ICRC gave the Ukrainian Red Cross's legal adviser expert advice for addressing cases of misuse of the red cross emblem.

The ICRC continued to lobby for Ukraine to ratify IHL-related instruments, particularly the Arms Trade Treaty and the Convention on Cluster Munitions. The national IHL committee, which had last met in 2015, was reconvened in 2017 under the government ministry dealing with the concerns of civilians in non-government-controlled areas; the ICRC gave the ministry technical assistance and pertinent reference materials. The committee met in December.

Government representatives, sponsored by the ICRC, attended IHL-related events abroad, including a regional seminar on IHL implementation (see *Moscow*) and a conference on the issue of protecting patients and medical services (see *Paris*).

Beneficiaries communicate directly with the ICRC

People learnt about issues of humanitarian concern through media reports, public statements by the authorities and other influential

parties, and the ICRC's social media accounts and other public-communication activities. ICRC photo or art exhibits in four cities drew attention to the plight of missing persons' families. Conflict-affected people conveyed their needs to the ICRC through telephone hotlines and social media.

Academics and think-tanks took part in ICRC-organized discussions, for instance, during events marking the twentieth anniversary of the Anti-Personnel Mine Ban Convention. University students participated in moot court competitions, with ICRC support.

Military officers reinforce their knowledge of IHL

Military personnel, including commanders, civilian-and-military liaison officers and legal advisers, learnt more about IHL and its applicability to their operations through ICRC seminars. IHL study centres were set up in the Donetsk region and in Kyiv; a university in the Lugansk/Luhansk region received IHL publications. Reference materials from the ICRC, including pocket-sized guides and an instructional video, helped enhance the armed forces' training.

The military and the defence ministry agreed to work with the ICRC to incorporate IHL more fully in military operational procedures. The defence ministry issued a revised version of its IHL manual for the armed forces; the ICRC contributed to the changes in this later edition.

The National Guard and the police were given guidebooks on international human rights law and humanitarian principles. The interior ministry and the ICRC discussed the incorporation of international policing standards in training for law enforcement personnel.

RED CROSS AND RED CRESCENT MOVEMENT

Under new leadership, and with technical and financial assistance from Movement partners, the Ukrainian Red Cross continued to implement internal reforms and strengthen its operational capacities, in line with the recommendations of a 2016 audit. It worked to improve its staff management procedures, implement an electronic accounting system and incorporate the Safer Access Framework into its operations. It organized various activities to broaden public awareness of the Movement's work and the Fundamental Principles.

With ICRC assistance, the Ukrainian Red Cross branches in non-government-controlled areas in the Donetsk and Lugansk/Luhansk regions continued to provide humanitarian aid to conflict-affected people.

Movement components operating in Ukraine worked together more closely to provide technical and financial assistance for the Ukrainian Red Cross. Regular meetings helped them prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	23			
RCMs distributed	5			
Phone calls facilitated between family members	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	209	34	2	4
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases closed positively (subject located or fate established)	142			
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases still being handled at the end of the reporting period (people)	671	30		6
<i>including people for whom tracing requests were registered by another delegation</i>	49			
Documents				
People to whom travel documents were issued	2			
Official documents delivered across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Places of detention visited	38			
Detainees in places of detention visited	22,835	1,382	138	
Visits carried out	97			
		Women	Girls	Boys
Detainees visited and monitored individually	621	45		3
<i>of whom newly registered</i>	244	18		3
RCMs and other means of family contact				
RCMs collected	20			
RCMs distributed	11			
Phone calls made to families to inform them of the whereabouts of a detained relative	334			
Detainees visited by their relatives with ICRC/National Society support	7			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	140,741	59,710	25,558
	<i>of whom IDPs</i>	40,486	16,360	7,995
Essential household items	Beneficiaries	191,439	79,774	40,013
	<i>of whom IDPs</i>	44,081	17,935	8,708
Productive inputs	Beneficiaries	39,712	17,972	7,164
	<i>of whom IDPs</i>	791	344	148
Cash	Beneficiaries	26,567	11,455	5,143
	<i>of whom IDPs</i>	5,822	2,437	1,311
Vouchers	Beneficiaries	63	32	4
	<i>of whom IDPs</i>	18	9	1
Services and training	Beneficiaries	3,785	1,859	371
	<i>of whom IDPs</i>	436	216	25
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,650,000	660,000	495,000
Health				
Health centres supported	Structures	60		
Average catchment population		198,822		
Consultations		254,945		
	<i>of which curative</i>	254,936	60,176	67,302
	<i>of which antenatal</i>	9		
Immunizations	Patients	660		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	161		
Referrals to a second level of care	Patients	6,119		
	<i>of whom gynaecological/obstetric cases</i>	406		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	13,896	1,791	260
Cash	Beneficiaries	6		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	5,700		
Health				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	8		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	67		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		836		
Weapon-wound admissions (surgical and non-surgical admissions)		15		
Weapon-wound surgeries performed		6		
First aid				
First-aid training				
	Sessions	78		
	Participants (sum of monthly data)	1,165		
Water and habitat				
Water and habitat activities	Beds	2,752		
Physical rehabilitation¹				
Projects supported	Projects	2		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

BALKANS (regional)

COVERING: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the former Yugoslav Republic of Macedonia, Montenegro, Romania, Serbia, Slovenia, Kosovo*

*UN Security Council Resolution 1244



ICRC/AR_2017
 ICRC regional delegation ICRC delegation ICRC mission
 *UN Security Council Resolution 1244

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ A total of 185 cases of people missing in relation to past conflicts in the region were resolved (149 in Bosnia and Herzegovina, 25 in Croatia and 11 in Kosovo); 10,345 cases were still being dealt with at year's end.
- ▶ Over 5,000 relatives of missing people obtained psychosocial, legal and/or administrative support from family associations, and/or pertinent National Societies and Red Cross structures, receiving ICRC assistance.
- ▶ Migrants in the Balkan countries, including asylum seekers and refugees, restored or maintained contact with their relatives, through family-links services from National Societies in the region and the ICRC.
- ▶ In Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, Kosovo and Serbia, 79 people detained for security-related reasons received ICRC visits to monitor their treatment and living conditions.
- ▶ Staff from ten National Societies and Red Cross structures in the region learnt how to develop protection activities and include them in programmes for migrants at an ICRC workshop in Belgrade, Serbia.

EXPENDITURE IN KCHF

Protection	4,013
Assistance	277
Prevention	714
Cooperation with National Societies	619
General	114
Total	5,737
<i>Of which: Overheads</i>	<i>350</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	50

The ICRC has been working in the Balkans since the early 1990s. The organization strives to respond to the needs remaining from past armed conflicts in the region. In particular, it seeks to help clarify the fate of missing persons and to address the needs of their families. It visits detainees and works with the authorities and civil society throughout the region to promote IHL and other humanitarian norms. It supports the development of the National Societies, particularly in strengthening their capacities to respond to emergencies, address the specific humanitarian needs of migrants, and help dispersed families restore or maintain contact.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
Phone calls facilitated between family members	3
Tracing cases closed positively (subject located or fate established) ¹	165
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	18
Detainees in places of detention visited	10,164
<i>of whom visited and monitored individually</i>	79
Visits carried out	21

1. Not including cases of persons missing in relation to the Croatia conflict 1991–1995, dealt with by the Croatian Red Cross and the Red Cross of Serbia

CONTEXT

Balkan countries continued to deal with issues related to past conflicts, particularly the thousands of unresolved missing-persons cases. War-crimes proceedings – in Bosnia and Herzegovina (hereafter Bosnia-Herzegovina), Croatia, Kosovo, Montenegro and Serbia – moved ahead. The International Criminal Tribunal for the former Yugoslavia concluded its work at the end of 2017.

The number of migrants from conflict-affected countries passing through the region dropped significantly, owing to the more restrictive border policies adopted by the countries covered. Unlawful border crossings by migrants within the region, notably in Bosnia-Herzegovina, increased.

The countries in the Balkans were at different stages in their pursuit of membership of the European Union. Montenegro joined NATO in June 2017.

Mines and explosive remnants of war (ERW) remained a threat in parts of Bosnia-Herzegovina.

ICRC ACTION AND RESULTS

The ICRC continued to support the efforts of authorities in the region to clarify the fate of people missing in connection with past conflicts. However, progress remained sluggish for reasons such as the dearth of new information. The ICRC therefore drafted a five-year plan aimed at speeding up the discovery, recovery and identification of human remains in relation to the search for missing people.

In 2017, 185 cases of people missing in relation to past conflicts in the region were resolved (149 in Bosnia-Herzegovina, 25 in Croatia and 11 in Kosovo). At year's end, 10,345 cases – in Bosnia-Herzegovina, Croatia and Kosovo – were still being dealt with.

The ICRC analysed documents from national and international archives to obtain information that might help resolve missing-persons cases. For instance, its analysis of information related to the conflict in Bosnia-Herzegovina contributed to the discovery of a gravesite and the exhumation of the remains of 137 people. The ICRC, in its capacity as a neutral intermediary, also continued to chair the Working Group on Missing Persons in relation to the past conflict in Kosovo.

Over 5,000 relatives of missing people – in Bosnia-Herzegovina, Croatia, Kosovo and Serbia – obtained psychosocial, legal and/or administrative support; this was provided by associations of missing-people's families, and/or pertinent National Societies and Red Cross structures, all of which received ICRC financial and technical assistance. These local partners also provided missing people's families with psychosocial support and, when necessary, first aid during psychologically distressing events – for instance, during the identification of remains or at reburial ceremonies.

National Societies in the region, with ICRC support, helped thousands of migrants, including refugees and asylum seekers, restore or maintain contact with their relatives, rejoin their families and/or avoid family separation; all this was done through the Movement's family-links services. An ICRC-supported regional information centre helped the National Societies coordinate their work.

The ICRC continued to monitor the situation and address the protection-related needs of migrants in the countries covered; it also supported its Movement partners' efforts to assist them. To this end, the pertinent National Societies and the ICRC visited migrant centres, and/or other locations through which migrants pass, in Bulgaria, Croatia, the former Yugoslav Republic of Macedonia, Romania and Serbia. The ICRC interviewed migrants in Serbia, with a view to: reaching a fuller understanding of the nature of their journey; and using this information to discuss migrants' humanitarian concerns with the pertinent authorities.

In Bosnia-Herzegovina, thousands of people living in weapon-contaminated areas learnt how to protect themselves from mines/ERW – through educational activities organized by the Red Cross Society of Bosnia and Herzegovina with ICRC funding.

The ICRC visited detainees, in accordance with its standard procedures, at places of detention in Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia, Kosovo and Serbia; 79 people detained on security-related charges were monitored individually. Following these visits, the ICRC communicated its findings – and where necessary, recommendations – confidentially to the pertinent authorities, to help them improve detainees' living conditions.

The ICRC sought various forms of engagement with the national authorities and other key parties, with a view to: encouraging the domestic implementation of IHL-related instruments; raising awareness of humanitarian concerns; and building support for its work. Aided by the ICRC, Bosnia-Herzegovina and Bulgaria took steps to establish national IHL committees. Public communication and events produced and organized by the ICRC broadened awareness of humanitarian issues in the region, particularly in relation to migrants, landmines, and missing people and the plight of their families.

National Societies and Red Cross structures in the region developed their capacities in delivering humanitarian services and promoting IHL, with various forms of ICRC assistance.

CIVILIANS

Efforts to clarify the fate of persons missing in relation to past conflicts continued. However, progress remained sluggish for reasons such as the dearth of new information. The ICRC therefore drafted a five-year plan aimed at speeding up the discovery, recovery and identification of human remains in relation to the search for missing people. It presented this plan to the authorities in Bosnia-Herzegovina, Kosovo and Serbia, and to pertinent international organizations or bodies, with a view to showing them what could be done to accelerate the resolution of missing-persons cases.

Local efforts to resolve missing-persons cases continue *Bosnia and Herzegovina conflict 1992–1995*

Over the course of the year, 149 cases of persons missing in connection with the conflict in Bosnia-Herzegovina were resolved. At the end of December, 6,641 cases were still being dealt with. ICRC financial support enabled seven people to travel to identify their relatives' remains and, in some cases, to arrange the burial of these remains.

The ICRC analysed documents from international sources to obtain information that might help resolve missing-persons cases, and shared such information with the Missing Persons Institute (MPI) of Bosnia-Herzegovina. This contributed to the discovery of a gravesite and the exhumation of the remains of 137 people. As part of its plan to speed up the resolution of missing persons' cases in the region, the ICRC assessed forensic services in Bosnia-Herzegovina to identify areas for improvement.

The Red Cross Society of Bosnia and Herzegovina assumed more responsibility for following up cases and maintaining contact with missing people's families. By the end of December, it had taken over follow-up for 2,017 cases from the ICRC. The ICRC trained 12 National Society staff members in the use of Family Links Answers, a case-management system.

Kosovo conflict 1999

In 2017, 11 cases of persons missing in relation to the conflict in Kosovo were resolved, and five new cases registered. At the end of December, 1,654 cases in connection with the conflict were being dealt with.

The ICRC, in its capacity as a neutral intermediary, continued to chair the Working Group on Missing Persons in relation to the past conflict in Kosovo. Within the framework of this Working Group, the pertinent authorities concluded the excavation of one site in Serbia, without finding any remains. Six sites were assessed in Kosovo; no remains were found at two, but exhumations at the other four resulted in the recovery of seven sets of human remains and numerous body parts. The Working Group held two meetings in 2017; its Sub-Working Group on Forensic Issues met once; the analysis team met five times to follow up specific missing-persons cases.

The ICRC provided the Government Commission on Missing Persons and the Institute of Forensic Medicine with technical support for developing a central register of missing persons.

The ICRC continued to analyse documents obtained from national and international archives. Using information from these documents, it prepared and submitted reports to the European Union Rule of Law Mission in Kosovo. With the help of these reports, a gravesite containing at least three sets of human remains was discovered in Kosovo.

Financial, material and technical support from the ICRC helped the tracing services of two Red Cross structures in Kosovo to develop their capacities. The ICRC conducted a workshop on the management of human remains for Red Cross first responders. Local forensic staff expanded their capacities with ICRC assistance; the ICRC lobbied for their certification in forensic anthropology and archaeology.

Croatia conflict 1991–1995

The Croatian Red Cross reported that, in 2017, 25 cases of persons missing in connection with the past conflict in Croatia were resolved and four cases opened. At the end of December, 2,050 cases were being dealt with. As part of its plan to speed up the resolution of missing persons' cases in the region, the ICRC assessed forensic services in Croatia. It also sought to expand its search in the archives of the Mechanism for International Tribunals for documents that might yield more information on the conflict in Croatia. No meetings of the Croatia-Serbia Working Group on Missing Persons took place.

With the ICRC's financial assistance, 17 people travelled from Serbia to Croatia to identify their relatives' remains.

Missing people's families receive psychosocial and other support

Roughly 5,000 relatives of missing people – in Bosnia-Herzegovina, Croatia, Kosovo and Serbia – obtained psychosocial, legal and/or administrative support; this was provided by associations of missing-people's families, and/or pertinent National Societies and Red Cross structures, all of which received ICRC financial and technical assistance. These local partners also provided psychosocial support and, when necessary, first aid at psychologically distressing events – for instance, during the identification of remains or at reburial ceremonies. In Bosnia-Herzegovina, an ICRC seminar helped 30 MPI personnel to develop a fuller understanding of the psychosocial needs of missing people's families.

Families in Bosnia-Herzegovina, Kosovo and Serbia claimed social benefits and dealt with legal or administrative concerns using documents attesting to the disappearance of their relatives; these documents were issued by the ICRC and distributed by the pertinent National Societies or Red Cross structures.

The Regional Coordination of Families of the Missing from the Former Yugoslavia received ICRC financial support for its activities, such as organizing conferences to advocate the rights of missing people's families and reminding the authorities of their duty to trace missing people (see *Actors of influence*).

Migrants reconnect or reunite with relatives

National Societies in the region, with ICRC financial, material or technical assistance, helped thousands of migrants – including asylum seekers and refugees – restore or maintain contact with their relatives, rejoin their families and/or avoid family separation; all this was done through the Movement's family-links services. National Societies were also given ICRC training in restoring family links. An ICRC-supported regional information centre helped the National Societies coordinate their work. With a view to consolidating data and enhancing their coherence, the ICRC and the International Federation's regional office in Budapest, Hungary, agreed to streamline statistics on family-links services reported by National Societies in the region.

The ICRC continued to monitor the situation and address the protection-related needs of migrants in the countries covered; it also supported its Movement partners' efforts to assist them. To this end, the pertinent National Societies and the ICRC visited migrant centres, and/or other locations through which migrants pass, in Bulgaria, Croatia, the former Yugoslav Republic of Macedonia, Romania and Serbia. To keep abreast of migrants' situation in the Balkans, National Societies and the ICRC shared data through the regional information centre's monthly internal bulletins. The ICRC interviewed migrants in Serbia, with a view to: reaching a fuller understanding of the nature of their journey; and using this information to discuss migrants' humanitarian concerns with the pertinent authorities.

At an ICRC workshop in Belgrade, 25 staff members from 10 National Societies and Red Cross structures in the region learnt how to develop protection activities and include them in programmes for migrants (see *Red Cross and Red Crescent Movement*). The ICRC also sought to boost its efforts for helping clarify the fate of missing migrants along migration

routes; the Movement's Trace the Face Campaign helped some people regain contact with their relatives (see *Morocco* and *Paris*).

At the UNHCR's request, the ICRC issued travel documents to two Iraqi refugees in Romania who were seeking to resettle in Georgia.

People in mine-affected areas learn safe practices

In Bosnia-Herzegovina, 28,250 people living in weapon-contaminated areas learnt how to protect themselves from mines/ERW – through educational activities organized by the Bosnia-Herzegovina Red Cross with ICRC funding. Some 5,000 leaflets on the threat

of mines were distributed to migrants by the National Societies of Bosnia-Herzegovina and Montenegro.

The ICRC checked on the situation of five people formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba, and resettled in Bosnia-Herzegovina, Montenegro and Serbia. It gave some of them ad hoc financial aid and help to maintain contact with their relatives. The ICRC followed up, after his resettlement in Bulgaria, the legal status and the situation of another former detainee at the Guantanamo Bay internment facility.

CIVILIANS	Bosnia and Herzegovina	Croatia	Kosovo	Serbia
Red Cross messages				
Phone calls facilitated between family members				3
Names published on the ICRC family-links website	6,796		1,660	
Tracing requests, including cases of missing persons¹				
People for whom a tracing request was newly registered			23	
<i>of whom women</i>			6	
<i>of whom minors at the time of disappearance - girls</i>			5	
<i>of whom minors at the time of disappearance - boys</i>			4	
<i>including people for whom tracing requests were registered by another delegation</i>			10	
Tracing cases closed positively (subject located or fate established)	149		16	
Tracing cases still being handled at the end of the reporting period (people)	6,649	20	1,687	
<i>of whom women</i>	959	6	252	
<i>of whom minors at the time of disappearance - girls</i>	93		25	
<i>of whom minors at the time of disappearance - boys</i>	248		89	
<i>including people for whom tracing requests were registered by another delegation</i>			11	

1. Not including cases of persons missing in relation to the Croatia conflict 1991–1995, dealt with by the Croatian Red Cross and the Red Cross of Serbia

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to visit detainees, in accordance with its standard procedures, at places of detention in Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia, Kosovo and Serbia; 79 people detained on security-related charges were monitored individually. Following these visits, the ICRC communicated its findings – and where necessary, recommendations – confidentially to the pertinent authorities, to help them improve detainees' living conditions, particularly with regard to health and sanitation.

In Bosnia-Herzegovina, two detainees were visited by their families; the ICRC covered the costs involved. The ICRC also supported the provision of family-links services for detained migrants in Bulgaria, Croatia and the former Yugoslav Republic of Macedonia.

A total of 150 prison staff members learnt more about internationally recognized standards for detention through ICRC dissemination sessions. Serbian detention officials, sponsored by the ICRC, attended a conference of the International Corrections and Prisons Association, which was on innovation in rehabilitation.

As part of a cooperation agreement between the ICRC and the Bulgarian Red Cross on responding to migrants' needs, the ICRC trained Bulgarian Red Cross staff in conducting visits to detained migrants and providing them with assistance.

The ICRC donated 280 books to the Kosovo Correctional Service, with a view to encouraging the habit of reading among detainees.

PEOPLE DEPRIVED OF THEIR FREEDOM	Bosnia and Herzegovina	Croatia	Kosovo	Former Yugoslav Republic of Macedonia	Serbia
ICRC visits					
Places of detention visited	7		3	4	4
Detainees in places of detention visited	1,808		1,192	2,351	4,813
<i>of whom women</i>	64			87	3
<i>of whom minors</i>	10				
Visits carried out	7		5	4	5
Detainees visited and monitored individually	16		28	29	6
Detainees newly registered	5		12	4	1
Restoring family links					
Detainees visited by their relatives with ICRC/National Society support	2				
People to whom a detention attestation was issued	47	8	26	1	

ACTORS OF INFLUENCE

The ICRC sought various forms of engagement with the national authorities and other key parties, with a view to: encouraging the domestic implementation of IHL-related instruments; raising awareness of humanitarian concerns; and building support for its work. At interviews and in meetings with senior government officials during his visit to Serbia and Bosnia-Herzegovina, the ICRC's director-general stressed the importance of addressing the plight of missing people's families.

Parliamentarians in Bosnia-Herzegovina receive an IHL handbook

Aided by the ICRC, Bosnia-Herzegovina and Bulgaria took steps to establish national IHL committees. In Bosnia-Herzegovina, the ICRC presented an IHL handbook for parliamentarians, in the local language, to members of parliament. The Red Cross of the former Yugoslav Republic of Macedonia drew on ICRC expertise to translate the handbook into two local languages.

With ICRC support, Bosnia-Herzegovina's human rights ministry and the country's members of the Regional Coordination of Families of the Missing from the Former Yugoslavia organized a round-table on the rights and the legal status of missing people's families. Officials from various ministries and others, such as members of family associations, exchanged views at this event.

At the request of the Organization for Security and Co-operation in Europe Mission to Bosnia-Herzegovina, the ICRC prepared a case study on IHL for a workshop attended by 25 law students. The ICRC also participated in a panel on landmines at a conference marking the 20th anniversary of the Anti-Personnel Mine Ban Convention, which was organized by the Regional Centre for Security Cooperation – also known as RACVIAC – and the Croatian government for representatives of governments and NGOs involved in mine action and arms control.

ICRC expands its engagement with the academic community

In Bosnia-Herzegovina and Kosovo, the ICRC held meetings with religious and community leaders regularly, with a view to broadening support among them for the ICRC, and engaging them in dialogue on matters of common interest. Students and professors learnt more about IHL and Islamic law through a seminar organized by the University of Sarajevo, members of the Islamic community in Bosnia-Herzegovina and the ICRC. The ICRC encouraged the academic community in Bosnia-Herzegovina to focus on the issue of missing people and their families' need for psychosocial support; it also provided financial assistance for studies in this area.

The law faculty of the University of Ljubljana in Slovenia, with ICRC support, organized a competition on IHL and refugee law for students. In Kosovo, the ICRC offered the law faculty of the University of Pristina support for revising its IHL curriculum and for other IHL-related activities. ICRC presentations enabled international students visiting Kosovo to learn more about its mandate and work.

The National Societies in Bulgaria, the former Yugoslav Republic of Macedonia and Serbia received ICRC assistance for developing their ability to promote IHL among academics and the authorities.

People are kept informed about missing people and other issues of humanitarian concern

The ICRC's public-communication efforts, and various events organized and/or supported by it, broadened awareness of humanitarian issues in the region.

Notably, in Sarajevo, members of family associations, volunteers from the Red Cross Society of Bosnia-Herzegovina and the ICRC marked the International Day of the Disappeared. In Belgrade, the ICRC set up a public photo exhibit featuring personal belongings of people who went missing in connection to past conflict. TV spots on missing people, produced by the ICRC, were aired throughout the Balkans.

The ICRC organized a workshop on film-making in Bosnia-Herzegovina, with a view to stimulating interest in humanitarian issues among young people. Participants produced documentaries on subjects such as missing people, landmines, migrants and displacement, which were shown at a film festival in Sarajevo.

International organizations and bodies, and others, were kept informed of developments in the search for missing people (see *Civilians*) with the help of ICRC-produced newsletters and factsheets.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies and Red Cross structures in the region continued, with various forms of ICRC support, to strengthen their ability to deliver humanitarian services (see *Civilians* and *People deprived of their freedom*) and promote IHL (see *Actors of influence*).

Based on assessments that they carried out in 2016, of their ability to work in uncertain security conditions, the National Societies of Bosnia-Herzegovina and Serbia and one Red Cross structure in Kosovo – with ICRC assistance – pursued efforts to strengthen acceptance for their activities, in line with the Safer Access Framework. For instance, The Red Cross of Serbia designed communication materials to explain its mandate and work, and the Fundamental Principles, to a broad range of people, from National Society volunteers to the authorities.

Through workshops organized by the ICRC, the National Societies and Red Cross structures in the region advanced their understanding of procedures and tools for restoring family links, and of sensitivities associated with addressing the protection concerns of migrants. The Red Cross Society of Bosnia-Herzegovina developed its capacities in fundraising with the ICRC's help. It also kept up its mine-action efforts (see *Civilians*). For instance, together with the ICRC, it helped the Bosnia and Herzegovina Mine Action Centre and others to revise their mine-clearance strategy.

With support from their Movement partners, the National Societies in the region launched an initiative to enhance their coordination in responding to disasters.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
Phone calls facilitated between family members		3			
Names published on the ICRC family-links website		8,456			
Tracing requests, including cases of missing persons¹			Women	Girls	Boys
People for whom a tracing request was newly registered		23	6	5	4
<i>including people for whom tracing requests were registered by another delegation</i>		10			
Tracing cases closed positively (subject located or fate established)		165			
Tracing cases still being handled at the end of the reporting period (people)		8,356	1,217	118	337
<i>including people for whom tracing requests were registered by another delegation</i>		11			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		18			
Detainees in places of detention visited		10,164	154	10	
Visits carried out		21			
			Women	Girls	Boys
Detainees visited and monitored individually		79			
<i>of whom newly registered</i>		22			
RCMs and other means of family contact					
Detainees visited by their relatives with ICRC/National Society support		2			
People to whom a detention attestation was issued		82			

1. Not including cases of persons missing in relation to the Croatia conflict 1991–1995, dealt with by the Croatian Red Cross and the Red Cross of Serbia

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Places of detention visited by health staff	Structures	4		

MOSCOW (regional)

COVERING: Belarus, Republic of Moldova, Russian Federation



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Civilian and military authorities in the region were made aware of the necessity of humanitarian action throughout the world. Agreement was reached with the Belarusian authorities on opening an ICRC office in Minsk, the capital.
- ▶ In Belarus, Crimea and south-western Russia, vulnerable people displaced by the Ukraine crisis were given food and other necessities by the ICRC, together with the National Societies and/or local authorities.
- ▶ In Chechnya, relatives of people missing in connection with past conflicts reported a substantial improvement in their emotional condition after receiving psychosocial support from the ICRC.
- ▶ People detained far from their homes, in connection with past conflicts in the northern Caucasus, received ICRC-facilitated family visits. Migrants detained in Belarus made use of National Society/ICRC phone services.
- ▶ Regional bodies continued to work with the ICRC to promote the development of IHL and its incorporation in the domestic law and military operations of their Member States.

EXPENDITURE IN KCHF	
Protection	2,716
Assistance	6,938
Prevention	3,744
Cooperation with National Societies	1,695
General	88
Total	15,180
<i>Of which: Overheads</i>	927

IMPLEMENTATION RATE	
Expenditure/yearly budget	102%

PERSONNEL	
Mobile staff	15
Resident staff (daily workers not included)	119

Established in 1992, the ICRC regional delegation in Moscow engages in regular dialogue on IHL and issues of humanitarian concern with officials of national and regional bodies, academic institutions, armed forces and the media, to promote support for the ICRC's activities. It works with the National Societies and authorities concerned to protect and assist people who have fled the armed conflict in eastern Ukraine, and to provide support to families of missing persons in the Russian Federation. The ICRC helps National Societies in the region build their capacities, particularly in emergency preparedness and restoring family links.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	51
RCMs distributed	41
Tracing cases closed positively (subject located or fate established)	23
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs collected	2
RCMs distributed	5

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 19,100	21,922
Essential household items	Beneficiaries 24,100	25,172
Cash	Beneficiaries 2,100	
Vouchers	Beneficiaries 1,200	2,020

CONTEXT

The Russian Federation maintained its influence in the region, partly through its role in the Commonwealth of Independent States (CIS) and its Interparliamentary Assembly (IPA CIS), and the Collective Security Treaty Organization (CSTO). A permanent member of the UN Security Council, it retained its prominence in international affairs. It also continued to take part in the work being done in Minsk by the Trilateral Contact Group on Ukraine and its working groups, to settle the armed conflict in eastern Ukraine (see *Ukraine*).

Belarus, Crimea and south-western Russia were sheltering more than a million civilians who had fled the crisis in Ukraine. The status of Crimea remained the subject of a political and territorial dispute between the Russian Federation and Ukraine.

The Russian Federation continued to carry out military operations in support of the government of the Syrian Arab Republic (hereafter Syria; see *Syrian Arab Republic*). It also contributed to international political and diplomatic efforts in connection with the Syrian armed conflict.

Communities in the northern Caucasus continued to deal with the issue of persons missing in connection with past conflicts. A number of people reported the disappearance of relatives taking part in the armed conflicts in Iraq and Syria.

There were migrants from the wider region, including refugees and asylum seekers, in Belarus and the Russian Federation.

ICRC ACTION AND RESULTS

In 2017, the regional delegation in Moscow pursued dialogue with civilian and military authorities, at both national and regional levels, to secure their support for its humanitarian work around the world, particularly in Syria and Ukraine. Visits of senior ICRC officials – the president's to Belarus and the vice-president's to the Russian Federation – helped draw attention to regional and international humanitarian issues. The Belarusian government and the ICRC signed a headquarters agreement and discussed the opening of an ICRC office in Minsk in 2018.

The ICRC maintained its focus on broadening understanding of its mandate and activities among members of civil society, academics, the media and the general public. Together with local partners, it organized events for various audiences at its Moscow Humanitarian and other venues.

Together with the pertinent National Societies or the local authorities, the ICRC continued to provide essential supplies, or vouchers for buying them, to people who had fled the Ukraine crisis for Belarus, Crimea or south-western Russia. In Belarus, some displaced households began rebuilding their livelihoods with cash grants provided by the Red Cross Society of Belarus and the ICRC.

People in the Russian Federation used National Society and ICRC tracing services to search for relatives who had gone missing in connection with the Ukraine crisis or with armed conflicts in the Middle East.

The St Petersburg branch of the Russian Red Cross Society continued to provide migrants with humanitarian assistance, including legal consultations and family-links services. The ICRC kept up its support for these activities.

In the northern Caucasus, where it had scaled down operations, the ICRC continued to provide psychosocial support to the families of people missing in connection with past conflicts. Beneficiaries subsequently reported a significant improvement in their emotional condition.

The ICRC continued to provide family-links services to people detained in connection with past conflicts in the northern Caucasus, in penal colonies far from their homes. It maintained its support for the Belarusian Red Cross's activities for detained migrants.

Doctors in Crimea refreshed their skills in emergency care through an ICRC training course. Owing to administrative constraints, other plans for health-care assistance in Crimea could not be implemented.

Throughout the region, the ICRC continued to promote the incorporation of IHL in domestic law and military operations. Together with the Belarusian justice ministry, it hosted an annual seminar on regional IHL implementation for representatives from the Republic of Moldova (hereafter Moldova), the Russian Federation and 11 other countries. It sponsored the attendance of government officials, including representatives from the national IHL committees, and military officers at IHL-related events abroad. Together with the IPA CIS, it finished drafting model regulations, based on IHL, for the armed forces of CIS Member States. The ICRC held its third annual high-level staff talks with the CSTO; the two organizations drafted an agreement to facilitate IHL development, support IHL implementation, and undertake other initiatives.

As the ICRC's main partners in the field, National Societies in the region continued to receive assistance for strengthening their operational and organizational capacities.

CIVILIANS

People displaced by the Ukraine crisis meet their immediate needs

Vulnerable people who had fled the conflict in eastern Ukraine received various forms of ICRC assistance.

Some 10,200 people (7,300 households) in Crimea and around 8,800 people (6,500 households) in south-western Russia were regularly supplied with household essentials and food parcels sufficient for at least two meals a day. Roughly 3,200 children in Crimea and south-western Russia received a one-off donation of school supplies. All assistance was distributed by the local Red Cross branches in Crimea, Krasnodar Krai and the Republic of Adygea, and by the local authorities in Rostov Oblast; some displaced people served as Red Cross volunteers during aid distributions. From January to June, some 2,000 displaced people (750 households) in Belarus bought food and other necessities using vouchers provided by the ICRC and distributed by the Belarusian Red Cross.

In Gomel Oblast, Belarus, displaced people made preparations for starting small businesses with support from the Belarusian Red Cross and the ICRC. The project was late in getting under way owing to administrative issues, and fewer beneficiaries than expected submitted business proposals; nevertheless, by year's end, the proposals of 63 people were approved. The ICRC trained Belarusian Red Cross personnel to help beneficiaries launch their businesses and to carry out other economic-assistance activities.

In Crimea, plans to cover the cost of work permits for displaced people fell through because of administrative constraints.

Some 2,900 people (850 households) affected by floods in the Republic of Adygea received a one-off donation of food and hygiene items.

Relatives of missing persons receive psychosocial support

In the northern Caucasus, the ICRC referred missing-persons cases to a local NGO working on the issue. In Chechnya, ICRC personnel provided psychosocial support to some 330 families of persons missing in connection with past conflicts. Beneficiaries subsequently reported that various aspects of their daily life had improved.

In June, the regional delegation in Moscow hosted a round-table on the use of forensics to resolve missing-persons cases. Participants included representatives from government forensic agencies and from the NGO working on the issue of missing persons in the northern Caucasus.

People reconnect with their relatives abroad

The families of people who had gone missing in connection with the Ukraine crisis availed themselves of National Society and ICRC tracing services. The ICRC also received tracing requests from people in the Russian Federation whose relatives – participants in the armed conflicts in Iraq and Syria – had disappeared.

Travel documents were issued to several refugees or asylum seekers who were to be resettled in third countries.

With comprehensive support from the ICRC, the National Societies in Belarus, Moldova and the Russian Federation continued to reinforce their ability to provide family-links services – particularly to people separated from their relatives by armed conflict, migration or disasters, including people displaced by the Ukraine crisis.

Migrants obtain legal and other aid

At the St Petersburg branch of the Russian Red Cross, and through a hotline and website run by the branch, migrants obtained important information relevant to their situation, made use of family-links services and learnt about other humanitarian assistance available to them. The branch provided some 12,500 legal consultations for migrants; of these, 1,800 took place over the hotline. Some 30 particularly vulnerable migrants were able to stay in a National Society shelter. The ICRC provided financial assistance for all these activities.

In June, the regional delegation in Moscow held a meeting with representatives from the National Societies of Armenia, Belarus, Moldova, the Russian Federation and Ukraine, and from the ICRC's delegation in Ukraine; participants discussed the humanitarian needs of migrants in the region, particularly for family-links services, and identified ways to strengthen their coordination in this regard. In September, the ICRC took part in a conference on the social integration of migrants, which was organized by a Russian think-tank and a Russian university; Russian government officials and representatives of Russian and international organizations also participated.

Moldovan authorities work to address weapon contamination

Acting on a request from the Moldovan defence ministry, the ICRC carried out a technical assessment of five ammunition storage facilities in Moldova. Findings and recommendations were discussed with the authorities concerned. The ICRC took part in a meeting organized by the Moldovan army on weapons and ammunition; representatives from government agencies, embassies, regional and international organizations and NGOs also participated. Two subjects were discussed: implementation of the army's plans to reduce the risks posed by stockpiled ammunition to civilians living or working nearby, and donation of the equipment and materials necessary.

PEOPLE DEPRIVED OF THEIR FREEDOM

People being held far from their homes are visited by their relatives

People detained in penal colonies across the Russian Federation, in connection with past conflicts in the northern Caucasus, stayed in touch with their families through ICRC-facilitated visits, parcel deliveries and RCMs. Some 410 detainees were visited by their relatives, and around 20 detainees received food parcels.

Several detainees got in touch with their relatives through RCMs.

Detained migrants exchange news with their families

The Red Cross Society of Belarus, with financial and technical assistance from the ICRC, visited more than 800 migrants detained in facilities across Belarus. Migrants used National Society phone services to speak with their relatives. Particularly vulnerable migrants were given food, clothes and hygiene items.

In October, the regional delegation in Moscow held a workshop for the National Societies of Belarus and Kazakhstan. Participants discussed their humanitarian activities for detained migrants and the Movement's guidelines for such activities.

WOUNDED AND SICK

Doctors in Crimea reinforce their skills in emergency care

An ICRC training course enabled about 20 doctors in Crimea to strengthen their ability to treat life-threatening injuries, and thus be better prepared for emergencies. Other plans for health-care support in Crimea fell through, owing to administrative constraints.

ACTORS OF INFLUENCE

The ICRC sought to raise awareness and strengthen understanding of its mandate and support for its work – around the world, but particularly in Syria and Ukraine – among civilian and military authorities, members of civil society, academics, journalists and the general public. To this end, together with local partners, it organized IHL-related events for various audiences at its Moscow Humanitarium and other venues.

Humanitarian concerns are emphasized during high-level dialogue

The ICRC's president discussed regional and international humanitarian issues in meetings with the president of Belarus and senior Belarusian government officials. The Belarusian government and the ICRC signed a headquarters agreement and discussed the opening of an ICRC office in Minsk in 2018.

The ICRC's vice-president participated in the Sixth Moscow Conference on International Security, which was organized by the Russian defence ministry; she spoke on the humanitarian impact of counter-terrorism measures in the Middle East, and met with senior Russian and Syrian government officials. She also took part in a panel discussion on humanitarian funding in the Russian Federation – with Russian officials, business leaders and representatives from international organizations – at the St Petersburg International Economic Forum.

A Russian think-tank and the ICRC jointly hosted two events for Russian officials and foreign-policy experts: a round-table in March, in which the head of the ICRC's delegation in Syria participated, and a discussion in November on the potential humanitarian impact of 'de-escalation zones' in Syria (see *Syrian Arab Republic*).

The ICRC took part in several international conferences organized by the Russian authorities, on humanitarian demining, biological weapons and other subjects. Participants shared their experiences and discussed joint action on weapon contamination.

The ICRC raised its public profile by securing media coverage for its work, including its activities for people affected by the armed conflicts in Syria and Ukraine, and through social media and other digital platforms. It hosted events for journalists, including a training course on safety measures during emergencies, which it conducted with a local humanitarian organization. Newspaper advertisements and National Society publications helped potential beneficiaries learn about the humanitarian assistance available to them, including family-links services.

The CSTO and the ICRC draft a protocol for cooperating to promote IHL

The CSTO and the ICRC held their third annual high-level staff talks in Moscow; they discussed the humanitarian situation in contexts of common concern, IHL development and other matters. The CSTO's Permanent Council agreed to submit a protocol for cooperation – focusing on facilitating IHL development, supporting IHL implementation, and undertaking other initiatives – to its Member States for consideration.

Military authorities from eight CIS Member States discussed prospects for further cooperation with the ICRC. The IPA CIS and the ICRC finished drafting a set of model regulations, based on IHL, for the armed forces of CIS Member States, and conveyed it to the parliaments concerned.

The ICRC continued to provide technical assistance – for advanced training in IHL for military officers – to the training and research centre of the Russian defence ministry. At an ICRC seminar, members of the Belarusian air force discussed the potential consequences of conducting military operations in populated areas. In Moldova, the ICRC submitted a draft agreement to the defence ministry, on IHL training for peace-support troops.

ICRC support enabled Russian military officials to participate in IHL-related events abroad (see *Kuala Lumpur* and *Washington*), and Belarusian and Moldovan defence ministry officials to attend IHL training in San Remo, Italy. The ICRC participated in military exercises with the CSTO and with joint Belarusian and Russian forces.

National authorities in the region discuss how to advance IHL implementation

National authorities in the region and the ICRC discussed measures for further incorporating IHL in domestic legislation. Russian authorities and academics attended the presentation, in Moscow, of the ICRC's updated Commentaries on the 1949 Geneva Conventions. A Russian official was sponsored to attend a conference on the ICRC's updated Commentary on the First Geneva Convention (see *Brussels*).

The ICRC continued to provide technical assistance to the national IHL committees in Belarus and Moldova. In Minsk, the Belarusian justice ministry and the ICRC hosted the sixth regional seminar on IHL implementation. The participants included national IHL committee members and other government officials from 12 countries in the wider region and from Syria, and representatives of international organizations.

Through events organized jointly with Russian think-tanks, universities and other institutions, including the Martens Readings International Conference in St Petersburg, the ICRC continued to promote IHL teaching and research. It discussed the inclusion of IHL in university curricula with the Russian authorities, and sponsored government officials, academics and students from Belarus, Moldova and the Russian Federation to attend IHL-related events in the region.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region continued to develop their operational and organizational capacities with comprehensive assistance from the ICRC.

They reinforced their preparation for emergencies, in line with the Safer Access Framework. The regional branches of the Russian Red Cross in the northern Caucasus signed coordination agreements with the local authorities in charge of emergency response, and conducted training exercises with them. In Crimea, the local Red Cross branches set up emergency response teams and continued to train community members in first aid. In Belarus, the National Society contributed to the government's emergency-preparedness plans.

The ICRC helped the National Societies to become more capable of raising their public profile. The Belarusian Red Cross hosted two round-tables for local and national authorities, at which its mandate and role were discussed. The St Petersburg branch of the Russian Red Cross organized events promoting IHL, the Movement, and the branch's activities, including those benefiting migrants.

A draft law on the National Society and the use of the red cross emblem remained under consideration by the Russian parliament.

The North Ossetia branch of the Russian Red Cross continued to provide psychosocial support to vulnerable children; the ICRC's financial assistance for this activity ended in 2017. In Crimea, staff from the local Red Cross branches received ICRC training to provide psychosocial support.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		51			
RCMs distributed		41			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		335	82	94	98
<i>including people for whom tracing requests were registered by another delegation</i>		8			
Tracing cases closed positively (subject located or fate established)		23			
<i>including people for whom tracing requests were registered by another delegation</i>		5			
Tracing cases still being handled at the end of the reporting period (people)		2,827	169	105	169
<i>including people for whom tracing requests were registered by another delegation</i>		29			
Documents					
People to whom travel documents were issued		9			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
RCMs and other means of family contact					
RCMs collected		2			
RCMs distributed		5			
Detainees visited by their relatives with ICRC/National Society support		416			
People to whom a detention attestation was issued		6			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	21,922	8,990	8,258
Essential household items	Beneficiaries	25,172	8,990	11,508
Vouchers	Beneficiaries	2,020	1,232	

PARIS (regional)

COVERING: Andorra, Cyprus, Czech Republic, Estonia, France, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Monaco, Netherlands, Portugal, Spain, Sweden (with specialized services for other countries)



ICRC/AR_2017
 ICRC regional delegation ICRC mission

Formalized in 2000, the Paris office merged with the Europe regional delegation in 2015. It engages in dialogue on IHL and humanitarian concerns with the authorities, military and academic circles and third-country representatives, raising awareness of the ICRC’s mandate and mobilizing political and financial support for its activities. It visits people held by international tribunals and follows up on former internees of the US internment facility at Guantanamo Bay Naval Station, Cuba. With National Societies, it helps migrants restore family links, visits those detained and offers guidance on human remains management. It partners National Societies in their international activities and IHL promotion.

YEARLY RESULT

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

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ In Greece, Hungary, Italy and other European countries, migrants – including asylum seekers and refugees, and those among them who were detained – reconnected with relatives through the Movement’s family-links services.
- ▶ With ICRC financial, material and technical assistance, Greek and Italian forensic services improved their ability to manage and identify the remains of people who perished in maritime disasters.
- ▶ Detained migrants in Greece and Hungary, and people remanded or convicted by international tribunals, were visited by the ICRC. Detained migrants in Greece benefited from essential items donated by the ICRC.
- ▶ The French authorities and the ICRC discussed the humanitarian situation in contexts of military interest to France. Army officers and cadets broadened their understanding of IHL at briefings organized or supported by the ICRC.
- ▶ European government officials, academics and/or members of civil society strengthened their grasp of IHL and related matters, during ICRC conferences and with the help of ICRC-produced publications and other informational materials.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3
Phone calls facilitated between family members	13,576
Tracing cases closed positively (subject located or fate established)	18
People reunited with their families ¹	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	48
Detainees in places of detention visited	17,710
<i>of whom visited and monitored individually</i>	62
Visits carried out	124
Restoring family links	
RCMs collected	6
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	4

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

EXPENDITURE IN KCHF	
Protection	5,920
Assistance	1,099
Prevention	2,497
Cooperation with National Societies	909
General	48
Total	10,473
<i>Of which: Overheads</i>	<i>639</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	96%

PERSONNEL	
Mobile staff	19
Resident staff (daily workers not included)	36

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Services and training	Beneficiaries	14

CONTEXT

Migrants, including asylum seekers and refugees, crossed the Aegean and Mediterranean seas to reach Europe. To manage the influx of migrants, the European Union (EU) and national authorities expanded travel restrictions and adopted stricter border policies. Arrivals in Greece from Turkey, and in Italy from Libya, decreased, primarily because of the implementation of agreements among these countries to control migration flows. The decrease in migrant crossings also meant that there were fewer deaths at sea than in previous years; however, many sets of human remains that had been recovered remained unidentified, and families continued to search for their missing relatives. Migrants entering Hungary through its border with Serbia were screened at ‘transit zones’.

The Greek authorities estimated that there were some 60,000 migrants in the country. Many were living in open camps or were held in police stations and pre-removal and reception and identification centres. Migrants, particularly unaccompanied minors, were vulnerable to abuse, including sexual violence.

As a permanent member of the UN Security Council, France played a major role in international affairs. French troops operated in various countries, sometimes as members of international coalitions. The Hague, Netherlands, hosted several international tribunals. The International Criminal Tribunal for the former Yugoslavia (ICTY) was formally dissolved in December 2017; its residual functions were taken over by the Mechanism for International Criminal Tribunals (MICT).

Security remains high on the agenda of European countries, after several attacks allegedly linked to violent extremism; France adopted legislation to support its counter-terrorism efforts.

ICRC ACTION AND RESULTS

The ICRC’s regional delegation in Paris focused on addressing the protection needs of vulnerable migrants and detainees, and on helping authorities meet them. It also promoted support for IHL and humanitarian action.

From its missions in Athens and Budapest, the ICRC closely monitored the situation of migrants in Greece and of those entering Hungary through the country’s border with Serbia. Together with European National Societies, the ICRC helped vulnerable migrants, including those in detention, to restore or maintain contact with their relatives. It supported a photo tracing campaign and other efforts by various National Societies to reunite family members. National Societies and forensic services in Mediterranean countries drew on ICRC support to boost their capacities in managing and identifying the remains of people who had perished at sea, with a view to informing families of their missing relatives’ fate. The ICRC signed an agreement with the Italian Red Cross and the Italian authorities to facilitate the sharing of ante-mortem data with all actors concerned.

The ICRC visited migrants held in: police stations and pre-removal and reception and identification centres in Greece; and places of detention, including ‘transit zones’, in Hungary. Afterwards, it communicated its findings confidentially to the authorities concerned, to help them improve detained migrants’ treatment and living conditions, particularly respect for judicial guarantees and access to health care. In Greece, detained migrants were provided with household essentials to ease their living conditions.

The Paris regional delegation remained a crucial element of the ICRC’s network for humanitarian diplomacy, through which the organization promoted IHL and sought support for its operations throughout the world among national authorities, the EU and the Council of Europe. European National Societies, national IHL committees and the ICRC continued to promote IHL and help authorities in the region accede to and/or ratify IHL-related instruments. Government officials, academics and members of civil society learnt more about specific IHL-related matters through ICRC-supported conferences and other events, and ICRC audiovisual and other informational materials disseminated through traditional and social media. The ICRC also maintained its efforts to broaden awareness of IHL among French-speaking people through its French-language blog and joint initiatives with a French organization that included the translation of IHL publications.

Representatives from the office of the French president, and from the defence and foreign ministries, exchanged views with the ICRC on the humanitarian situation in contexts of military interest to France. The French Armed Forces (FAF) and the ICRC expanded their dialogue at strategic, operational and tactical levels. The FAF drew on ICRC support to organize IHL briefings and training sessions for its officers and cadets.

The ICRC visited people convicted by international tribunals and serving their sentences in Europe and those on remand in The Hague; it communicated its findings and recommendations confidentially to the detaining authorities, to help them ensure that their policies were in line with internationally recognized standards and best practices. The French authorities permitted the ICRC to conduct follow-up visits to security detainees transferred to France whom the organization had previously visited in other countries.

European National Societies drew on the support of the International Federation and the ICRC to strengthen their operational capacities and to further their organizational development.

CIVILIANS

European National Societies and the ICRC documented the protection concerns of vulnerable migrants across the region and urged the pertinent authorities to address them (see also *People deprived of their freedom*). The ICRC assessed the situation of migrants who had crossed into Hungary from Serbia and discussed its findings with the Hungarian authorities, particularly on the use of force against the migrants. Movement components worked to coordinate and improve their protection activities in Greece, with ICRC technical advice and training.

Migrants in Greece make phone calls to their families

European National Societies strengthened their ability to help vulnerable migrants, especially unaccompanied minors, to contact or rejoin their families. They did so with various forms of ICRC support: financial and material assistance to reinforce their operations; technical advice on ensuring that migrants’ personal data were handled in accordance with data-protection standards and other applicable regulations; and training to incorporate family-links services in their emergency response.

In Greece, migrants phoned their families with the help of the Hellenic Red Cross and the Netherlands Red Cross Society (see also *People deprived of their freedom*). National Societies in Italy,

Lithuania and Malta ran mobile stations – with phones, chargers and internet services – positioned at key points along migration routes. Thirty conflict-affected people were reunited with their families in Europe or elsewhere; some of them had their travel costs covered by the ICRC.

Through the Trace the Face campaign – run by 28 European National Societies in coordination with National Societies in Africa, Asia and the Middle East – people had photos of themselves or their relatives posted on the ICRC’s Family-links website (familylinks.icrc.org) and/or printed on posters displayed at reception or transit centres and public spaces in several European countries. This resulted in 36 cases of people regaining contact with their relatives.

Greek and Italian forensic services develop their ability to identify human remains

National Societies and forensic services in Mediterranean countries strove to manage and identify the remains of people who had perished in maritime disasters, with a view to informing their families of their fate. In Greece, the remains of eight people were identified through the coordinated efforts of the authorities, National Societies concerned and the ICRC. Greek forensic services boosted their capacities with ICRC support: forensic workers and coastguard personnel received training and material assistance from the ICRC; and some police officers and forensic specialists attended ICRC-organized or supported workshops held locally or abroad on topics such as forensic imaging and identification of human remains. Some National Societies in migrants’ countries of origin, transit and destination used standardized physical description data forms – developed by the ICRC in 2016 – which supplemented tracing requests with additional information for identifying human remains. At meetings organized or supported by the ICRC, people involved in disaster management in Greece described their experiences and shared good practices in identifying human remains.

The ICRC continued to urge Greek authorities to establish a centralized database for information necessary to identify the remains of deceased migrants, and to update the applicable domestic legal framework. The Italian government’s Commissioner for Missing Persons, the Italian Red Cross and the ICRC signed an agreement to facilitate the sharing of ante-mortem data among those involved in identifying human remains. In line with this, the Italian Red Cross handed over information to the University of Milan’s Medico-Legal Institute to aid their identification efforts. The Spanish Red Cross, with ICRC technical support, signed an agreement with the Spanish justice ministry on identifying the remains of migrants who had perished off the coast of Spain.

Former Guantanamo Bay internees spend time with their families

The ICRC monitored the situation of people formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba who had resettled in Europe, and urged the authorities concerned to support their integration in host countries. Despite tightened security regulations in Europe, and challenges in the families’ countries of origin, the ICRC sponsored two family visits for former Guantanamo Bay internees; one reunited family members separated since 2001. Three children of a former internee, stateless since birth, were given support to clarify their legal status.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detained migrants in Greece and Hungary use family-links services to contact their relatives

In Greece, the ICRC visited migrants held at 30 facilities, including police stations and pre-removal and reception and identification centres. In Hungary, it visited migrants in nine places of detention run by the police or the Immigration and Asylum Office, and in ‘transit zones’ run by the latter. These visits were carried out in accordance with standard ICRC procedures. Particularly vulnerable people – asylum seekers, women, children and the elderly – were monitored individually. Findings from these visits were communicated confidentially to the authorities concerned, to help them improve migrants’ treatment and living conditions.

The ICRC’s director of operations discussed the situation of detained migrants in Greece with the country’s interior ministry. At two high-level roundtables, officials from the Greek health and interior ministries, and the ICRC, discussed solutions to issues related to health care in places of detention, the specific vulnerabilities of minors and procedural safeguards.

Guided by the ICRC, the Spanish Red Cross conceptualized alternatives to detaining migrants, for proposal to the Spanish authorities. The Finnish Red Cross and the Swedish Red Cross continued to draw on ICRC advice to further develop their activities for detained migrants.

The Hellenic Red Cross and the ICRC enabled migrants to reconnect with their relatives; some of them used ICRC-provided phone cards to contact their families. The ICRC provided free wireless internet services at the ‘transit zones’ in Hungary. Where appropriate, migrants held in Hungary were referred to organizations offering legal aid or psychosocial support.

Living conditions improved for about 8,500 detained migrants in Greece after the ICRC provided them with clothes, hygiene items and household essentials.

People remanded or convicted by international tribunals receive visits from the ICRC

The ICRC visited, in accordance with its standard procedures, 15 people detained under the authority of the MICT and the International Criminal Court (ICC) in The Hague. It also visited 11 people convicted by the ICTY who were serving their sentences in European countries. The ICRC communicated its findings and recommendations confidentially to the detaining authorities, and encouraged them to ensure that their detention policies accorded with internationally recognized standards and best practices; the ICRC’s recommendations were intended to benefit all the detainees in the places visited. Dialogue with the authorities covered such matters as the specific needs of elderly people and foreigners. Officials from the ICC, ICTY, MICT and other tribunals learnt more about medical ethics in places of detention, at a seminar organized by the ICC and the ICRC.

The French authorities permitted the ICRC to make follow-up visits to security detainees whom the organization had previously visited in other countries and who had subsequently been transferred to France; these visits had not yet been carried out.

PEOPLE DEPRIVED OF THEIR FREEDOM	Estonia	Finland	France	Germany	Greece	Hungary	Norway	Poland	ICC/MICT
ICRC visits									
Places of detention visited	1	1	1	2	30	9	1	1	2
Detainees in places of detention visited	3	2	1	2	14,960	2,724	1	2	15
<i>of whom women</i>					2,173	45			
<i>of whom minors</i>					2,624	352			
Visits carried out	1	1	1	2	88	27	1	1	2
Detainees visited and monitored individually	3	2	1	2	36		1	2	15
<i>of whom women</i>					1				
<i>of whom girls</i>					3				
<i>of whom boys</i>					8				
Detainees newly registered					31				1
<i>of whom women</i>					1				
<i>of whom girls</i>					3				
<i>of whom boys</i>					8				
Restoring family links									
RCMs collected					2	4			
RCMs distributed						1			
Phone calls made to families to inform them of the whereabouts of a detained relative					4				

ACTORS OF INFLUENCE

The ICRC engaged influential European parties in dialogue on developments in IHL and other bodies of international law, and humanitarian issues around the world, particularly those related to migration. The ICRC briefed national authorities, the EU and the Council of Europe on its response to the food crises in African countries, and to armed conflict in the Lake Chad region of Africa and in parts of the Middle East; it also encouraged them to support its activities. The ICRC's continued participation in meetings of the Council of Europe's data-protection committee helped ensure that humanitarian considerations were reflected in European data-protection reforms.

Government officials, academics and members of civil society learn more about specific IHL issues

European National Societies, national IHL committees and the ICRC continued to promote IHL and help national authorities – particularly in the Czech Republic, Estonia, Greece, Italy, Latvia, Lithuania, Luxembourg, Portugal and Spain – accede to and/or ratify IHL-related instruments. The ICRC contributed to discussions in various regional forums on pledges and resolutions made at the 32nd International Conference, sanctions for IHL violations, and data protection. Government officials were brought up to date on the latest developments in both the detention and the compliance tracks of the Strengthening IHL process, and were encouraged to support the process.

Government officials, academics and members of civil society added to their knowledge of specific IHL-related matters at events organized or supported by the ICRC. These included IHL and human rights conferences in the Czech Republic, Greece and Hungary that tackled issues related to human dignity, victims of armed conflicts, and the protection due to patients and medical services. The ICRC held a conference in Luxembourg on the updated Commentaries on the First and Second Geneva Conventions of 1949; it also provided support for translating these documents, and selections of articles from the *International Review of the Red Cross*, into French. In France and Greece, the ICRC and local partners held various events to mark the 40th anniversary of the 1977 Additional Protocols.

Military cadets and officers supplement their IHL training with ICRC briefings

Representatives from the office of the French president, and from the defence and foreign ministries, exchanged views with the ICRC on various subjects: the humanitarian situation in contexts of military interest to France, such as Afghanistan, Iraq, Libya, Mali, the Syrian Arab Republic and the Lake Chad region; ensuring respect for IHL; the conduct of hostilities; cyber warfare; detention; nuclear weapons; multinational forces; “terrorism”; and the use of explosive weapons in urban or populated areas.

The FAF and the ICRC expanded their dialogue at strategic, operational and tactical levels, including through regular high-level meetings. Guided by the ICRC, military officials incorporated humanitarian principles in training exercises for officers bound for conflict zones and for around 500 cadets from the FAF War College. With ICRC financing, one member of the Greek military attended an international workshop on rules governing military operations (see *International Law and Policy*).

At briefings organized or supported by the ICRC, cadets and officers from the Greek, French, Italian and Portuguese militaries broadened their understanding of humanitarian issues, IHL principles and the ICRC's work. The Greek, Portuguese and Spanish militaries and the ICRC discussed possibilities for further cooperation in promoting the incorporation of IHL in military training, doctrine and operations.

The European media highlight the Movement's activities for migrants

Public communication initiatives helped broaden awareness of IHL, the plight of migrants and other humanitarian issues. ICRC audiovisual and other informational materials reached the general public with the help of media outlets and through social media. The ICRC's activities for migrants in Greece were given prominent coverage by local and international news agencies.

The delegation's French-language blog continued to provide the public with more in-depth insight into IHL and humanitarian issues through articles and a series of interactive debates. The Organisation Internationale de la Francophonie and the ICRC

maintained their joint efforts to broaden awareness of IHL among French-speaking people, for instance, through translations of IHL-related publications (see above).

European National Societies, backed by the ICRC, pursued awareness-raising initiatives related to migration, and organized events to mark such occasions as World Red Cross and Red Crescent Day (8 May).

RED CROSS AND RED CRESCENT MOVEMENT

European National Societies drew on the support of the International Federation and the ICRC to respond to the protection needs of vulnerable migrants in Europe, including those detained (see *Civilians* and *People deprived of their freedom*). Movement partners coordinated their activities for vulnerable people in conflict-affected countries.

The Greek National Society and the Italian Red Cross signed partnership agreements with the ICRC to strengthen their family-links services. The ICRC discussed further cooperation – notably in public communication, IHL promotion and resource mobilization – with the French, Italian, Monégasque, Portuguese and Spanish National Societies.

The International Federation and the ICRC supported preparations in the region for the 2017 Council of Delegates, which took place in Turkey. Both organizations continued to help the Hellenic Red Cross resolve issues concerning its organizational structure.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3			
Phone calls facilitated between family members		13,576			
Reunifications, transfers and repatriations					
People reunited with their families ¹					
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		57	14	13	14
<i>including people for whom tracing requests were registered by another delegation</i>		8			
Tracing cases closed positively (subject located or fate established)		18			
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases still being handled at the end of the reporting period (people)		285	56	59	90
<i>including people for whom tracing requests were registered by another delegation</i>		54			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		2			
Documents					
People to whom travel documents were issued		1			
Official documents delivered across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		48			
Detainees in places of detention visited		17,710	2,218	2,976	
Visits carried out		124			
			Women	Girls	Boys
Detainees visited and monitored individually		62	1	3	8
<i>of whom newly registered</i>		32	1	3	8
RCMs and other means of family contact					
RCMs collected		6			
RCMs distributed		1			
Phone calls made to families to inform them of the whereabouts of a detained relative		4			

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Services and training	Beneficiaries	14	1	11
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	8,476	1,016	414
Health				
Places of detention visited by health staff	Structures	23		
Health facilities supported in places of detention visited by health staff	Structures	1		

TASHKENT (regional)

COVERING: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ In Kyrgyzstan, a project undertaken by the pertinent ministries and the ICRC improved access to basic health care for detainees in ten police stations; the authorities approved the project's extension to other detention facilities.
- ▶ About 7,550 detainees in Kyrgyzstan were screened for TB; those who tested positive were enrolled in treatment. TB patients at two detention facilities had access to psychosocial support.
- ▶ Missing people's families in Tajikistan and, to a lesser extent, Kyrgyzstan obtained psychosocial care and referrals to appropriate services through ICRC-supported accompaniment programmes carried out by local partners.
- ▶ Doctors and other medical personnel across the region attended courses in emergency trauma care and weapon-wound surgery organized by the ICRC with the pertinent authorities.
- ▶ The Uzbek defence ministry and the ICRC signed an agreement to promote respect for IHL among the armed forces. Kyrgyzstan adopted its revised penal code, which incorporated the ICRC's advice on the punishment for war crimes.
- ▶ At ICRC events in Kyrgyzstan and Tajikistan, religious leaders discussed common points between Islamic law and IHL; they also discussed, particularly in Tajikistan, the role they played within their communities during emergencies.

EXPENDITURE IN KCHF	
Protection	3,372
Assistance	5,670
Prevention	2,216
Cooperation with National Societies	1,231
General	157
Total	12,646
<i>Of which: Overheads</i>	772

IMPLEMENTATION RATE	
Expenditure/yearly budget	97%

PERSONNEL	
Mobile staff	27
Resident staff (daily workers not included)	175

The ICRC has been present in Central Asia since 1992. In Kyrgyzstan and Tajikistan, it works to protect and assist vulnerable populations suffering the consequences of conflict and other violence, in cooperation with the National Societies. In Kyrgyzstan, it helps the authorities improve detainees' treatment and conditions, especially their access to health care. The ICRC assists the region's National Societies in building their capacities, particularly in emergency preparedness, restoring family links and promoting IHL. It supports the implementation of IHL and other norms relevant to the use of force, and fosters understanding of the ICRC's mandate and work.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	17
RCMs distributed	17
Phone calls facilitated between family members	2,023
Tracing cases closed positively (subject located or fate established)	96
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	52
Detainees in places of detention visited	9,295
<i>of whom visited and monitored individually</i>	366
Visits carried out	105
Restoring family links	
RCMs collected	11
RCMs distributed	6
Phone calls made to families to inform them of the whereabouts of a detained relative	53

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	75
Cash	Beneficiaries	1
WOUNDED AND SICK		
Hospitals		
Hospitals supported ¹	Structures	

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Central Asian countries remained involved, to varying degrees, with multilateral bodies such as the Collective Security Treaty Organization, the Commonwealth of Independent States, the Eurasian Economic Union, the European Union, NATO and the Shanghai Cooperation Organization. Geopolitical issues of interest in the region included the fight against “terrorism” and the changing power dynamics in international affairs.

The five countries covered faced economic and security challenges to varying degrees. Cross-border criminal activities, competition for water and other natural resources, and issues related to border demarcation were the main sources of tension, and occasionally led to violence. Improved relations between Kyrgyzstan and Uzbekistan led to the ratification of a border agreement between them.

In Tajikistan and, to a lesser extent, Kyrgyzstan, many families remained without news of relatives who went missing in relation to past armed conflict or other situations of violence, or migration. Communities in areas along Tajikistan’s borders with Afghanistan and Uzbekistan were at risk from mines and explosive remnants of war (ERW).

Fighting in Afghanistan reached areas close to the border with Tajikistan.

Kyrgyzstan and Tajikistan were struck by natural disasters.

ICRC ACTION AND RESULTS

The ICRC continued to work with the authorities and local partners to address the needs of detainees in Kyrgyzstan and of people affected by migration and past armed conflict and other violence in the region. It also pursued efforts to promote respect for IHL throughout the countries covered.

In Kyrgyzstan, the ICRC visited places of detention under the authority of the internal affairs ministry, the State Committee for National Security (GKNB) and the State Service for the Execution of Punishments (GSIN). Following these visits, findings – on detainees’ treatment and living conditions – were communicated confidentially to the authorities concerned. Owing to a lack of progress over the past years, the ICRC discontinued its efforts to pursue dialogue with Tajik officials on the possibility of resuming visits to detainees in Tajikistan.

The ICRC continued to work with the Kyrgyz authorities, and give them support, to improve the treatment and living conditions of detainees; health care was given particular attention. Through a pilot project with the health and internal affairs ministries, it helped ten police stations to provide primary health care to people in their custody; the government approved the project’s extension to other places of detention. ICRC assistance enabled two detention facilities and two laboratories to improve their TB diagnostic services. TB patients at these two detention facilities were urged to complete their treatment inside or, following their release, outside prison; they received material and/or psychosocial support.

Members of families separated by migration, detention or other circumstances maintained contact through the Movement’s family-links services. Drawing on National Society and/or ICRC expertise, forensic professionals and others in Kazakhstan and

Tajikistan strengthened their ability to manage human remains during emergencies; Tajik officials, together with the ICRC, drafted standard procedures for managing human remains. The ICRC continued to support an accompaniment programme in Tajikistan and, to a lesser extent, Kyrgyzstan, with a view to helping the families of missing people obtain psychosocial support and referrals to service providers for their other needs. In Kyrgyzstan, an inter-ministerial working group was set up, with ICRC support, for developing legislation pertaining to protection of the rights of missing people and their families.

The ICRC distributed surgical equipment and other medical supplies to hospitals in remote regions of Tajikistan, and in border areas, to help them provide effective treatment for wounded people, including casualties of the fighting in Afghanistan. It also provided material support and training for emergency responders in Kyrgyzstan and Tajikistan. Doctors and other medical personnel throughout the region benefited from ICRC courses on emergency trauma care and weapon-wound surgery.

The ICRC strove to foster respect for IHL and other applicable norms throughout the region, among authorities, military and security forces and others; the Uzbek defence ministry and the ICRC signed an agreement to promote respect for IHL among the armed forces. The Kyrgyz authorities incorporated ICRC recommendations relating to missing people and punishment for war crimes in legal reforms. Events organized by the ICRC in Kyrgyzstan and Tajikistan enabled religious leaders to discuss the common points between Islamic law and IHL; they also discussed, particularly in Tajikistan, the role they played within their communities during emergencies. A regional moot court competition helped university students in Kyrgyzstan and Turkmenistan to demonstrate their knowledge of IHL.

ICRC support enabled National Societies in the region to strengthen their ability to respond to emergencies and broaden awareness of IHL and the Movement among the general public. The Red Crescent Society of Tajikistan continued to conduct risk-education sessions for mine-affected communities.

CIVILIANS

Tajik officials draft standard procedures for managing human remains

In Kazakhstan, Kyrgyzstan and Tajikistan, members of families dispersed by migration, detention or other circumstances – including people held in migrant transit centres in Kazakhstan – maintained contact through RCMs and phone calls facilitated by the National Societies and the ICRC. Others – in the countries mentioned above – lodged tracing requests for their missing relatives. The Red Crescent Society of Kyrgyzstan covered travel costs for vulnerable returning migrants.

Members of the Kyrgyz national disaster response team and volunteers from the National Societies of Kyrgyzstan and Tajikistan strengthened their ability to provide family-links services through ICRC technical support or seminars organized by the National Society concerned and/or the ICRC. The Red Crescent Society of Tajikistan finalized its guidelines for providing these services. To broaden awareness of their family-links services, the National Societies of Kyrgyzstan and Tajikistan conducted information sessions in remote areas, advertised on television and set up hotlines at the information centre for the migration service in their countries; in Tajikistan, the National Society prepared a video

that urged migrants and their relatives to regularly touch base to avoid loss of contact. The Red Crescent Society of Turkmenistan resumed its family-links services, with ICRC technical support.

First responders, government officials and/or National Society staff in Kazakhstan, Kyrgyzstan and Tajikistan, developed their ability to manage human remains during emergencies – through training sessions or refresher courses organized by the pertinent National Society and/or the ICRC. In Kyrgyzstan, the ICRC conducted a train-the-trainer course for representatives from the ministry of emergency situations, the forensic services and the National Society. The forensic services of four State institutions in Kyrgyzstan received ICRC material support. After an assessment of the justice ministry’s forensic laboratories, the ICRC provided the ministry with recommendations for improving data collection and standardizing procedures at these facilities. In Tajikistan, authorities – aided by the ICRC – drafted standard procedures for managing human remains during emergencies.

Missing people’s families in Kyrgyzstan and Tajikistan are helped to meet their needs

About 470 families of missing people in Tajikistan obtained psychosocial care – including individual counselling – and referrals to service providers for help in meeting their economic, legal and administrative needs; such assistance was provided through an ICRC-supported accompaniment programme implemented with two local NGOs and the National Society. Within the framework of this programme, the ICRC urged State health facilities in two provinces to provide free health-care services to economically vulnerable relatives of missing people. More families of missing

people stood to benefit from the programme after it was extended to cover a region in the eastern part of Tajikistan. The ICRC urged the authorities to directly address the needs of these families.

In Kyrgyzstan, a similar programme helped families of people who were missing in connection with the events of June 2010. ICRC training sessions prepared volunteers to provide support, unassisted, for these families. The ICRC maintained its dialogue with the relevant authorities, in both Kyrgyzstan and Tajikistan, on the families’ right to know the fate of their missing relatives.

People in mine-affected communities in Tajikistan learnt how to mitigate the risks to their safety at education sessions organized by the National Society in coordination with the Tajikistan Mine Action Centre and the ICRC. At an ICRC workshop, National Society volunteers learnt how to collect data on mine incidents. The ICRC’s final evaluation of its cash-grant programme for mine/ERW victims’ families, for covering physical rehabilitation costs or participating in microeconomic initiatives – which concluded at the end of 2016 – found that the initiatives increased most families’ incomes, although at a lower percentage than planned.

Through a social-integration project of the Kazakh Red Crescent Society that it supported, the ICRC continued to monitor the situation of four people staying in Kazakhstan following their release from the US internment facility at Guantanamo Bay Naval Station in Cuba. As efforts to resettle these people in another country had not yet succeeded, the ICRC maintained its financial support for their stay in Kazakhstan.

CIVILIANS	Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
Red Cross messages					
RCMs collected	4	4	9		
RCMs distributed	4	5	8		
Phone calls facilitated between family members	2,013		10		
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered	164	51	378	16	46
<i>of whom women</i>	28	5	11	7	16
<i>of whom minors at the time of disappearance - girls</i>		2	3		
<i>of whom minors at the time of disappearance - boys</i>		2	19		
Tracing cases closed positively (subject located or fate established)	48	26	5	8	9
Tracing cases still being handled at the end of the reporting period (people)	64	93	879	1	27
<i>of whom women</i>	3	10	18	1	
<i>of whom minors at the time of disappearance - girls</i>		7	3		
<i>of whom minors at the time of disappearance - boys</i>		3	41		
Documents					
People to whom travel documents were issued		8			

PEOPLE DEPRIVED OF THEIR FREEDOM

In Kyrgyzstan, the ICRC visited – in accordance with its standard procedures – detainees in facilities under the authority of the internal affairs ministry, the GSIN and the GKNB. Particularly vulnerable inmates – security detainees, people serving life sentences, women, minors and foreigners – were monitored individually. After these visits, findings – on detainees’ treatment and living conditions, including their access to health care – were relayed confidentially to the authorities concerned. The Kyrgyz authorities and the ICRC maintained their dialogue on formalizing the ICRC’s access to all detainees.

Owing to a lack of progress over the past years, the ICRC discontinued its efforts to pursue dialogue with Tajik officials on the possibility of resuming visits to detainees in Tajikistan.

Inmates in Kazakhstan, Kyrgyzstan and Tajikistan restored or maintained contact with their relatives through family-links services such as RCMs. Detainees in Kyrgyzstan, Tajikistan and Uzbekistan received visits from relatives, whose transportation and other costs were covered by the ICRC.

Detainees at ten police stations in Kyrgyzstan have better access to health care

Kyrgyz authorities continued to work with the ICRC, and to draw on its expertise to improve the treatment and living conditions of detainees: for example, they updated the prison system's rules and regulations for the rehabilitation of detainees and developed the GSIN's training centre for prison staff. The GSIN took steps to advance its managerial plans for a new facility for people serving life sentences: it set up a working group to tackle the rehabilitation of this part of the detainee population. During ICRC training sessions and workshops, prison staff learnt more about such subjects as medical ethics and internationally recognized standards for the treatment of female detainees.

With ICRC support, penitentiary and health authorities took steps to reinforce health services for detainees. Based on an ICRC assessment of detainees' health needs, the GSIN selected two facilities at which to implement a project for the medical screening of newly arrived detainees.

Detainees at ten police stations continued to have access to primary health care through a pilot project based on a 2013 agreement between the health and internal affairs ministries and the ICRC. The government approved the project's extension to cover other places of detention.

The ICRC followed up inmates with medical conditions and people on hunger strike. Those needing treatment were transferred to a referral institution; the ICRC covered treatment costs for some of them.

Inmates undergoing TB treatment receive psychosocial support

With ICRC support, the GSIN and the health ministry continued to tackle TB among detainees. About 7,550 detainees were screened for it. At Penal Institution 31 and at a pre-trial detention centre, 154 detainees with TB completed treatment and 183 others enrolled in treatment. TB patients who also had HIV/AIDS, for instance, were treated in close collaboration with the Republican AIDS Centre and the Republican Centre of Narcology. The ICRC encouraged TB patients to complete their treatment by giving them food and hygiene kits every week and working with local partners to facilitate their access to psychosocial support. The ICRC gave 39 ex-detainees material and other support to continue their treatment outside prison after their release. With ICRC support, representatives of the National Centre of Phthisiatry in Kyrgyzstan and prison health staff drafted plans to improve follow-up care for released detainees.

The staff at the two facilities mentioned above continued to bolster their services with daily on-site guidance in TB management from the ICRC. Maintenance teams supported by the ICRC oversaw the functioning of equipment and infrastructure at the two facilities. Under the ICRC's supervision, the staff of Penal Institution 31 maintained an electronic TB case-management database. The ICRC organized several training sessions in TB management for prison personnel. On-the-job training from a local educational institution and the ICRC enabled 23 nurses to help implement infection-control measures at the two detention facilities. The national TB laboratory in Bishkek and the inter-provincial laboratory in Osh – both providers of diagnostic services to the penitentiary system – expanded their capacities with ICRC material

and/or technical assistance. As the ICRC wanted the authorities to become more self-sufficient in maintaining TB services at the two facilities, it developed a roadmap for the gradual handover of activities to them. To this end, it conducted a workshop on planning and budgeting for 18 Kyrgyz penitentiary staff.

With ICRC support, the penitentiary authorities held their annual TB-control review, at which participants discussed the achievements and challenges in TB control in prisons. They also worked with the ICRC to broaden public awareness of the issue of TB in prisons.

Prison authorities maintained or improved facilities with ICRC technical and material assistance, such as donations of furniture and kitchen equipment, and infrastructure projects. Upgrades to clinics and a TB laboratory at two places of detention, and improvements to the living quarters of a facility for detainees serving life sentences, were completed. The ICRC also renovated toilets and cells at police stations. Donations of household and recreational items helped ease the conditions of detainees in 36 places of detention.

WOUNDED AND SICK

Residents of hard-to-reach areas in Kyrgyzstan and Tajikistan learnt how to provide life-saving care at first-aid training sessions conducted by the National Societies, with ICRC support. Because of ICRC donations of dressing materials, the Red Crescent Society of Tajikistan was better placed to respond to emergencies.

Doctors and other medical personnel in Kazakhstan, Kyrgyzstan and Tajikistan strengthened their capacities in emergency trauma care through courses organized by the ICRC with the pertinent authorities. Surgeons from Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan became more adept at weapon-wound surgery after attending a regional ICRC seminar in Almaty in Kazakhstan. A review of the impact of such courses – conducted by the ICRC, with future activities in mind – showed that participants made use of the skills they acquired; however, some health facilities in Tajikistan – which lacked basic equipment for providing emergency care – and hospitals in rural areas in the region needed more support in this regard.

Surgical equipment and other medical supplies from the ICRC enabled eight hospitals in remote regions, and in border areas, of Tajikistan to provide adequate and timely care for wounded people – including casualties of the fighting in Afghanistan.

ACTORS OF INFLUENCE

The ICRC continued to seek engagement with authorities, military and security forces and others, throughout the region, to advance understanding of IHL and other applicable norms, and acceptance for them. Kazakhstan having assumed a non-permanent seat on the UN Security Council, its government and the ICRC discussed various issues of humanitarian concern, and the ICRC's activities in Africa and in Afghanistan.

The Uzbek defence ministry agrees to promote respect for IHL among military personnel

Military and security personnel in the region learnt more about IHL and its applicability to their operations, the ICRC and, in Tajikistan, first aid, by attending customized ICRC courses, some of them organized with the pertinent National Society.

The Uzbek defence ministry and the ICRC signed a memorandum of understanding to promote respect for IHL among the armed forces and incorporate the subject in their training curriculum.

A NATO military training centre in Kazakhstan continued to run a mandatory course on IHL provisions applicable to peacekeeping operations. The Kazakh Red Crescent Society and the ICRC took part in a military exercise – led by the Collective Security Treaty Organization – on the delivery of humanitarian aid during emergencies.

Roughly 150 police officers discussed international policing standards at ICRC courses in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.

Revised Kyrgyz penal code includes ICRC recommendations on punishment for war crimes

Officials and scholars in the region, aided by the ICRC, strove to implement domestic implementation of IHL. Some of them, sponsored by the ICRC, attended IHL conferences abroad (see *Moscow*). Members of the national IHL committee in Kyrgyzstan discussed IHL implementation at an ICRC-organized seminar in Bishkek.

Authorities and experts in the region reviewed pertinent domestic laws and analysed their compatibility with IHL-related instruments and, in Kazakhstan, with international treaties on nuclear weapons. For instance, under a cooperation agreement between the government of Turkmenistan and the ICRC, Turkmen experts completed a study comparing the country's criminal code with internationally recognized standards for detention, and an analysis of the extent to which IHL had been incorporated in domestic legislation; they also submitted recommendations on these matters to the authorities.

In Kyrgyzstan, the government adopted a revised penal code with a new section on war crimes, which included ICRC recommendations on the punishment for such crimes. The government also took into consideration the ICRC's views on the issue of missing people while carrying out legal reforms. The ICRC discussed the issue of missing people with the interior, justice and foreign ministries and urged the authorities to adopt a law on missing persons. Following these discussions, an inter-ministerial working group was set up, with ICRC support, for developing legislation pertaining to the protection of the rights of missing people and their families. The law on the National Society's legal status was adopted by parliament and sent to the president's office for signature.

The ICRC helped the Kazakh authorities translate the 1949 Geneva Conventions into Kazakh. Discussions on formalizing the ICRC's legal status in Kazakhstan continued.

Religious leaders discuss the points of correspondence between Islamic law and IHL

At ICRC events in Kyrgyzstan and Tajikistan, religious leaders discussed the common points between IHL and Islamic law. The ICRC conducted an essay competition on the subject in Kyrgyzstan. Religious leaders from the two main branches of Islam in Tajikistan discussed, at an ICRC workshop, the role they played during emergencies – for example, communicating with community members and providing support to humanitarian actors on the ground.

University students from Kyrgyzstan and Turkmenistan demonstrated their grasp of IHL at a regional moot court competition in the Russian Federation. Other students in Kyrgyzstan did so during a series of quizzes organized by the Red Crescent Society of Kyrgyzstan and the ICRC. Academic IHL experts in the region attended ICRC conferences on IHL.

Members of the media in Kyrgyzstan and Tajikistan used news releases and articles from the ICRC to report on humanitarian issues and the ICRC's activities. The Red Crescent Society of Uzbekistan presented awards to local journalists for their coverage of its activities and of humanitarian issues.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region enhanced their emergency preparedness and their ability to carry out – with various forms of ICRC support, and in line with the Safer Access Framework – activities related to restoring family links, psychosocial care and first aid. ICRC support included field simulation exercises in Uzbekistan and refresher training in psychosocial care in Kyrgyzstan. The Red Crescent Society of Tajikistan implemented two income-generating projects with ICRC assistance.

The National Societies drew on ICRC expertise for raising public awareness of the Movement and IHL.

At meetings in Kazakhstan and Tajikistan, Central Asian National Societies agreed to reinforce their legal bases, lobby their countries to provide support for international disaster relief and recovery assistance, and strengthen mechanisms for exchanging information and securing financial and technical support during emergencies.

The National Societies in the region and the ICRC updated their bilateral agreements.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		17			
RCMs distributed		17			
Phone calls facilitated between family members		2,023			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		655	67	5	21
Tracing cases closed positively (subject located or fate established)		96			
Tracing cases still being handled at the end of the reporting period (people)		1,064	32	10	44
Documents					
People to whom travel documents were issued		8			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		52			
Detainees in places of detention visited		9,295	508	72	
Visits carried out		105			
			Women	Girls	Boys
Detainees visited and monitored individually		366	24		4
	<i>of whom newly registered</i>	96	13		1
RCMs and other means of family contact					
RCMs collected		11			
RCMs distributed		6			
Phone calls made to families to inform them of the whereabouts of a detained relative		53			
Detainees visited by their relatives with ICRC/National Society support		473			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	75	24	24
Cash	Beneficiaries	1	1	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	4,816	144	4
Cash	Beneficiaries	208	7	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	4,470	321	
Health				
Places of detention visited by health staff	Structures	27		
Health facilities supported in places of detention visited by health staff	Structures	12		
WOUNDED AND SICK				
Hospitals				
Hospitals supported ¹	Structures			

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

BRUSSELS

COVERING: Institutions of the European Union (EU), NATO, specific armed forces in Western Europe, Belgium

The ICRC has been working in Brussels since 1999, building strong institutional and operational relations with European Union institutions, NATO, the NATO Parliamentary Assembly, specific armed forces based in Western Europe, and Belgium. It aims to make the ICRC's mandate better known, to mobilize political, diplomatic and financial support for its activities and to ensure that relevant military decision-makers in Western Europe view the ICRC as the main reference point for neutral and independent humanitarian action, as well as for IHL.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ European Union (EU) institutions took IHL and humanitarian concerns into account while making decisions and drafting policies; they extended operational, policy and other forms of support to the ICRC.
- ▶ NATO incorporated humanitarian concerns and IHL in its decision-making; it drew on ICRC input for the implementation of its policy on the protection of civilians and for its lessons-learned process concerning Afghanistan.
- ▶ Coordination between the Red Cross EU Office and the ICRC ensured the coherence of Movement-wide humanitarian diplomacy with EU institutions, including on issues relating to migration.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

EXPENDITURE IN KCHF

Protection	170
Assistance	-
Prevention	2,994
Cooperation with National Societies	245
General	15
Total	3,424
<i>Of which: Overheads</i>	<i>209</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	20

CONTEXT

The European Union (EU), through its various institutions, remained involved in crisis management and conflict resolution throughout the world. It paid close attention to the situation in Afghanistan, the Central African Republic, Iraq, Libya, Mali, South Sudan, the Syrian Arab Republic (hereafter Syria), Ukraine, Yemen, and the Lake Chad and Sahel regions in Africa. At year's end, 17 civilian or military missions were ongoing within the framework of the EU's Common Security and Defence Policy.

The EU also continued to be a major humanitarian donor. It dealt with humanitarian affairs mainly through the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO); the Commission's Directorate-General for International Cooperation and Development dealt with international cooperation and development policy. EU policy debates, strategies and programmes reflected a growing interest in linking the humanitarian and development sectors. The Council of the EU also tackled humanitarian concerns through its Working Group on Humanitarian Aid and Food Aid (COHAFA), its Working Group on Public International Law (COJUR), and its High-Level Working Group on Asylum and Migration.

EU Member States faced different political, economic and social challenges, linked to such issues as the influx of migrants into Europe and regional security.

In May 2017, NATO joined the coalition led by the United States of America (hereafter US) that was carrying out operations against the Islamic State group in the Middle East. NATO also remained engaged in Afghanistan, where it trained, advised and assisted local security forces. European armed forces, and personnel from the Europe-based commands of the US armed forces, were deployed in various contexts under the mandates of the EU, NATO, UN, or by individual States. Some of these armed forces were party to conflicts; others provided training support within the framework of military cooperation.

ICRC ACTION AND RESULTS

In 2017, the ICRC continued to engage with the EU, NATO, the Belgian authorities and other influential parties based in Brussels, Belgium, to ensure that humanitarian concerns and IHL were given due consideration in their policies, decisions and operations, and to secure operational, legal, political and financial support for the fulfilment of its mandate throughout the world.

Discussions with EU institutions – especially the Council of the EU, the European Commission and the European Parliament – covered the situation in conflict-affected countries and the ICRC's work there (see *Context*). They also covered other matters of humanitarian concern, such as: the impact of hostilities in urban areas; the plight of migrants; the issue of missing persons; and the goals of the Health Care in Danger project. The ICRC also highlighted specific issues linked to EU initiatives that were of consequence for people affected by armed conflict and other humanitarian emergencies.

The ICRC and NATO continued their engagement at headquarters level – especially through the annual staff talks – and at strategic-command level. The ICRC gave NATO input for implementing its policy for protecting civilians, and contributed to a review of

NATO's doctrine on civil-military cooperation; support for NATO's lessons-learned process concerning Afghanistan was sustained. The ICRC also participated in training sessions and other related events, within the framework of its 2012 memorandum of understanding with NATO's two strategic commands: Allied Command Operations (ACO) in Mons, Belgium, and Allied Command Transformation (ACT) in Norfolk, Virginia, in the US. All these activities sought to ensure that NATO incorporated IHL and humanitarian considerations in its policies and decisions.

Dialogue with the Belgian authorities focused on humanitarian priorities in major ICRC operational contexts and on policy issues of common interest, such as mediation during armed conflict and other situations of violence. The ICRC and the Belgian authorities hosted a conference at which legal advisers from EU institutions, NATO, and various States within and outside the EU discussed the updated Commentary on the First Geneva Convention.

The ICRC continued to network with other humanitarian actors; this helped to foster exchanges on shared concerns and to strengthen coordination with them. The ICRC also continued to raise awareness of IHL and humanitarian issues among the wider public by: organizing events with academic institutions or bodies, such as the College of Europe and the Network on Humanitarian Assistance (NOHA) consortium of European universities; conducting briefings for Brussels-based NGOs and think-tanks, or having meetings with them; pursuing joint communication campaigns with ECHO and other partners; and keeping the media updated on humanitarian issues and ICRC activities.

Regular contact with the Brussels-based Red Cross EU Office ensured the coherence of Movement-wide humanitarian diplomacy with European institutions, particularly efforts to clarify the strictly humanitarian nature of the Movement's activities for migrants. The ICRC continued to cooperate regularly with the Belgian Red Cross in IHL-related and other humanitarian matters.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC did not carry out prison visits in Belgium, as there were no people there serving sentences handed down by the International Criminal Tribunal for the former Yugoslavia or the International Criminal Court. The ICRC remained ready to visit any detainees transferred to the country by international courts.

ACTORS OF INFLUENCE

The ICRC sustained its dialogue with EU institutions, NATO, the Belgian authorities and Europe-based armed forces, to promote humanitarian perspectives and IHL, strengthen support for its neutral, impartial and independent approach, and reinforce its position as the main source of reference on IHL-related matters. It also networked with other humanitarian actors and maintained contacts among academics, think-tanks, media organizations and others. Interaction with these various parties enabled exchange of views on shared concerns, helped strengthen coordination with them and broadened awareness of issues of pressing humanitarian concern.

EU shows support for principled humanitarian action

The ICRC sought to ensure that humanitarian considerations and respect for IHL were reflected in EU decisions, policies and programmes. It did so through its interaction with various EU institutions – especially the European Council, the European Parliament, the presidency of the Council of the EU, the European

External Action Service (EEAS), and the European Commission's directorates-general for humanitarian affairs and aid, migration and home affairs, and justice. It highlighted specific issues linked to European initiatives that were of consequence for people affected by armed conflicts and other humanitarian emergencies. The new EU directive on counter-terrorism, adopted in March, stressed the importance of respecting IHL and mitigating the potentially adverse effects, on humanitarian work, of counter-terrorism policy and legislation; the ICRC had engaged with EU institutions in this matter, and emphasized the necessity of upholding IHL.

The ICRC had high-level meetings throughout 2017 with senior officials, such as the commissioner for humanitarian aid and crisis management; it also engaged with the EEAS and with COHAF and COJUR. It conducted IHL-themed briefings and training sessions during the EEAS's crisis-management exercises, and attended events organized by various EU institutions.

Discussions and other forms of interaction with EU officials covered, *inter alia*: the humanitarian situation and ICRC operations in conflict-affected countries (see *Context*); conflicts in urban areas and the impact on essential infrastructure; protracted conflicts; protection of civilians; protection of medical personnel and facilities, and the necessity of ensuring safe access to health care; the issue of missing persons; internal displacement; access to education; sexual violence; detention, including detention of migrants; data protection; the Strengthening IHL process; cash-assistance projects and the ICRC's mandate and working procedures.

NATO considers ICRC recommendations on IHL

The institutional relationship between NATO and the ICRC was sustained through high-level dialogue, especially the annual staff talks and discussions between the ICRC's president and the secretary-general of NATO, when the latter visited the ICRC's headquarters in Geneva, Switzerland.

The ICRC and various NATO institutions, particularly its strategic and operational commands, continued to discuss IHL and various humanitarian issues, such as ensuring safe access to health care and preventing sexual violence during armed conflict and other violence. The ICRC contributed expert advice to NATO, mainly through workshops, for implementing its policy on protecting civilians. It also contributed to NATO's review of its doctrine on civil-military cooperation and its lessons-learned process concerning Afghanistan.

The ICRC also participated in training exercises, workshops and other related events within the framework of its 2012 memorandum of understanding with NATO's two strategic commands, ACO and ACT. These initiatives, and various engagements at training facilities – of NATO and those of its Member States – sought to ensure that current and future NATO officers understood the ICRC's mandate and work, and that they took IHL into account in their military planning and operations.

The ICRC sustained its dialogue with the armed forces of various European countries, and with the United States European Command, on their EU, NATO or UN commitments.

Belgium supports IHL promotion and the ICRC's work

The ICRC's dialogue with the Belgian authorities, including senior officials from the foreign affairs, development cooperation and justice ministries, covered such topics as the ICRC's priorities and activities in conflict-affected countries and the promotion, development and implementation of IHL.

Legal advisers and other officials from EU Member States, EU institutions and NATO, and from civil-society organizations and non-EU countries, discussed the updated Commentary on the First Geneva Convention at a conference hosted by the Belgian IHL committee and the ICRC. The ICRC's president set out the organization's views on mediation during armed conflict and other violence at a conference organized by the Belgian authorities.

The general public learn more about IHL provisions and issues of pressing humanitarian concern

Representatives from the EU, NATO, other international organizations, universities and think-tanks discussed various humanitarian issues – and described their activities – at events organized or attended by the ICRC. During the annual IHL colloquium that the ICRC organizes with the College of Europe, participants marked the 40th anniversary of the 1977 Additional Protocols. Humanitarian professionals and others attended an introductory IHL course organized by the Belgian Red Cross and the ICRC. Post-graduate students discussed IHL at seminars organized by the College of Europe with the Swiss government's support.

Communication campaigns – such as photo exhibits, film showings and campaigns on social media platforms – helped broaden public awareness of issues of humanitarian concern, such as the consequences for women of armed conflict and other violence, the goals of the Health Care in Danger project, and the issue of missing people. Some of these campaigns were carried out with partners, including ECHO and several European National Societies. Media organizations were kept updated on humanitarian issues and the ICRC's activities.

RED CROSS AND RED CRESCENT MOVEMENT

Coordination with the Brussels-based Red Cross EU Office, which represents the National Societies of EU Member States and the International Federation, ensured the coherence of Movement-wide humanitarian diplomacy with European institutions, particularly efforts to clarify the Movement's strictly humanitarian response to migration-related issues, and helped strengthen the impact of these diplomacy efforts.

The Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants, and the European Legal Support Group, drew on the ICRC's expertise.

The Belgian Red Cross and the ICRC continued to cooperate in promoting IHL and raising awareness of specific humanitarian issues (see *Actors of influence*).

LONDON

COVERING: Ireland, United Kingdom of Great Britain and Northern Ireland



Set up in 2003, the London mission focuses on pursuing humanitarian diplomacy and facilitating ICRC operations in the field. Through contact with the British government, armed forces, and members of civil society, the ICRC seeks to foster support for IHL and the Movement. It has similar contact with the Irish authorities and armed forces. It visits detainees in selected prisons and supports community-based efforts to mitigate the consequences of violence. The ICRC works in partnership with the British Red Cross in various areas, while its cooperation with the Irish Red Cross focuses on promoting IHL and the Movement.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The ICRC maintained its dialogue with the authorities and armed forces, particularly high-level bilateral discussions. It also continued to provide technical advice on legal and policy issues relating to humanitarian action.
- ▶ The ICRC monitored the well-being of people held in relation to past conflict or ongoing violence in Northern Ireland; in England and Wales, it began visiting security detainees at all high-security prisons.
- ▶ In December, the health authorities in Northern Ireland and the ICRC ended a plan for improving health care for detainees. There had been minimal progress in its implementation, as the authorities faced administrative constraints.
- ▶ With financial support and training from the ICRC, community-based organizations provided mediation services for people at risk from paramilitary violence in Northern Ireland.
- ▶ The British Red Cross and the ICRC drafted a new partnership agreement to continue strengthening cooperation in addressing the needs of violence-affected people in Northern Ireland and elsewhere.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

EXPENDITURE IN KCHF

Protection	2,085
Assistance	-
Prevention	1,318
Cooperation with National Societies	481
General	50
Total	3,934
<i>Of which: Overheads</i>	<i>240</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	20

PROTECTION

	Total
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	11
Detainees in places of detention visited	4,356
<i>of whom visited and monitored individually</i>	139
Visits carried out	20
Restoring family links	
RCMs distributed	1

CONTEXT

The United Kingdom of Great Britain and Northern Ireland (hereafter UK) remained influential internationally, for instance, as a member of NATO and a permanent member of the UN Security Council. The British military continued to participate in coalition operations overseas, and in training programmes with the armed forces of other countries. It carried out air strikes in Iraq and in the Syrian Arab Republic (hereafter Syria), and maintained a limited military presence in Afghanistan.

Ireland and the UK contributed financially to humanitarian operations abroad.

The British government regarded the threat of international “terrorism” in the UK as “severe”, and that of “terrorism” from Northern Ireland as “substantial”. Paramilitary violence persisted in some communities in Northern Ireland. Victims of past conflict or of ongoing violence struggled to obtain essential support services.

Preparations for leaving the European Union, after a referendum in June 2016, continued. These matters dominated political discussions in the UK, the nature of a future border between Northern Ireland and Ireland being a central concern. In Northern Ireland, the administration remained at a political deadlock following the elections to the National Assembly in March.

ICRC ACTION AND RESULTS

The ICRC continued to strengthen its position as a key source of reference on IHL and humanitarian issues. It remained in regular contact with the authorities and with civil society, particularly NGOs, the media, and think-tanks, with a view to: ensuring that humanitarian considerations were taken into account in policy- and decision-making; fostering discussion of pressing humanitarian issues; and cultivating support for the Movement. It undertook activities to address humanitarian needs created by armed conflict and other situations of violence, including in Northern Ireland.

Through bilateral meetings, high-level visits and briefings, the ICRC kept government ministries, parliamentary committees and other influential bodies in Ireland and the UK informed of issues of humanitarian concern and ICRC activities worldwide. At one forum, for example, an ICRC representative served as a panellist in a discussion about developing a comprehensive response to internal displacement in various countries. Dialogue with the UK’s armed forces continued to focus on operational and legal matters and policies, and on ICRC initiatives such as the goals of the Health Care in Danger project.

With ICRC financial and capacity-building support, community-based organizations in Northern Ireland kept up their efforts to mitigate the effects of violence through mediation services and other means. At ICRC workshops, they learnt how to provide more effective assistance for victims of sexual violence and conduct their activities in line with the Safer Access Framework; some of these workshops were organized jointly with the Women’s Aid Federation. The ICRC maintained dialogue with other relevant actors in Northern Ireland; for instance, it met with the police, which helped establish dialogue on protection concerns and spread awareness of the services available to violence-affected people.

Following the completion of pilot visits to detainees in two prisons in 2016, the authorities and the ICRC expanded the programme

to include visits to detainees in all eight high-security prisons, and one women’s prison, in England and Wales. The ICRC also visited detainees at three prisons in Northern Ireland, in accordance with its standard procedures. Afterwards, findings and recommendations were submitted confidentially to the detaining authorities, to help them ensure that detainees’ treatment and living conditions were in line with internationally recognized standards and domestic law. In Northern Ireland, the health authorities and the ICRC conducted a workshop for prison officials and health staff on health care, in line with a plan of action for strengthening health care for detainees. Owing to administrative constraints, implementation of the plan ended in December.

The British Red Cross and the ICRC drafted a new partnership agreement, with a view to strengthening cooperation in joint assistance activities locally and abroad, and promoting humanitarian action among influential actors in the UK. Cooperation with the Irish Red Cross Society continued, mainly in promoting IHL and the Movement.

CIVILIANS

The ICRC maintained its dialogue with the relevant authorities, members of civil society, and others concerned, to broaden awareness of the humanitarian needs arising from the violence in Northern Ireland and from past conflict; it emphasized the needs of ex-detainees, former combatants, and victims of sexual and other violence. It encouraged paramilitary groups to consider alternative measures for resolving issues within communities, and promoted respect for humanitarian principles. Meetings with the police in Northern Ireland helped establish dialogue on protecting people affected by paramilitary violence and spread knowledge of the mediation services available from community-based organizations.

ICRC-supported organizations assist people at risk from paramilitary violence

In Northern Ireland, eight community-based organizations kept up their efforts, with ICRC financial and capacity-building support, to mitigate the effects of violence on vulnerable people. One organization carried out programmes for young people. The other seven provided mediation services for people targeted by paramilitary groups; as a result, the threats against some of these people were not carried out. The ICRC and the British Red Cross conducted focus-group discussions with violence-affected community members, which helped ensure that their activities were tailored to people’s needs.

ICRC workshops helped personnel from community-based organizations, the British Red Cross and the Women’s Aid Federation to conduct their activities in line with the Safer Access Framework; workshops organized with the Women’s Aid Federation also strengthened the ability of first responders to provide psychosocial support for victims of sexual and other violence. At ICRC seminars, people working in mediation programmes shared best practices with their peers.

Following on from an agreement signed with the governments of Argentina and the UK in 2016, the ICRC led efforts to identify the remains of more than 120 Argentine soldiers buried in the Falkland Islands/Islas Malvinas¹ (see *Brasilía*).

1. Disclaimer: The designations employed in this document imply neither official endorsement nor the expression of any opinion whatsoever on the part of the ICRC concerning the legal status of any territory, or concerning the delimitation of its frontiers or boundaries. Whenever a disputed territory is given different names by the parties concerned, the ICRC uses those names together, in alphabetical order.

PEOPLE DEPRIVED OF THEIR FREEDOM

The various concerns of detainees held in relation to past conflict and current violence in Northern Ireland, and of security detainees in England and Wales, remained the dominant theme of the ICRC's discussions with the pertinent authorities in Belfast and London; similar discussions were pursued with the authorities in Dublin. The ICRC also met with local organizations that represented detainees, or sought to ensure their well-being, in order to facilitate cooperation on issues of common concern, such as detainees' access to health care and education.

The ICRC visits detainees in every high-security prison in England and Wales

The ICRC visited two high-security prisons in 2016 as part of a pilot programme. In 2017, it secured the authorities' consent to begin visiting all eight high-security prisons, and one women's prison, in England and Wales. In Northern Ireland, the ICRC regularly visited detainees at the Maghaberry prison, a high-security prison where detainees from the same community and/or group were held together, and separated from others. The ICRC visited those in Hydebank Wood on an ad hoc basis. Visits to detainees in Magilligan prison did not take place, but the ICRC maintained dialogue with the prison authorities in case visits would be necessary. In total, it monitored the situation of 139 detainees individually.

These visits were conducted in accordance with standard ICRC procedures. Afterwards, findings were communicated confidentially to the authorities concerned; ICRC delegates also made recommendations for ensuring that detainees' treatment and living conditions were in line with internationally recognized standards and domestic law.

In Northern Ireland, following on from a plan of action they signed in 2016, the health authorities and the ICRC organized a workshop for prison officials and staff on health care for detainees. Further implementation was hindered, as the health authorities faced administrative constraints. The plan of action was ended in December.

The ICRC held a meeting with the Department of Justice in Ireland, with a view to offering to assess the situation of security detainees at one high-security prison.

ACTORS OF INFLUENCE

Bilateral meetings and high-level visits from ICRC officials, including the president, kept the authorities and parliamentarians in Ireland and the UK informed about humanitarian needs and the ICRC's activities and operational challenges in contexts such as Iraq, Syria and Yemen, as well as Northern Ireland. These meetings and visits were also opportunities to relay key messages on humanitarian issues to government ministers, and to cultivate support for ICRC activities at the UK's Department for International Development and at Irish Aid.

The UK's defence ministry draws on the ICRC for advice on certain policy issues

During discussions with UK government and military officials, the ICRC emphasized the necessity of taking humanitarian principles into account in decision- and policy-making; it also stressed the importance of supporting neutral, impartial, and independent

humanitarian action. Interaction with these authorities – through bilateral meetings and multilateral events – enriched policy debates and discussions on various topics, including: the humanitarian-development nexus; the rights of IDPs and migrants, and the issues of concern to them; and prevention of sexual violence during armed conflict. The ICRC continued to expand its dialogue with the Ministry of Defence and the Foreign and Commonwealth Office, in such areas as legal and policy issues connected to the UK's engagement overseas, including compliance with IHL.

The ICRC maintained its dialogue with the UK military on operational matters. Military personnel discussed IHL, the goals of the Health Care in Danger project, and other humanitarian issues at sessions organized by the ICRC, and during meetings and events abroad (see *International law and policy* and *Washington*, for example).

In Northern Ireland, the ICRC sustained its dialogue with pertinent parties; it encouraged them to help mitigate the impact of violence and address its consequences, and to foster support for its activities (see *Civilians*).

The ICRC continued to strengthen cooperation with Ireland in areas of common concern. It discussed the possibility of assessing the situation of detainees (see *People deprived of their freedom*). During bilateral meetings with senior officials, the ICRC discussed international issues of pressing humanitarian concern and cultivated support for its activities.

Academics, members of civil society and others discuss humanitarian issues at ICRC events

Policy-makers, academics, representatives of NGOs and think-tanks, and other influential actors exchanged views on various humanitarian issues at events organized or attended by the ICRC. These occasions also helped to strengthen relations with these parties and to identify opportunities for cooperation.

The London-based Institute of International Strategic Studies, the Swiss Federal Ministry for Foreign Affairs, and the ICRC organized a conference in Geneva on the humanitarian consequences of urban warfare. The new vice-president-designate of the ICRC gave the keynote address at a research conference on humanitarian aid during protracted conflicts; policy-makers, academics, and humanitarian professionals attended the conference. Following this event, the UK government and the ICRC increased cooperation in promoting research in such topics. The ICRC organized a forum with Chatham House on developing a comprehensive response to internal displacement in various countries; the panel – which contained an ICRC representative – also discussed an ICRC report from 2016 that examined how African States could best meet the obligations set out in the African Union Convention on IDPs.

Briefings and other modes of interaction with media professionals enabled the ICRC to broaden awareness of IHL and humanitarian principles. The general public learnt about the plight of people in countries affected by conflict or other violence, and about the ICRC's activities, through traditional and online media; the articles and audiovisual materials were produced by the ICRC or with its support.

RED CROSS AND RED CRESCENT MOVEMENT

The British Red Cross and the ICRC maintained their partnership in the UK and elsewhere. Cooperation between them covered such areas as: assistance for people affected by conflict and other violence, including in Northern Ireland; promotion of IHL and the Movement, particularly among influential actors in the UK; and fundraising among various audiences. In 2017, a new agreement – to be signed in 2018 – was drafted to strengthen coordination in joint initiatives, such as using cash transfer programmes to aid violence-affected people.

The British Red Cross and the ICRC jointly sponsored a case study that contributed to worldwide policy debates on local humanitarian action in various countries. In order to strengthen its fundraising efforts in the private sector, the ICRC assigned a second fundraising adviser to work with the British Red Cross; the first one was assigned in 2016.

The British Red Cross and the ICRC met regularly; this improved cooperation between them and increased their operational effectiveness. The ICRC's engagement with the Irish Red Cross continued, largely through regular meetings with senior officials, including the chairperson. An event in Northern Ireland helped the British Red Cross, the Irish Red Cross, and the ICRC to raise public awareness of the Movement and its activities within the country and elsewhere.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					
			Women	Minors	
Places of detention visited		11			
Detainees in places of detention visited		4,356	53		
Visits carried out		20			
			Women	Girls	Boys
Detainees visited and monitored individually		139	12		
	<i>of whom newly registered</i>	89	12		
RCMs and other means of family contact					
RCMs distributed		1			

NEAR AND MIDDLE EAST

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The ICRC reminded parties to conflicts to fulfil their obligations under IHL and other norms to respect and protect civilians, including patients and medical workers, and to ensure their access to essential services and humanitarian aid.
- ▶ Millions of people, particularly in Iraq, the Syrian Arab Republic (hereafter Syria) and Yemen, met their urgent needs with food and essential household items distributed by the ICRC, usually with the National Societies.
- ▶ Over 28 million people gained or maintained access to water and other basic services through various ICRC initiatives, including repairs or renovations to infrastructure, donations of materials and support to local service providers.
- ▶ Ill or injured people across the region received appropriate care at ICRC-supported facilities. Following a cholera outbreak in Yemen, ICRC support enabled facilities to set up cholera-treatment units and handle roughly 86,000 cases.
- ▶ Detainees in several contexts – including foreigners held in relation to the fighting to retake territories from the Islamic State group – received visits from the ICRC, which monitored their treatment and living conditions.
- ▶ Members of families dispersed by conflict, migration or detention reconnected through the Movement's family-links services. The fate of thousands of people missing in relation to past or current conflicts remained unknown, however.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	6,709
RCMs distributed	8,884
Phone calls facilitated between family members	16,833
Tracing cases closed positively (subject located or fate established)	2,342
People reunited with their families	10
<i>of whom unaccompanied minors/separated children</i>	8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	313
Detainees in places of detention visited	133,755
<i>of whom visited and monitored individually</i>	10,111
Visits carried out	1,349
Restoring family links	
RCMs collected	9,948
RCMs distributed	3,697
Phone calls made to families to inform them of the whereabouts of a detained relative	35,038

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 3,834,600	4,933,422
Essential household items	Beneficiaries 2,621,600	3,200,306
Productive inputs	Beneficiaries 742,800	346,777
Cash	Beneficiaries 225,595	136,263
Vouchers	Beneficiaries 91,000	91,084
Services and training	Beneficiaries 935	200,341
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 21,234,003	28,198,123
Health		
Health centres supported	Structures 81	103
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 37	116
Water and habitat		
Water and habitat activities	Beds 4,407	9,809
Physical rehabilitation		
Projects supported	Projects 25	29
Patients receiving services	Patients 116,300	116,562

EXPENDITURE IN KCHF	
Protection	59,302
Assistance	402,967
Prevention	30,725
Cooperation with National Societies	26,693
General	2,718
Total	522,405
<i>Of which: Overheads</i>	<i>31,862</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%
PERSONNEL	
Mobile staff	548
Resident staff (daily workers not included)	2,660

DELEGATIONS

- Egypt
- Iran, Islamic Republic of
- Iraq
- Israel and the Occupied Territories
- Jordan
- Lebanon
- Syrian Arab Republic
- Yemen

REGIONAL DELEGATION

- Kuwait



 ICRC delegation  ICRC regional delegation  ICRC mission



Yemen, Sa'ada governorate. The ICRC distributes food and essential household items to help people affected by heavy fighting to meet their urgent needs.

HUMANITARIAN NEEDS AND RESPONSES

In 2017, ICRC operations in the Middle East focused on addressing the humanitarian consequences of ongoing armed conflicts and other situations of violence, characterized by hostilities and atrocities that displaced some 20 million people and left 56 million people in need of aid, according to UN estimates. In the Syrian Arab Republic (hereafter Syria), the ICRC's work to protect and assist conflict-affected people, remained one of its biggest undertakings: the organization maintained its region-oriented approach, helping alleviate the plight of people who remained in Syria and those who had fled to neighbouring countries such as Iraq, Jordan and Lebanon. In Iraq, the ICRC scaled up its activities to respond to the emergency needs of people affected by the fighting to retake territories from the Islamic State group. In Yemen, the ICRC expanded its activities for people who had to cope with supply shortages and other consequences of protracted and intensified violence, and whose needs were later compounded by a cholera outbreak. It launched budget extension appeals and increased its presence in those countries, to support such expansion of activities. Across the region, the ICRC focused on aiding the most vulnerable people, particularly IDPs, residents in communities hosting IDPs or migrants, and returnees.

Armed conflict in large swaths of the region resulted in volatile conditions that impeded the ICRC's humanitarian action to varying degrees. Specific challenges – such as the large number of armed groups and limited acceptance of the ICRC in Syria, limited contact with certain parties to the conflict in Iraq, and logistical constraints in Yemen – hampered the implementation of some activities. Nevertheless, the ICRC remained committed to carrying out its work, especially where there were few humanitarian organizations or where needs were most acute. It engaged in dialogue

with influential actors across the region to foster an environment conducive to respect for IHL and to humanitarian action. Parties to conflicts were urged to respect and protect civilians and ensure their access to medical and/or humanitarian aid. The ICRC monitored vulnerable people – such as those affected by the Syrian crisis – and shared documented allegations of abuse with the parties concerned, urging them to prevent the recurrence of such abuse. Such interactions enhanced the ICRC's ability to reach people in need of aid; in Syria, for instance, the National Society and the ICRC had broader access to some conflict-affected places. They conducted more field trips than in the past to assess needs and deliver aid, sometimes in coordination with the UN; some of these trips were organized in besieged and/or hard-to-reach areas. A new office was opened in Hassakeh, to better serve communities in the north-east.

The region's National Societies conducted their own activities effectively, partly thanks to ICRC support. Partnerships with them were crucial to reaching as many beneficiaries as possible. For example, in Syria, relief distributions were conducted primarily with National Society teams.

Millions of people met their urgent needs with the help of food and household essentials distributed by the ICRC, usually with the National Societies. Among the beneficiaries were: IDPs, residents and returnees in Syria, including those in besieged or hard-to-reach locations controlled by the government or held by armed groups; people affected by the fighting in and around Mosul, Iraq; and those suffering from the shortage of basic goods in Yemen. With ICRC support, local bakeries and/or charity kitchens in Iraq, Syria and Yemen helped provide food to beneficiaries. Thousands of people covered their basic expenses and/or paid for essential

services with ICRC cash assistance. Among them were IDPs living near functional markets in Iraq, and women-led Syrian households in Jordan.

Impeded access to health care was one of the most life-threatening consequences of the widespread violence. During its contact with parties concerned and other influential actors, the ICRC emphasized the need to safeguard patients and health services from abuse. With ICRC training, thousands of emergency responders – among them weapon bearers and National Society volunteers – bolstered their first-aid skills. Medical service providers in Egypt, Iraq and Jordan improved their readiness to respond to mass-casualty situations and other emergencies. With ICRC support, the Lebanese Red Cross provided emergency medical services for wounded people in Lebanon, and the Palestine Red Crescent Society delivered the same services throughout the occupied Palestinian territory. The ICRC also helped the latter obtain crossing/transport permits for patients in need of medical care outside the Gaza strip.

People in need of hospital care, many of them weapon-wounded, were treated at facilities that maintained their services with the ICRC's help. In Yemen, the staff of several hospitals near front lines were assisted by ICRC personnel on site. In Iraq, injured people from Mosul and nearby areas were referred for treatment to facilities supported by ICRC surgical teams, supplies and other assistance. In Tripoli, Lebanon, an ICRC team continued to run the Weapon Traumatology and Training Centre (WTTC), comprising a reconstructive surgery unit and a post-operative rehabilitation unit. People treated at the WTTC included patients from Iraq and people wounded in relation to the conflict in Yemen. The ICRC conducted specialized workshops – for instance, in Gaza, on vascular surgery – to help boost local capacities to provide care.

Hundreds of thousands of people were able to access basic health care. In Syria, people in six governorates obtained preventive and curative health care at seven mobile health units and nine polyclinics run by the National Society with comprehensive support from the ICRC. Refugees and residents received similar care at 12 ICRC-supported facilities along the Lebanese–Syrian border and in Palestinian camps in Lebanon. Asylum seekers obtained health services from ICRC medical teams deployed at two crossing points on the Jordan–Syria border; those activities were discontinued when the asylum seekers were relocated and the number of new arrivals decreased. Following the cholera outbreak in Yemen in May, regular ICRC support enabled 19 facilities to set up cholera-treatment units and handle roughly 86,000 cases.

The ICRC managed or supported physical rehabilitation centres in Iraq, Syria, Yemen and the Gaza Strip, to help ensure physically disabled people had access to rehabilitative care; in Lebanon, more such centres were supported than in past years. Through these centres, people availed themselves of physiotherapy and other services, and assistive devices. In parallel, the ICRC pursued efforts to mitigate the humanitarian consequences of weapon contamination in parts of the region. In the Islamic Republic of Iran, for instance, over 305,000 residents living in – and Afghan migrants passing through – areas affected by mines and explosive remnants of war (ERW) learnt safe behaviour at dissemination sessions conducted by the National Society with ICRC support. Similar briefings were held for tens of thousands of IDPs, returnees, health workers and journalists in Iraq. In Gaza, ICRC-supported actors cleared mines/ERW, enabling farmers to access their fields, some for the first time since 2014.

Over 28 million people gained or maintained access to water and other basic services through various ICRC initiatives. In Syria, the ICRC worked on various projects – in partnership with the authorities, local actors or the National Society – which helped ensure the water supply and adequate living conditions for 15 million people countrywide. People who were not connected to the public supply grid received trucked-in water. In Iraq, ICRC infrastructural renovations and donations of water-treatment chemicals helped stabilize the water supply for about 3.2 million residents, returnees and IDPs in violence-prone and/or underserved areas, and areas retaken by government forces. In Yemen, some 4.4 million people had access to potable water and/or were less at risk of contracting cholera and other water-borne diseases, thanks to various ICRC infrastructural projects and capacity-building initiatives for service providers.

Where security conditions and/or market conditions were relatively stable, the ICRC helped tens of thousands of vulnerable resident or returnee households build their self-sufficiency; it stepped up such efforts in Iraq and Syria. Owing to the National Society's and the ICRC's enhanced access to violence-affected areas in Syria, more households than planned benefited from livelihood support. In Yemen, herding households improved the health of their livestock, with the help of ICRC-trained local animal health workers. In Gaza, households improved their yields, with ICRC-provided fertilizer and seed. Breadwinners in Gaza and female heads of households in Jordan pursued livelihood activities with ICRC cash grants.

In accordance with its standard procedures, the ICRC visited detainees in Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Qatar and Yemen, and in the occupied Palestinian territory. Visits to inmates in Syria resumed in July 2017; the ICRC had put such visits on hold in September 2016 and explained its standard procedures to the authorities concerned. During visits, the ICRC monitored detainees' treatment and living conditions; it also helped foreign detainees – including those held in relation to the fighting to retake territories from the Islamic State group – to reconnect with their relatives and/or notify the UNHCR or their consular representatives of their situation. Based on its visits, the ICRC shared its feedback confidentially with the authorities; discussions centred particularly on respect for judicial guarantees and adherence to the principle of *non-refoulement*. Penitentiary authorities and/or staff – for instance, in Kuwait and Jordan – drew on ICRC support to improve prison management or detainees' access to health care. Inmates in selected prisons benefited from ICRC donations of medical equipment and supplies, and/or upgrades to water, sanitation or other facilities.

Thousands of residents, IDPs, migrants and detainees contacted relatives through Movement family-links services. People sent RCMs and/or made phone or video calls to relatives detained either domestically or abroad; others – such as former internees relocated in third countries and Palestinians detained in Israel – benefited from ICRC-organized or facilitated family visits. People returned home or resettled in third countries with the help of ICRC travel documents. In several contexts, the ICRC acted as a neutral intermediary between the actors concerned to enable people to cross borders, demarcation lines or front lines – or to exchange official documents across these – for humanitarian purposes.

The ICRC continued to help families acquire information on their missing relatives. In total, the ICRC resolved more than 2,000 cases of missing persons across the region; however, the fate of thousands

of people missing in relation to past or current conflicts remained unknown. At the request of the families concerned, the ICRC submitted enquiries to the pertinent parties – for instance, in Syria – regarding people allegedly arrested or detained. With the ICRC acting as a neutral intermediary, the parties concerned pursued their work to ascertain the fate of people missing in connection with the 1980–1988 Iran–Iraq war and the 1990–1991 Gulf War. Joint excavations conducted by Iranian and Iraqi experts, with ICRC support, led to the recovery and repatriation of the remains of 678 people. Several exhumation missions were made in Kuwait, but no remains in relation to the 1990–1991 Gulf War were recovered. The Israeli authorities, following ICRC representations, returned the remains of some Palestinians – reportedly killed during attacks on Israelis – to their families. However, no progress was made in clarifying the fate of people missing in connection with the 2014 hostilities, of Israelis missing in action or of Jordanians missing in Israel since the 1980s. In Lebanon, the ICRC continued to collect forensic data from families of missing persons, in preparation for future identification efforts. In addition, the ICRC helped strengthen – for instance, through training – forensic capacities in Egypt, Iraq, the Islamic Republic of Iran, Lebanon, Syria, Yemen and Member States of the Gulf Cooperation Council (GCC).

The ICRC continued reaching out to government authorities, including national IHL committees, military and police forces, and civil society leaders, through dialogue, training and events, to broaden acceptance of humanitarian principles, IHL and the Movement. It pursued its work with the League of Arab States, based in Cairo, Egypt, to promote IHL implementation in the country and other Arab States. Owing to various challenges, the Qom Centre for Comparative Studies on Islam, in the Islamic Republic of Iran, closed down towards the end of the year, obliging the ICRC to withdraw its support after 11 years. In Yemen, the ICRC was able to resume dialogue on IHL with Islamic circles.

Jordan hosted the ICRC's logistical hub for operations in the region and beyond, and the main training centre for ICRC staff working in the Balkans, the Caucasus and the Middle East. The regional communication centre in Cairo supported ICRC efforts to promote IHL throughout the Arabic-speaking world. The ICRC opened a new office in Dubai, United Arab Emirates, with a view to expanding networking efforts among GCC Member States.

PROTECTION MAIN FIGURES AND INDICATORS

NEAR AND MIDDLE EAST

	CIVILIANS														
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	People reunited with their families	of whom UAMs/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred or repatriated	Human remains transferred or repatriated	Tracing cases closed positively (subject located or fate established)	People to whom travel documents were issued	Places of detention visited	Detainees in places of detention visited	of whom women	of whom minors
Egypt	59	64	2,810	51						174	516				
Iran, Islamic Republic of	135	163	8	5	1	1	9		58	42					
Iraq	2,583	4,885	67		1	1	131	5	620	1,867	16	101	50,251	2,138	3,212
Israel and the Occupied Territories	482	872			5	5		6	8	12	1	97	21,106	400	605
Jordan	177	748	13,377							12	78	21	14,130	571	35
Lebanon	41	105			2			3	8	15	21	25	7,566	919	239
Syrian Arab Republic	161	108	224		1	1	4			111	69	8	17,823	922	594
Yemen	3,062	1,905	222					3	365	109	12	21	9,193	112	211
Kuwait (regional)	9	34	125								8	40	13,686	1,658	228
Total	6,709	8,884	16,833	56	10	8	144	17	1,059	2,342	721	313	133,755	6,720	5,124

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits carried out	Detainees visited and monitored individually	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	RCMIs collected	RCMIs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
															Egypt
														277	Iran, Islamic Republic of
367	3,343	669	70	507	2,721	657	67	450	7,617	2,683	25,228	19		294	Iraq
606	3,812	66	12	240	2,345	38	8	232	1,092	524	8,674	7,940		9,503	Israel and the Occupied Territories
61	1,105	116	2		961	109	2		706	186	264			25	Jordan
156	782	50	9	30	548	44	9	25	344	197	576	45		24	Lebanon
12	149	32		11	100	21		11	62	7	60			2	Syrian Arab Republic
40	727			23	688			23	34	15	180		7	6	Yemen
107	193	140			167	140			93	85	56		1	1,063	Kuwait (regional)
1,349	10,111	1,073	93	811	7,530	1,009	86	741	9,948	3,697	35,038	8,004	8	11,194	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

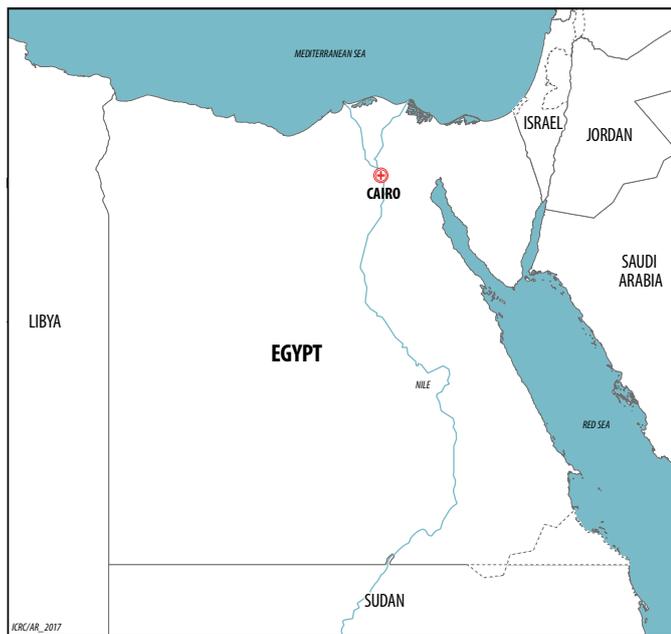
NEAR AND MIDDLE EAST													
	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM	
	CIVILIANS - BENEFICIARIES							HEALTH CENTRES				Essential household items	Water and habitat activities
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations	Immunizations (patients)		
Egypt	26,830	26,830		1	84								
Iraq	1,176,270	1,089,988	33,710	75,564		200,128	7,391,421	44	388,875	350,944	193,432	36,722	11,102
Israel and the Occupied Territories		288	30,300	5,265			1,118,301					12,078	1,501
Jordan	28,385	25,846		10,317			212,773	2	386	2,037		7,767	
Lebanon	11,691	11,916	660	16,255			70,857	12	396,000	198,237	7,589	2,807	1,286
Syrian Arab Republic	3,269,593	1,841,295	146,482				15,000,000	16	1,128,440	217,059	1,803	10,500	3,300
Yemen	420,653	204,143	135,625	28,861	91,000	213	4,404,771	29	525,972	474,366	101,508	19,571	6,823
Totals	4,933,422	3,200,306	346,777	136,263	91,084	200,341	28,198,123	103	2,439,673	1,242,643	304,332	89,445	24,012
<i>of whom women</i>	1,523,511	1,008,175	98,526	44,844	22,774	63,081	8,386,738					4,403	1,590
<i>of whom children</i>	2,008,059	1,281,626	159,804	57,957	50,087	80,101	11,425,397					1,525	1,303
<i>of whom IDPs</i>	3,769,519	2,461,483	117,274	52,216		3,944	2,439,333						

WOUNDED AND SICK

FIRST AID		HOSPITALS					PHYSICAL REHABILITATION							
Sessions	Participants (sum of monthly data)	Hospitals supported	including hospitals reinforced with or monitored by ICRC staff	SURGICAL ADMISSIONS			Projects supported	Patients receiving services (sum of monthly data)	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
				Weapon-wound admissions	Non-weapon-wound admissions	Operations performed								
13	173													Egypt
100	2,210	32	5	828	1,304	3,939	13	36,538	1,292	10,966	2,910	19,130	13,606	Iraq
		11	7	1,464	44,133	40,128	1	2,475	58	1,319	168	1,830	911	Israel and the Occupied Territories
11	275	3												Jordan
21	290	19	8	680	2,925	3,734	8	1,926	188	507	217	781	204	Lebanon
19	652	24					2	3,912	364	107	729	183	2,307	Syrian Arab Republic
29	605	27	11	12,085	23,549	32,261	5	71,711	673	10,257	955	21,137	33,131	Yemen
193	4,205	116	31	15,057	71,911	80,062	29	116,562	2,575	23,156	4,979	43,061	50,159	Total
								24,115	444	3,467	748	6,696	11,412	<i>of whom women</i>
								51,102	369	14,900	641	27,730	20,313	<i>of whom children</i>
														<i>of whom IDPs</i>

EGYPT

COVERING: Egypt, League of Arab States



KRC/AR_2017

ICRC delegation

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Families displaced by the violence in Sinai received food and household essentials, through emergency distributions conducted by the Egyptian Red Crescent Society with ICRC support.
- ▶ Members of dispersed families learnt of their relatives' whereabouts via the Movement's family-links services. Unaccompanied foreign minors received psychosocial support and other assistance from an ICRC-backed NGO.
- ▶ First responders from the National Society and the Egyptian Ambulance Organization bolstered their ability, through ICRC training, to provide emergency care during mass-casualty situations.
- ▶ The ICRC pursued dialogue with the authorities on the possibility of helping them address the needs of detainees and their families and of people affected by the situation in Sinai.
- ▶ Members of the Egyptian armed forces learnt more about IHL and international law enforcement standards at workshops and dissemination sessions conducted by the ICRC.

EXPENDITURE IN KCHF

Protection	467
Assistance	1,313
Prevention	1,100
Cooperation with National Societies	1,267
General	47
Total	4,193
<i>Of which: Overheads</i>	<i>256</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	112%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	48

The ICRC has been in Egypt, with some interruptions, since the beginning of the First World War. It works with the Egyptian Red Crescent Society and other health-care providers or institutions to help them boost their preparedness to address needs arising from situations of violence; as necessary, it provides aid to people fleeing violence abroad. It seeks to visit people detained in Egypt. The ICRC's regional legal advisory, communication and documentation centre works with the League of Arab States and other ICRC delegations to promote the incorporation of IHL in domestic legislation, military training and academic curricula throughout the Arab world.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	59
RCMs distributed	64
Phone calls facilitated between family members	2,810
Tracing cases closed positively (subject located or fate established)	174

ASSISTANCE

	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 600	26,830
Essential household items	Beneficiaries 600	26,830
Cash	Beneficiaries	1
Vouchers	Beneficiaries	84

CONTEXT

A number of attacks took place in Egypt – for example, at places of worship in Sinai, and in Alexandria and Tanta; hundreds of people were wounded or killed. In Sinai, clashes between Egyptian military/security forces and armed groups continued to take place. Casualties, displacement and mass arrests were reported, but security and other constraints made it difficult for international humanitarian organizations to reach the area.

Thousands of migrants, including asylum seekers and refugees, continued to pass through Egypt or remain there after their arrival; they were mainly from neighbouring countries affected by armed conflict or other situations of violence, such as Iraq, Libya, Somalia, the Syrian Arab Republic (hereafter Syria) and Yemen. Media organizations covering the region reported cases of migrants being arrested for allegedly crossing into Egypt unlawfully.

Egypt played an active role at the African Union Peace and Security Council. It headed the counter-terrorism committee of the UN Security Council, of which it was a non-permanent member; it also won a seat, with a three-year term, on the UN Human Rights Council.

Cairo, the capital, hosted the headquarters of the Arab Inter-parliamentary Union (AIPU) and the League of Arab States (LAS).

ICRC ACTION AND RESULTS

The ICRC continued to work with the Egyptian Red Crescent Society and other organizations to respond to humanitarian needs arising from the situation in Egypt and in the wider region. It maintained its efforts to discuss with the Egyptian authorities the valuable assistance it could provide them in improving the plight of detainees and of people affected by the situation in Sinai. However, the ICRC remained without direct access to both people in Sinai and detainees.

The ICRC strove to assist vulnerable people, including those it could not reach directly, as in Sinai (see *Context*). It supported National Society distributions of emergency relief to families affected by the situation in Sinai. Palestinians who had fled Syria obtained basic necessities, including food, with vouchers distributed by the National Society and the ICRC. Unaccompanied minors, mainly from Egypt's conflict-affected neighbours, received psychosocial support and other assistance from an ICRC-backed NGO.

Egyptians and migrants, including refugees and asylum seekers, used the Movement's family-links services to restore or maintain contact with relatives separated from them. The ICRC issued travel documents to foreign nationals to facilitate their resettlement in third countries.

The ICRC worked with various health-care providers and institutions, and helped them develop their ability to respond to emergencies, especially mass-casualty incidents; it also resumed its collaboration with the health ministry. It organized courses on war surgery and emergency-room trauma care for civilian and military doctors and nurses, and provided technical, material and financial assistance for the National Society's emergency action teams. The Egyptian Ambulance Organization (EAO) drew on the ICRC's advice to revise its operational guidelines and training programme. The ICRC gave the National Society and other organizations training and ad hoc material support to strengthen

their capacities in managing human remains during emergencies. With a view to furthering the aims of the Health Care in Danger project, the ICRC emphasized the protection due to those seeking or providing medical care, during its training and information sessions for military personnel, National Society volunteers and medical professionals. The National Society's emergency action teams, working closely with the EAO, provided first aid and medical evacuation for people wounded in mass-casualty incidents. ICRC support enabled the National Society to form more of these teams. The National Society gave kits for treating wounded people – donated by the ICRC – to two hospitals.

Egyptian armed forces (EAF) personnel, including peacekeepers bound for missions abroad, learnt more about IHL, international policing standards and other relevant norms through ICRC courses and information sessions. These events also gave the ICRC the opportunity to discuss the goals of the Health Care in Danger project, the necessity of preventing sexual violence, and other issues of humanitarian concern. An ICRC module on war surgery was incorporated in the curriculum of the Military Medical Academy, with help from the EAF's medical services. At courses in Egypt and elsewhere, organized or supported by the ICRC, senior military officers broadened their understanding of IHL provisions pertinent to their duties.

The ICRC worked with the LAS to promote IHL implementation in Egypt and other Arab States. Government officials, including diplomats and judges, and academics learnt more about IHL implementation at courses in Egypt and abroad. The ICRC briefed members of parliament, and of the National Council for Human Rights, on its mandate and its activities in Egypt and the wider region.

The regional communication centre in Cairo supported the ICRC's efforts to promote IHL throughout the Arabic-speaking world, by producing written and audiovisual materials and updating the ICRC's Arabic-language online platforms.

CIVILIANS

The ICRC remains without direct access to people in Sinai

The ICRC continued to follow the humanitarian situation in Sinai and other parts of the country through publicly available sources. Although a specific dialogue on respecting IHL, international human rights law and other applicable norms in Sinai was impracticable, the delegation continued to take every opportunity available to inform the relevant stakeholders about IHL and other applicable rules (see *Actors of Influence*) and how the ICRC could help them; it also expressed its concern for victims of organized violence and fighting.

Because it has no direct access to Sinai, the ICRC provided financial, technical and material support to the Egyptian Red Crescent Society, enabling it to deliver aid to displaced families there. During the first quarter of 2017, the National Society distributed food and hygiene parcels to more than 25,000 people (4,700 households), after which its volunteers assessed their needs again. A second round of distributions was scheduled for January 2018.

Palestinians who fled Syria meet some of their urgent needs

Some 35 Palestinian households (70 people) who had fled the conflict in Syria received vouchers that they could exchange for food and household items at local supermarkets. The ICRC paid for these vouchers, which were distributed by the National Society,

during the first quarter of 2017; the National Society and the German Red Cross took over the voucher programme thereafter.

Unaccompanied migrant children are given assistance

The ICRC continued to assist St Andrew's Refugee Services (StARS) financially. More than 2,400 unaccompanied minors received psychosocial and educational support from StARS. Particular attention was paid to female minors, with a view to protecting them from sexual violence or other abuse; they were given food, hygiene parcels and sleeping bags. Newly arrived males, or those considered particularly vulnerable, also received one-off assistance.

Members of dispersed families establish or maintain contact with each other

Egyptians and migrants – including refugees and asylum seekers – used the Movement's family-links services to restore or maintain contact with relatives separated from them by armed conflict or other violence. Families made 2,810 phone calls to relatives abroad, and sent RCMs or oral messages to those detained in other countries and visited by ICRC delegates there. The ICRC was able to provide information, to the families concerned, about 174 people for whom tracing requests had been made.

In coordination with the UNHCR and the embassies concerned, the ICRC issued travel documents to 516 foreign nationals without valid identification papers, to facilitate their resettlement in third countries.

Three repatriated Egyptians formerly detained at the US internment facility at Guantanamo Bay Naval Station in Cuba were given vouchers, to help them cover their basic needs as they reintegrated into their communities.

Key institutions develop their ability to manage human remains

The EAO, the Egyptian Forensic Medicine Authority (EFMA) and the National Society developed expertise in managing human remains during emergencies, with ICRC support. The ICRC discussed the establishment of a national working group on the management of human remains with the actors concerned. The ICRC organized or provided training for first responders, including a train-the-trainer course, and sponsored EFMA doctors for training overseas. It conducted information sessions on managing human remains for forensic doctors and cadets from a military college.

The EAO was given body bags for use after violent incidents in public places (see *Context*).

PEOPLE DEPRIVED OF THEIR FREEDOM

As it had no access to them, the ICRC relied on sources of various kinds to monitor detainees' treatment and living conditions; it maintained its dialogue with the National Council for Human Rights on the humanitarian situation in prisons. Although a substantial dialogue with the pertinent authorities did not materialize, the ICRC continued to take every opportunity available to persuade them of the strictly humanitarian nature of its activities for detainees.

WOUNDED AND SICK

The ICRC continued to support local actors' provision of casualty care, from first aid to advanced hospital care, particularly during mass-casualty situations. The ICRC conducted information

sessions for weapon bearers (see *Actors of influence*) training for medical professionals and volunteers from the Egyptian Red Crescent Society (see below); it reminded all the participants of the protection due to people seeking or providing medical care.

Medical professionals strengthen their capacities through ICRC courses

Training courses organized by the ICRC in cooperation with the EAF's medical services and the health ministry, enabled 76 military doctors, surgeons and nurses to strengthen their capacities in emergency-room trauma care and weapon-wound surgery. Eight other military doctors completed a train-the-trainer's course on trauma care; one surgeon was given a diploma after finishing an ICRC war-surgery course in Lebanon. More than 200 military cadets attended a basic course in treating wounded people; the ICRC also organized a course in war surgery for 18 surgeons. An ICRC module on war surgery was incorporated in the curriculum of the Military Medical Academy, with help from the ICRC and the EAF's medical services.

ICRC training helps to increase the number of emergency responders

The EAO – one of the largest ambulance services in the country – continued to receive technical support from the ICRC for bolstering its capacity to handle mass-casualty situations. With support from two ICRC experts in pre-hospital care, it identified gaps in its current set-up and continued to revise its working procedures and training programmes. Workshops and train-the-trainer courses organized or supported by the ICRC enabled EAO personnel to become more capable of managing mass-casualty incidents and conducting risk assessments in line with the Safer Access Framework. Participants were set to train paramedics and ambulance drivers throughout the country, including in Sinai.

ICRC training strengthened the EAF's capacities in first aid. Sixteen people from the EAF's medical services completed a train-the-trainer course in first aid. Some 120 military personnel received first-aid training, and 150 others participated in mass-casualty drills.

The National Society, with support from the EAO and the ICRC, provided first aid and medical evacuation during mass-casualty incidents (see *Context*). The National Society and the ICRC conducted first-aid training for 30 additional National Society emergency action teams, increasing the number of capable team members to 170. In November, the National Society gave kits for treating wounded people – donated by the ICRC – to two hospitals dealing with an influx of wounded people.

ACTORS OF INFLUENCE

The ICRC continued to pursue discussions with the authorities to persuade them of the help it could give them in addressing the needs of detainees and violence-affected people. It also discussed such matters as the Health Care in Danger project and the prevention of sexual violence with government officials. The ICRC briefed members of the National Council for Human Rights, and of the parliament's Human Rights Commission, on its mandate and on its humanitarian activities in the country, including its work for migrants and to ascertain the fate of missing people.

Military personnel strengthen their grasp of IHL and law enforcement standards

EAF personnel learnt more about IHL and international policing standards at ICRC dissemination sessions, some of which were

held at regional army command centres for the first time. Future IHL instructors, including officers from the military justice system, attended train-the-trainer courses. The ICRC discussed its mandate and activities with senior officers and commanders, who described the challenges they faced while leading security operations in Sinai. This paved the way for a detailed discussion between the ICRC and the pertinent army departments on incorporating IHL in military doctrine and training. Officials from the military justice system were given expert advice for drafting a manual on IHL.

The ICRC and the interior ministry maintained their dialogue on incorporating international policing standards in training activities for police and security forces.

Some 100 peacekeepers preparing for missions abroad were briefed by the ICRC on IHL provisions pertinent to their duties.

Government officials, legal professionals and academics learn more about IHL

The ICRC continued to work with the LAS and other regional bodies to promote IHL and its implementation among Arab States. It organized two regional courses with the LAS – one in Beirut (see *Lebanon*) and another in Tunis (see *Tunis*) – conducted in Arabic and attended by 140 government and military officials, diplomats, legal experts and academics; about 40 also attended a training course in Rabat, Morocco, on teaching IHL.

At a workshop held at the LAS's headquarters, government and NGO workers from Egypt and abroad familiarized themselves with humanitarian principles and the protection due to those seeking or providing medical care. In December, military officers from nine Arab countries and LAS officials attended a regional IHL course, in Cairo, for military personnel. To promote respect for IHL, and spread knowledge of it, in the Arabic-speaking world, the ICRC produced written and audiovisual materials in Arabic; these were posted on its website and disseminated through social media channels. Owing to administrative constraints, there were no training sessions for military journalists.

The ICRC maintained dialogue and cooperation with the national IHL committee, with a view to promoting IHL and its implementation. It guided the committee's efforts to draft a law on the use of the red crescent emblem. The ICRC and the committee also conducted a workshop with the Egyptian Red Crescent Society – on IHL and the Health Care in Danger project – for junior civil servants from the justice and foreign ministries. In March, students and professors from Egypt and five other countries in the region took part in a moot court competition organized by Cairo University and the ICRC.

A workshop organized by the National Centre for Judicial Studies and the ICRC enabled 40 judges and prosecutors from the four main branches of the Egyptian judicial system to learn how to apply IHL. At an ICRC seminar, lawyers from the Egyptian Criminal Law Association discussed the Egyptian constitution and its compatibility with the provisions of the Rome Statute.

RED CROSS AND RED CRESCENT MOVEMENT

With financial, material and technical support from the ICRC, the Egyptian Red Crescent Society strengthened its ability to respond to emergencies in Egypt; it also provided assistance to violence-affected people in Sinai (see *Civilians and Wounded and sick*). National Society volunteers learnt about IHL and the Fundamental Principles through information sessions and during first-aid training. Attendance at regional IHL courses (see *Actors of influence*) enabled two National Society trainers to develop their ability to teach IHL. The National Society drew on the ICRC for support in expanding its family-links capacities.

The National Society's emergency action teams exchanged best practices with staff from the Libyan Red Crescent during a training exercise in Cairo. The National Society also trained 25 newly assembled emergency action teams from the Libyan Red Crescent.

The ICRC sponsored the participation of National Society leaders and operational staff in regional and universal Movement meetings and other events.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		59			
RCMs distributed		64			
Phone calls facilitated between family members		2,810			
Names published in the media		51			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		442	114	86	101
	<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases closed positively (subject located or fate established)		174			
Tracing cases still being handled at the end of the reporting period (people)		779	168	122	142
	<i>including people for whom tracing requests were registered by another delegation</i>	47			
Documents					
People to whom travel documents were issued		516			
Official documents delivered across borders/front lines		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	26,830	10,202	7,701
	<i>of whom IDPs</i>	25,505	10,202	6,376
Essential household items	Beneficiaries	26,830	10,202	7,701
	<i>of whom IDPs</i>	25,505	10,202	6,376
Cash	Beneficiaries	1		1
Vouchers	Beneficiaries	84	24	37
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
First aid				
First-aid training				
	Sessions	13		
	Participants (sum of monthly data)	173		

IRAN, ISLAMIC REPUBLIC OF



KRC/AR_2017
ICRC delegation

The ICRC has been in the Islamic Republic of Iran, with some interruptions, since 1977. It seeks to clarify the fate of POWs registered during the 1980–1988 Iran–Iraq war or identified through RCMs. It works in partnership with the Red Crescent Society of the Islamic Republic of Iran in the fields of tracing, physical rehabilitation, international relief efforts and IHL promotion, for which the national IHL committee is also an important partner. It is engaged in dialogue on IHL and Islam. The ICRC supports mine-risk education and access to health care for Afghan migrants.

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Iranian and Iraqi authorities pursued joint efforts to clarify the fate of people missing in connection with past conflict. The remains of over 670 people were recovered and handed over to the pertinent authorities under ICRC auspices.
- ▶ Vulnerable migrants and residents in the suburbs of Mashhad obtained basic health care, psychosocial support and physical rehabilitation services through a project run by a local NGO and the National Society with ICRC support.
- ▶ People separated from their families because of migration, detention or other reasons restored or maintained contact with their relatives through the National Society and the ICRC's family-links services.
- ▶ Thousands of people living in or passing through weapon-contaminated areas learnt to protect themselves from injury through initiatives of the National Society or other local actors and the ICRC.
- ▶ The Centre for Comparative Studies on Islam and IHL fostered understanding of humanitarian principles among religious scholars and legal experts, with ICRC support. However, various challenges led to the centre's closure by year's end.
- ▶ The National Society and the ICRC drafted an agreement outlining joint activities for the next five years. The National Society received basic household items for distribution to survivors of an earthquake at the Iran–Iraq border.

EXPENDITURE IN KCHF

Protection	1,325
Assistance	1,285
Prevention	1,779
Cooperation with National Societies	356
General	73
Total	4,817
<i>Of which: Overheads</i>	<i>294</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	7
Resident staff (daily workers not included)	44

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	135
RCMs distributed	163
Phone calls facilitated between family members	8
Tracing cases closed positively (subject located or fate established)	43
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	<i>1</i>

CONTEXT

Nearly 30 years after the end of the 1980–1988 Iran–Iraq war, thousands of families in the Islamic Republic of Iran remained without information on relatives who went missing in connection with that conflict. People in the provinces bordering Iraq continued to be at risk from mines and explosive remnants of war (ERW), despite the clearance operations being carried out by local actors.

According to official estimates, there were some 2.5 to 3 million migrants, including refugees, in the country; many people also used the country as a transit route, usually heading for Europe. Irregular migrants – many of them Afghans who had settled in the suburbs of the north-eastern city of Mashhad – had little or no access to basic services because of their administrative status. People attempting to cross the border back to Afghanistan were also endangered by mines and ERW.

Many families lacked the means to contact or locate relatives from whom they had become separated, whether as a result of armed conflict, migration, detention or other circumstances.

The Islamic Republic of Iran closely monitored developments related to security and the humanitarian situation in the region and beyond. For instance, it supported Iraq and the Syrian Arab Republic (hereafter Syria) in their fight against the Islamic State group, and was involved in the establishment of “de-escalation zones” in Syria. It also expressed its concern over the humanitarian crisis in Yemen.

ICRC ACTION AND RESULTS

In 2017, the ICRC continued to work closely with the Red Crescent Society of the Islamic Republic of Iran to address humanitarian needs in the country and broaden awareness of humanitarian principles, IHL and the Movement. The two organizations pursued joint activities in line with a 2012–2017 partnership framework agreement, and began drafting an agreement covering the next five years. The National Society received capacity-building support to strengthen its operations.

As a result of such cooperation, dispersed family members, including migrants staying in or passing through the country, were able to restore contact with one another using National Society and ICRC family-links services. Those seeking news of their relatives had tracing requests opened on their behalf. In Mashhad, vulnerable migrants, and some residents, obtained health-care services – including physical rehabilitation, psychosocial support and harm-reduction support – through a project run by the National Society and a local NGO with ICRC backing. Individual consultations, and information sessions and other community-based activities, became forums for community members’ active involvement in addressing some of the issues they faced.

Mine-risk awareness initiatives were carried out by the National Society and local actors such as the Iranian Mine Action Centre (IRMAC) and the State Welfare Organization (SWO); the ICRC provided expert advice. People living in weapon-contaminated areas or passing through them – inhabitants of the western provinces and migrants heading back to Afghanistan – were thus made aware of the dangers of mines and ERW and learnt safe practices. At ICRC workshops, National Society staff identified ways to improve the implementation of such activities and started developing standard procedures to this end. An international

round-table enabled technical experts to share best practices and coordinate their activities in the field of mine-risk education.

The Iranian and Iraqi authorities maintained their joint efforts to clarify the fate of people missing in relation to the 1980–1988 Iran–Iraq war; their activities took place within the framework of the tripartite committee chaired by the ICRC, which served as a neutral intermediary. The committee’s working group facilitated exhumations in Iraq, which led to the recovery of hundreds of sets of human remains and their subsequent handover to the pertinent authorities, under ICRC auspices. All parties agreed to adopt the recommendations of ICRC forensic experts for standardizing their working procedures. The ICRC backed the efforts of the Foundation for Martyrs and Veterans Affairs (Martyrs Foundation), which assisted missing persons’ families, by supporting mental-health training for its social workers so that they could respond more effectively to the families’ needs.

For most of the year, the ICRC continued to support the Centre for Comparative Studies on Islam and IHL in Qom (Qom Centre) in advancing dialogue on the values common to Islamic jurisprudence and IHL among religious scholars and legal experts. Religious scholars attended IHL events abroad, with ICRC sponsorship. However, various challenges meant that no such events could be held in the country; towards the end of the year, the centre’s activities were suspended, and the centre eventually closed down, obliging the ICRC to withdraw its support. The ICRC continued to promote IHL studies among researchers, lecturers and students, and organized several events to this end. IHL seminars tailored for members of the national IHL committee, government officials and military officers encouraged the national integration of IHL.

CIVILIANS

Joint Iranian–Iraqi efforts result in the recovery and handover of human remains

The Iranian and Iraqi governments sustained their joint efforts to clarify the fate of people missing in connection with the 1980–1988 Iran–Iraq war. In line with agreements signed with these governments, the ICRC continued to chair the tripartite committee on missing persons, which tackled broader, structural issues, and its joint working group, which dealt with technical matters; it served as a neutral intermediary and provided them with support.

Two working-group meetings were held, at which forensics specialists from both countries and the ICRC discussed issues related to the recovery and identification of human remains. At the annual meeting of the tripartite committee, the parties concerned took stock of their achievements and laid the ground for future work; all parties agreed to adopt the recommendations made by ICRC forensic experts in 2016, on the standardization of working procedures.

Despite logistical challenges linked to the situation in Iraq, the working group facilitated excavations in southern Iraq and the Iraqi Kurdistan region: the remains of 678 people were recovered. Under the ICRC’s auspices, the remains of 58 people were transferred to the Iraqi authorities, and those of 620 others were handed over to the Iranian authorities (see *Iraq*). The ICRC provided the Iranian institution in charge of identifying human remains with forensic equipment to aid them in their work.

To consolidate their expertise, two specialists from the Legal Medicine Organization participated in an international forensics

conference (see *Kuwait*), and one representative from the National Disaster Management Organization attended a course abroad in managing human remains during and after emergencies (see *Pakistan*), with ICRC support.

Social workers at the Martyrs Foundation – which ran psycho-social-support services for missing persons' families and other victims of war – themselves received mental-health support through National Society and ICRC train-the-trainer initiatives, thus ensuring their ability to assist the families.

Over 270 Iraqi ex-POWs were given attestations of detention to facilitate their application for State benefits and other proceedings.

Members of dispersed families restore contact with one another

People who had become separated from their families used RCMs and ICRC-facilitated phone or video calls to restore or maintain contact with relatives. Among them were migrants, including refugees, staying in or passing through the country, and people whose relatives were interned at the US internment facility at Guantanamo Bay Naval Station in Cuba (see *Washington*) or detained elsewhere. The National Society and the ICRC opened 258 tracing requests on behalf of families searching for their relatives; most of these concerned Afghan migrants who had been heading towards Europe. A number of cases were resolved by the National Society through the 'Trace the Face' service (see *Paris*).

National Society staff and representatives of Iranian NGOs and international organizations explored ways to strengthen family-links activities at workshops organized by the National Society and the ICRC.

Vulnerable people obtain basic health care

In Mashhad, thousands of Afghan migrants, and some Iranians, obtained health services through a project run by a local NGO and the National Society, with ICRC funding and advisory support.

NGO staff conducted home visits to over 1,600 households, providing preventive health care or offering other services, as appropriate. Around 4,000 people received treatment during follow-up visits by a general practitioner; some were referred for specialized diagnosis and care, including physical rehabilitation services provided by the National Society. Others benefited from the National Society's mobile health caravans. Some 1,300 people had consultations with the NGO's workers to discuss their nutritional or psychological needs.

Hundreds of people obtained psychosocial support or other services to mitigate the consequences of drug use; women had access to a shelter set up to address their specific vulnerabilities. People in need of social assistance were referred to the pertinent NGOs.

Information sessions benefited the wider community: thousands of people, including children, picked up good hygiene and health practices and practical life skills; some also learnt more about reproductive health, HIV/AIDS prevention and disaster preparedness.

To make the project more sustainable, trained focal points from among the population were involved in designing various activities: for instance, events that tackled specific social, economic or health-related issues. These provided opportunities for community members to identify and, in some cases, resolve some of the issues they faced.

Health and humanitarian professionals from eight countries learnt how to respond adequately during large-scale emergencies through a HELP (Health Emergencies in Large Populations) course held by a local university, the National Society and the ICRC in Tehran. Moreover, the participants familiarized themselves with the Health Care in Danger project and the Movement's work. The National Society and the ICRC also provided physical rehabilitation training to technicians from Tajikistan.

People learn to protect themselves from mines and ERW

The ICRC worked with local partners to mitigate the consequences of weapon contamination in the country.

Over 305,000 people in areas contaminated by mines and ERW – Iranians living in western provinces and Afghan migrants passing through eastern provinces – learnt safe practices at dissemination sessions conducted by the National Society with the ICRC's financial and technical support. Brochures and posters heightened awareness of the risks and reinforced safety messages. National Society personnel enhanced their skills at two ICRC workshops: they discussed ways to improve the planning and implementation of mine-risk education activities and started developing standard working procedures. National Society personnel were also trained to prepare for and respond to emergencies caused by the use of chemical, biological, radiological or nuclear weapons.

IRMAC, the central coordinator of mine-clearance and related activities, continued to develop its capacities with input from the ICRC. In line with an agreement signed by the two organizations in 2016, IRMAC managers participated in an ICRC workshop on global mine-action efforts and the ICRC's role and capacities in addressing weapon contamination. IRMAC staff undertaking humanitarian demining operations received personal protective equipment. With ICRC financial support, IRMAC produced videos promoting mine-risk awareness in various local languages, and brochures for distribution in 2018.

The SWO and the ICRC signed a memorandum of understanding to run an awareness-raising programme aimed at preventing injuries from mines and ERW in the western provinces. They exchanged information and shared expertise on the subject, and discussed how the ICRC could support the SWO's existing capacities.

An international round-table convened by the National Society and the ICRC brought together technical experts from Iranian organizations, the National Societies of Armenia, Bosnia and Herzegovina, Cambodia, Iraq, Pakistan, Syria and Tajikistan, and the ICRC. Participants shared their experiences and best practices with regard to risk awareness and mine-risk education. The event was also an opportunity for IRMAC, the SWO, the National Society and the ICRC to coordinate their activities more closely.

ACTORS OF INFLUENCE

Dialogue with the Iranian authorities centred on: the ICRC's humanitarian activities for people affected by armed conflict and other situations of violence; its neutral, impartial and independent approach; and IHL-related issues, especially within the context of conflicts in the region. The ICRC emphasized the need for greater compliance with IHL and broader acceptance for its mandate in order to ensure its access to people in need.

Discussions on formalizing the ICRC's legal status in the country continued.

In its engagement with the Parliamentary Union of the Organisation of Islamic Cooperation Member States (PUIC), the ICRC sought to keep humanitarian concerns, including the Health Care in Danger project, on the PUIC's agenda, particularly in view of the annual PUIC conference in 2018.

Authorities discuss IHL-related matters

Cooperation with the national IHL committee, chaired by the National Society, in promoting IHL and advancing its implementation continued. Events organized specifically for government officials and committee members provided a platform for broadening awareness of IHL and furthering its incorporation in domestic legislation. These included conferences on the Convention on Certain Conventional Weapons and on the protection of cultural property (see *New Delhi*), and a round-table in San Remo, Italy, on current issues facing IHL.

Military officials deliberated on IHL-related matters and strengthened their grasp of the ICRC's mandate and activities at a seminar organized by the defence ministry and the ICRC. One foreign ministry official participated in an advanced workshop on the application of IHL in military operations (see *International law and policy*). A draft memorandum of understanding on further cooperation in IHL integration between the defence ministry and the ICRC was submitted to the pertinent authorities for review.

Academics build their expertise in IHL

Outreach to academic circles aimed to increase familiarity with IHL and provide opportunities for cultivating expertise on the subject. Researchers and lecturers exchanged views with their peers at international conferences (see *New Delhi, Pakistan and Sri Lanka*). University students gained hands-on knowledge of the law at the Jean-Pictet Competition on IHL (see *Georgia*) and other moot court competitions held locally and elsewhere (see *Beijing and New Delhi*).

To facilitate IHL research, the ICRC donated various publications, including the updated Commentary on the First Geneva Convention, to university libraries and the national IHL committee's library. Two Iranian IHL scholars contributed to the updated Commentary on the Second Geneva Convention, which was published in May (see *International law and policy*).

Efforts to promote similarities between Islam and IHL encounter difficulties

The ICRC worked with the Qom Centre to foster understanding of and support for humanitarian principles and IHL and their compatibility with Islamic jurisprudence. The centre received financial and technical support for its initiatives. It published books on IHL in Farsi and Arabic, and lent support to Islamic scholars and legal experts in the region; for instance, an ICRC round-table on Islam and IHL, held in Iraq, drew on the centre's academic expertise. Three religious scholars expanded their knowledge of IHL at seminars abroad (see *Pakistan and Tunis*), with ICRC sponsorship.

Because of various challenges, no events on 'Islam and IHL' could take place in the country. Towards the end of the year, the Qom Centre's activities were suspended; the centre eventually closed down, obliging the ICRC to withdraw its support after 11 years.

Media coverage broadens public awareness of humanitarian issues

Contact with members of the Iranian media, particularly those covering conflict zones in the region and beyond, was reinforced to improve reporting on humanitarian needs and ICRC operations in key contexts. Forty local journalists learnt more about the Movement, IHL and humanitarian reporting at an ICRC workshop. Media coverage of its activities broadened public awareness of the ICRC's neutral, impartial and independent humanitarian action, and of IHL.

The National Society strengthened its capacity to promote humanitarian issues in line with the Movement's Fundamental Principles. A workshop for its staff, organized with support from the International Federation and the ICRC, contributed to this end.

RED CROSS AND RED CRESCENT MOVEMENT

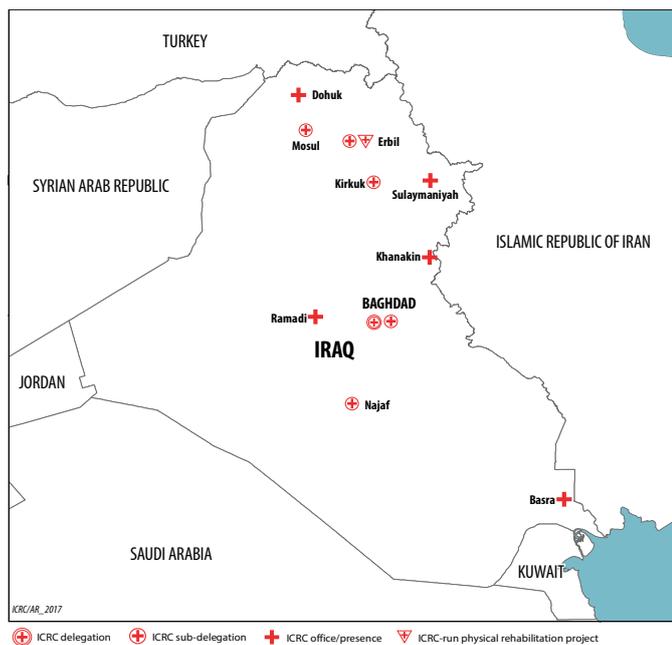
The five-year partnership framework agreement between the National Society and the ICRC expired in June. The two organizations initiated a renewal process and drafted a new agreement outlining areas of cooperation for the next five years.

The National Society and the ICRC worked jointly to restore family links, raise mine-risk awareness, provide health services to vulnerable people in Mashhad, and promote IHL and humanitarian principles (see above). The National Society built its capacities in these areas with training and other support from the ICRC.

Following an earthquake at the Iran–Iraq border in November, the ICRC donated essential household items (kitchen sets, jerrycans, tarpaulins and hygiene kits) to the National Society for distribution to the people affected in the Kermanshah province.

Movement components in the country met regularly to share information on joint activities, and on the humanitarian situation in contexts of interest. The ICRC provided logistical support for the National Society to send a humanitarian consignment of medical items to Yemen, in coordination with the Yemeni health ministry.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		135	1		
RCMs distributed		163			
Phone calls facilitated between family members		8			
Names published in the media		5			
Reunifications, transfers and repatriations					
People reunited with their families		1			
Human remains transferred or repatriated		58			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		258	48	72	70
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases closed positively (subject located or fate established)		43			
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases still being handled at the end of the reporting period (people)		424	89	109	95
<i>including people for whom tracing requests were registered by another delegation</i>		8			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		9	5		
UAMs/SC reunited with their families by the ICRC/National Society		1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		9	5		
Documents					
Official documents delivered across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
RCMs and other means of family contact					
People to whom a detention attestation was issued		277			



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Parties to the conflict were urged to fulfil their obligations under IHL and other applicable norms, particularly to respect civilians, including patients and medical personnel. Contact with certain parties remained limited.
- ▶ The ICRC expanded its contact with authorities, weapon bearers and community leaders. This enabled them to learn more about its work and mandate; it also helped facilitate the ICRC's access to vulnerable communities.
- ▶ Thousands of wounded people, including those with traumatic wounds, were treated by ICRC surgical teams at three hospitals and at an emergency stabilization centre receiving casualties from Mosul and nearby areas.
- ▶ Conflict-affected people, especially IDPs in camps and returnees in retaken areas, received food, water and health care from the ICRC, which expanded these emergency activities to address the growth in needs.
- ▶ Iraqi and Iranian authorities worked jointly to clarify the fate of people missing in relation to past conflict. The remains of over 670 people were recovered and handed over to the pertinent authorities, under ICRC auspices.
- ▶ Detainees had better living conditions after the ICRC gave them hygiene kits and repaired water and other facilities. Authorities strove to manage health emergencies, and sustained an ICRC-backed pilot health project at four prisons.

EXPENDITURE IN KCHF

Protection	18,809
Assistance	96,878
Prevention	7,464
Cooperation with National Societies	4,408
General	470
Total	128,029
<i>Of which: Overheads</i>	<i>7,814</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	158
Resident staff (daily workers not included)	948

The ICRC has been present in Iraq since the outbreak of the Iran–Iraq war in 1980. It engages the relevant parties in dialogue on the protection due to civilians, monitors detainees' treatment and living conditions, and works to ascertain missing persons' fate. It provides IDPs and residents with emergency aid, and/or support to help them restore their livelihoods, particularly in remote and/or neglected, violence-prone areas; supporting physical rehabilitation, primary-health-care and hospital services; and repairing basic and prison infrastructure. The ICRC promotes IHL knowledge and compliance among weapon bearers and coordinates its work with the Iraqi Red Crescent Society.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	2,583
RCMs distributed	4,885
Phone calls facilitated between family members	67
Tracing cases closed positively (subject located or fate established)	1,876
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	101
Detainees in places of detention visited	50,251
<i>of whom visited and monitored individually</i>	3,343
Visits carried out	367
Restoring family links	
RCMs collected	7,617
RCMs distributed	2,683
Phone calls made to families to inform them of the whereabouts of a detained relative	25,228

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 1,170,000	1,176,270
Essential household items	Beneficiaries 720,000	1,089,988
Productive inputs ¹	Beneficiaries 96,600	33,710
Cash	Beneficiaries 125,580	75,564
Services and training	Beneficiaries	200,128
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 2,088,000	7,391,421
Health		
Health centres supported	Structures 27	44
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 14	32
Water and habitat		
Water and habitat activities	Beds	1,000
Physical rehabilitation		
Projects supported	Projects 13	13
Patients receiving services	Patients 39,500	36,538

1. Some of the beneficiaries of livelihood support counted under *Productive inputs* in the Appeal benefited from *Services and training* instead.

CONTEXT

The armed conflict between government forces and armed groups, which began in 2014, continued. Forces of the central government, including 'popular mobilization units', and of the government of the Iraqi Kurdistan region (IKR) – backed by an international coalition with air strikes and technical support – had retaken all territories formerly held by the Islamic State group, notably, the city of Mosul in Ninewa Governorate in July, and Rawa and Al-Qaim in western Anbar Governorate in November. Violations of IHL were reported. Government and coalition forces made arrests in relation to the conflict. Detention facilities were overcrowded, partly because of prolonged pre-trial detention. Clashes also occurred in other parts of Iraq: in September, the IKR government held an independence referendum, which led to violent confrontations between central government and IKR forces in disputed territories.

The conflict, compounded by the effects of past violence, and by ethnic and sectarian tensions, had severe consequences for people in Iraq: while roughly 3 million had reportedly returned to their homes in retaken territories, some 2.6 million people were still displaced at the end of the year. IDPs, returnees and residents struggled to obtain basic services or resume their livelihoods, because of poor security conditions and damaged vital infrastructure. Mines and explosive remnants of war (ERW) remained a threat to public safety.

Around 240,000 refugees from the Syrian Arab Republic (hereafter Syria) were still in Iraq, mainly in the IKR.

Budgetary and other constraints made it difficult for the authorities and humanitarian organizations to mitigate the consequences of the conflict.

ICRC ACTION AND RESULTS

The ICRC focused on responding to the emergency needs of people affected by the fighting in and around Mosul, and elsewhere in Iraq, including Anbar, Diyala, Kirkuk, and Salahuddin Governorates. It scaled up its activities and sought to reach more conflict-affected areas to address the protection concerns of people there, and to ensure their access to basic services and emergency relief; with this in mind, the ICRC launched a budget extension appeal¹ in June. It established a new sub-delegation to manage its activities in Ninewa and mobilized additional staff.

During its interaction with them, the ICRC urged parties to the conflict to fulfil their obligations under IHL and other applicable norms, particularly to protect civilians. Whenever possible, it made bilateral representations to them about specific issues, such as access to health care. The ICRC also promoted respect for IHL while briefing front-line troops, providing support for the armed forces' training initiatives, and giving expert advice to the national authorities. Meetings with authorities, weapon bearers, community leaders and members of civil society also fostered awareness of the ICRC's mandate and activities; contact with certain parties, however, remained limited. All these efforts enabled the ICRC to reach vulnerable people, although some of the hardest-hit communities remained inaccessible because of the uncertain security conditions.

Conflict-affected people, mostly IDPs, received ICRC emergency aid: food, water and household essentials. The ICRC carried out projects to broaden access to water for residents and returnees in violence-prone or underserved areas and in communities with large numbers of IDPs. It provided emergency material and financial assistance for primary-health-care centres that were serving conflict-affected communities near Mosul and elsewhere. Where security and market conditions were relatively stable, the ICRC intensified or expanded its efforts to help vulnerable residents and returnees to resume or strengthen their livelihoods; in conflict-affected areas, it sought to help people mitigate the risk of mines/ERW.

The ICRC stepped up its efforts to ensure the availability of life-saving treatment throughout the casualty care chain. It trained emergency responders and health professionals in first aid and/or trauma care, and helped refer injured or wounded people for further care at hospitals. It maintained its regular support for hospitals in violence-prone areas, and assigned surgical teams to Mosul and near the front line. It continued to manage one physical rehabilitation centre, support several State-run ones, and conduct outreach activities in areas without physical rehabilitation services.

Members of dispersed families reconnected through ICRC family-links services. The ICRC, acting as a neutral intermediary, continued to support the authorities involved in clarifying the fate of people missing in relation to past international conflicts. Institutions and people involved in managing human remains received training and equipment.

The ICRC visited detainees throughout Iraq, including those held in connection with the ongoing conflict, and assessed their situation. It urged the authorities to improve detainees' treatment and living conditions, and helped them manage health emergencies in prisons and enable detainees to contact their families.

The Iraqi Red Crescent Society strove to help people affected by natural disasters. ICRC financial support helped it to address the needs of more people than in the past; a project agreement signed in February was extended to cover the whole year.

CIVILIANS

The ICRC urged parties to the conflict – those with whom it had contact – to fulfil their obligations under IHL and other applicable norms to protect civilians and ensure their access to basic services and humanitarian aid. It made representations based on documented incidents linked to the conduct of hostilities, and requested unobstructed access for patients and their caretakers to medical facilities. It also made representations regarding the disruption of family links in IDP camps, and about other issues affecting IDPs.

Such interaction with authorities, weapon bearers and community leaders helped foster awareness of the ICRC's work and facilitate its access to vulnerable people (see *Actors of influence*). However, because of the volatile situation and its limited contact with some parties to the conflict, the ICRC was, sometimes, delayed in delivering aid or unable to reach some of the hardest-hit communities.

1. For more details on the budget extension appeal, see [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/D5FF4EF6E076DEC0C125814E002E30A2/\\$File/BEA2017_Iraq_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/D5FF4EF6E076DEC0C125814E002E30A2/$File/BEA2017_Iraq_Final.pdf)

IDPs, residents and returnees have access to food, household essentials and potable water

The ICRC's emergency activities – some conducted with the Iraqi Red Crescent Society – focused on addressing the immediate needs of people affected by the fighting in and around Mosul. It continued to help other violence-affected people across Iraq.

Some 1,176,000 people (196,045 households) received food: most were given one-off rations good for a month and were IDPs, residents and returnees in Anbar, Diyala, Kirkuk, Ninewa, and Salahuddin. Some 293,000 people received rations at least twice: for example, IDPs at ten camps cut off from services, where the ICRC distributed food from February to June. Kitchen sets, hygiene kits, winter jackets and other essentials helped around 1,090,000 people (181,665 households) improve their living conditions and keep warm. Unconditional ICRC cash grants enabled about 47,480 people (around 7,900 households) to cover expenses for education, health, rent and heating; most of them were IDPs living near functioning markets.

About 3.5 million people, mostly residents, and roughly 490,000 displaced people had potable water and more sanitary conditions after the ICRC constructed toilets and showers, donated water tanks, and repaired water-treatment plants. In violence-prone and/or underserved areas, and areas retaken by Iraqi forces, renovation of 46 water or sanitation facilities and donations of water-treatment chemicals helped stabilize water supply for another 3.2 million residents, returnees and IDPs; 188 water technicians strengthened their capacities in operating and maintaining water infrastructure. Local authorities and the ICRC renovated a school in Ramadi; 900 girls benefited. Farmers, too, were given infrastructural support (see below). All these efforts reached more beneficiaries than targeted in 2017, partly because the ICRC implemented more projects to respond to increased needs.

Conflict-affected communities obtain basic health care

The ICRC provided supplies, guidance and/or staff training for 20 primary-health-care centres across Iraq, enabling them to provide quality preventive and curative care; it rebuilt three of these centres, and renovated eight.

Patients at these centres who required further attention were referred to other ICRC-supported facilities (see *Wounded and sick*). Similar support and financial incentives for staff reinforced the capacities of centres in Mosul, where government forces had regained control. Vaccination campaigns and the work of community midwives, funded by the ICRC, helped reduce health risks for women and children.

Twenty-four other centres treated patients in conflict-affected areas with ad hoc deliveries of ICRC medical supplies.

Female or disabled breadwinners start small businesses with cash grants

Where security and market conditions were comparatively stable, the ICRC helped farmers and households grow more food or earn more money.

About 5,080 households (33,710 people) cultivated crops, using drip irrigation systems, greenhouse kits, seed and tools provided by the ICRC. Some 29,500 households (199,825 people) in farming communities made use of irrigation canals cleaned and land ploughed, by the ICRC or through cash-for-work programmes; about

2,160 participants (supporting around 10,890 people) benefited from these cash-for-work programmes. Some 1,270 community members (around 8,930 people) received cash to buy seed and fertilizer or pursue their livelihoods. They included herders in Ninewa who maintained their livestock with ICRC-donated fodder and/or through the authorities' animal vaccination campaign, implemented with ICRC financial support.

A total of 1,166 people with physical disabilities and women, including relatives of missing people, started small businesses with ICRC cash grants (benefiting some 6,200 people); vocational or business-skills training helped some 340 of them look for jobs. About 520 female breadwinners (supporting around 2,060 people) received financial assistance to register for State benefits.

ICRC training helped local officials and NGO staff to develop their needs-assessment and emergency response capacities.

People locate and restore contact with their relatives

Separated relatives, particularly foreigners and people in IDP camps, used ICRC family-links services to reconnect. The ICRC informed more people than last year of the whereabouts of their relatives who had gone missing during the fighting to retake territories from the Islamic State group (see *Context*); some had allegedly been arrested and detained (see also *People deprived of their freedom*). A total of 1,876 tracing cases were closed positively, including those of 44 unaccompanied foreign children. The ICRC repatriated five of these children and reunited one with his relatives; it facilitated the transfer of their personal documents.

The ICRC served as a neutral intermediary between the parties involved in clarifying the fate of persons missing in connection with the 1980–1988 Iran–Iraq War (see *Iran, Islamic Republic of*), and with the 1990–1991 Gulf War (see *Kuwait*). It chaired the tripartite committees and their supporting mechanisms that led the effort to resolve missing-persons cases; it made its forensic expertise available to them and helped them improve their working procedures. In relation to the Iran–Iraq War, an ICRC-led working group facilitated excavations in southern Iraq and in the IKR, despite security constraints; afterwards, under ICRC auspices, the remains of 620 people – of which 386 were identified individually – were handed over to the Iranian authorities, and those of 58 people, to the Iraqi authorities.

Medico-legal institutes and other institutions involved in managing human remains received expert advice, supplies and training from the ICRC; forensic experts, sponsored by the ICRC, attended international scientific conferences. Central and regional authorities engaged in ICRC-facilitated dialogue on matters of forensic interest.

People learn safe practices in mine/ERW-contaminated areas

ICRC briefings helped tens of thousands of IDPs, returnees, health workers and journalists learn how to avoid mines/ERW. The mine-action directorate and civil defence office were better placed to conduct risk-education and decontamination activities, with ICRC-provided informational materials and mine-clearance gear.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited and assessed the treatment and living conditions of people held in 101 places of detention in Iraq; 3,343 detainees, among them people held in relation to the ongoing conflict, received individual attention. The ICRC urged the authorities

(see *Actors of influence*), confidentially and during training sessions, to improve detainees' treatment and living conditions, and to respect judicial guarantees. It also engaged them in dialogue about getting access to all detainees in Iraq.

Detainees contact their families

Detainees, including foreigners, reconnected with relatives through RCMs, oral messages and/or phone calls made by ICRC delegates on their behalf. Some families were informed of their relatives' detention, after the ICRC visited these detainees or followed up allegations of arrest with the authorities; foreigners informed their embassies or UNHCR of their detention. Nineteen detainees spent time with relatives through ICRC-organized family visits. At their request, 294 former detainees received attestations of detention for legal or administrative proceedings.

Detainees see some improvements in their living conditions

The ICRC repaired or built water and sanitation facilities and ventilation systems at 18 places of detention, benefiting some 11,000 detainees; 15 staff were given maintenance training. Almost 36,700 people, notably ill detainees, minors or women, received hygiene and/or medical items, and clothes and winter supplies for keeping themselves warm.

The ICRC helped the authorities to improve detainees' access to health care; it monitored the provision of health care in nine prisons. ICRC material and training support for pilot projects at four prison clinics – two in central and southern Iraq, and two others in the north – enabled detainees there to receive basic health care. Four officials attended a course abroad on health care in prisons. The authorities drew on ICRC expertise to tackle scabies outbreaks and other health emergencies; in Ninewa, inmates were evacuated from pre-trial detention facilities and given emergency care at three health clinics that received ICRC comprehensive support.

WOUNDED AND SICK

The ICRC expanded its efforts to ensure that life-saving treatment, throughout the casualty care chain, was both available and accessible. It reminded the pertinent parties that patients and health services were protected under IHL.

Wounded people are treated by ICRC surgical teams

People in violence-affected areas had access to emergency care from personnel and institutions supported by the ICRC. A total of 1,050 ambulance staff, civil defence officials, community members and health workers, and 1,160 weapon bearers, developed their first-aid capacities at workshops run by the Iraqi Red Crescent and/or the ICRC. Iraqi officials learnt how to manage mass casualties through a simulation exercise and a countrywide seminar. At the health ministry's request, the ICRC provided readily identifiable uniforms for first responders working in or near front-line areas.

Weapon-wounded and other injured people from Mosul and nearby areas were referred to facilities that the ICRC supported with surgical teams, medical supplies and other assistance. From January to May, three ICRC surgical teams worked at two hospitals – in Erbil and Ninewa – and at an emergency stabilization centre near a front-line area; they treated over 1,400 patients. Seven National Societies, whose efforts were coordinated by the Finnish Red Cross,

contributed personnel to the teams. These teams were reassigned to other places or just withdrew, when the humanitarian situation changed. From May to September, the ICRC, with the Qatari Red Crescent Society's help, assigned a new surgical team to the only functioning State-run hospital in Mosul.

Following reports of the use of chemical weapons, the ICRC gave staff at the Erbil and Mosul hospitals training and other support for decontaminating facilities. These hospitals treated some people who showed signs of exposure to chemical weapons.

The ICRC facilitated the transfer of six patients to a traumatology centre abroad (see *Lebanon*). Twenty-seven hospitals received emergency donations of medical supplies; staff at one hospital that handled patients from Mosul received financial incentives. The ICRC repaired infrastructure at five hospitals, to help them maintain or resume services.

Doctors and nurses developed their capacities in emergency care, particularly for trauma cases, at courses taught by the ICRC or ICRC-trained instructors. Some of these courses were conducted at a national training centre where the ICRC had renovated various facilities.

Disabled people receive physical rehabilitation services

Disabled people obtained assistive devices and physiotherapy at 13 physical rehabilitation centres that benefited from ICRC support: expert advice, staff training and raw materials. These facilities included: 11 State-run physical rehabilitation centres – two of which reopened after infrastructural work by the ICRC; an ICRC-managed centre; and one run by an NGO. Disabled people – including IDPs, in Anbar, Diyala and Ninewa – were referred to these centres or treated at outreach clinics run by the ICRC.

Notably, the ICRC-managed centre in Erbil treated about 1,300 IDPs and 290 Syrian refugees; it covered accommodation and transportation costs for some of them. Through sessions held at the centre, parents of children with cerebral palsy were trained to provide the necessary care, and to teach other parents what they had learnt.

The authorities, aided by the ICRC, strove to ensure the quality and sustainability of physical rehabilitation services in Iraq, through education, for instance.

Some patients received livelihood support (see *Civilians*).

ACTORS OF INFLUENCE

The ICRC fostered support for its mandate and work, and broadened awareness of humanitarian issues, through dialogue and other activities, particularly with weapon bearers and with community and religious leaders. It conducted training sessions, arranged public events, organized briefings and other interaction with members of the media, and distributed multimedia resource materials: by these means, it drew attention to IHL principles, the plight of people from Mosul, and the goals of the Health Care in Danger project. These efforts also helped to facilitate its access to conflict-affected people (see *Civilians*).

Contact with certain parties, including armed groups, remained limited.

Front-line troops and commanders strengthen their grasp of IHL

The ICRC conducted information sessions and training activities (see *Egypt*), and held meetings, for and with various groups of people; these helped thousands of police personnel, front-line troops and commanders from different branches of the central and IKR forces, and of the Popular Mobilization Forces, become more familiar with IHL and other applicable norms, particularly, in relation to detention. Informational materials on these subjects and the ICRC's activities were distributed at such events.

These initiatives supplemented the ICRC's bilateral dialogue with the authorities and weapon bearers on the protection of civilians (see *Civilians*).

The ICRC continued to develop relationships with members of the international coalition, through meetings with commanders, legal advisers and civil-military coordinators. It drew their attention particularly to the provisions of IHL that governed their support for Iraqi forces, and the legal obligations they had to fulfil.

Authorities and academics learn more about IHL and its domestic implementation

Government authorities received ICRC support for advancing IHL implementation; the ICRC advised members of the national IHL committee on drafting or adopting IHL-related laws and formalizing their roles and responsibilities. These and other government

officials, and academics, learnt more about IHL at ICRC courses abroad (see *Lebanon*, *Morocco* and *Tunisia*) or through training sessions organized by the central government authorities and the ICRC. The Iraqi judicial training institute drew on ICRC expertise to offer an IHL course in its curriculum.

Students added to their knowledge of IHL, and teachers developed their ability to teach it, through ICRC-organized courses and competitions. Religious leaders learnt more about the similarities between Islamic law and IHL, at ICRC-hosted discussions.

RED CROSS AND RED CRESCENT MOVEMENT

The Iraqi Red Crescent Society responded to the needs of vulnerable people in Iraq, particularly during natural disasters.

Despite the lack of a partnership agreement, the National Society received ICRC financial support to implement several activities, through a project agreement signed in February that was extended to cover the rest of the year. The National Society's ICRC-supported activities included distributing bread from National Society-run bakeries and food parcels to IDPs, and delivering potable water to communities in western Mosul.

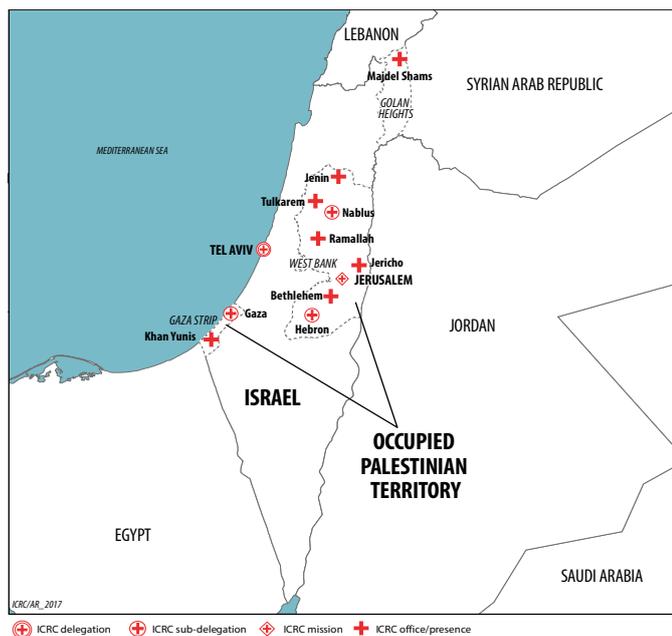
Movement partners also helped the Iraqi Red Crescent to carry out its activities. Six other National Societies supported it bilaterally; they were able to do so, with the ICRC's help in managing security, logistical and administrative constraints.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		2,583	12		
RCMs distributed		4,885	6		
Phone calls facilitated between family members		67			
Reunifications, transfers and repatriations					
People reunited with their families		1			
People transferred or repatriated		5			
Human remains transferred or repatriated		620			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		7,670	279	284	756
<i>including people for whom tracing requests were registered by another delegation</i>		399			
Tracing cases closed positively (subject located or fate established)		1,876			
<i>including people for whom tracing requests were registered by another delegation</i>		9			
Tracing cases still being handled at the end of the reporting period (people)		14,606	655	647	1,186
<i>including people for whom tracing requests were registered by another delegation</i>		411			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		155	66		
UAMs/SC reunited with their families by the ICRC/National Society		1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		131	52		
Documents					
People to whom travel documents were issued		16			
Official documents delivered across borders/front lines		19			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		101			
Detainees in places of detention visited		50,251	2,138	3,212	
Visits carried out		367			
			Women	Girls	Boys
Detainees visited and monitored individually		3,343	669	70	507
<i>of whom newly registered</i>		2,721	657	67	450
RCMs and other means of family contact					
RCMs collected		7,617			
RCMs distributed		2,683			
Phone calls made to families to inform them of the whereabouts of a detained relative		25,228			
Detainees visited by their relatives with ICRC/National Society support		19			
People to whom a detention attestation was issued		294			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	1,176,270	388,691	470,272
	<i>of whom IDPs</i>	905,212	294,952	362,077
Essential household items	Beneficiaries	1,089,988	356,165	435,998
	<i>of whom IDPs</i>	827,506	265,722	330,983
Productive inputs ¹	Beneficiaries	33,710	10,983	13,484
	<i>of whom IDPs</i>	1,800	630	720
Cash	Beneficiaries	75,564	27,623	29,937
	<i>of whom IDPs</i>	43,074	16,444	16,852
Services and training	Beneficiaries	200,128	63,021	79,998
	<i>of whom IDPs</i>	3,944	1,183	1,578
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	7,391,421	2,218,242	2,957,655
	<i>of whom IDPs</i>	2,218,476	665,543	887,390
Health				
Health centres supported	Structures	44		
Average catchment population		388,875		
Consultations		350,944		
	<i>of which curative</i>	336,010	99,915	148,835
	<i>of which antenatal</i>	14,934		
Immunizations	Patients	193,432		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	147,110		
Referrals to a second level of care	Patients	9,093		
	<i>of whom gynaecological/obstetric cases</i>	1,819		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	36,722	1,827	1,513
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	11,102	1,110	777
Health				
Places of detention visited by health staff	Structures	34		
Health facilities supported in places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	32		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	5		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	828	123	185
	Non-weapon-wound admissions	1,304		
	Operations performed	3,939		
Consultations		29,380		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		9,067		
Weapon-wound admissions (surgical and non-surgical admissions)		803		
Weapon-wound surgeries performed		250		
Patients whose hospital treatment was paid for by the ICRC		1,468		
First aid				
First-aid training				
	Sessions	100		
	Participants (sum of monthly data)	2,210		
Water and habitat				
Water and habitat activities	Beds	1,000		
Physical rehabilitation				
Projects supported	Projects	13		
Patients receiving services (sum of monthly data)		36,538	4,477	16,646
New patients fitted with prostheses	Patients	1,292	191	87
Prostheses delivered	Units	2,910	361	201
	<i>of which for victims of mines or explosive remnants of war</i>	738	34	20
New patients fitted with orthoses	Patients	10,966	883	8,564
Orthoses delivered	Units	19,130	1,257	15,781
	<i>of which for victims of mines or explosive remnants of war</i>	86	12	45
Patients receiving physiotherapy	Patients	13,606	2,356	4,577
Walking aids delivered	Units	1,917	278	355
Wheelchairs or tricycles delivered	Units	378	41	165

1. Some of the beneficiaries of livelihood support counted under *Productive inputs* in the Appeal benefited from *Services and training* instead.

ISRAEL AND THE OCCUPIED TERRITORIES



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Israeli and Palestinian authorities and weapon bearers were reminded, via ICRC representations, to fulfil their obligations under IHL and other applicable norms, particularly to respect and protect civilians and civilian objects.
- ▶ The ICRC supported the casualty care chain in the Gaza Strip, notably through training for medical staff, including Palestine Red Crescent Society staff and volunteers, in vascular surgery, trauma management and diabetic care.
- ▶ About a million Gazans maintained or improved their access to clean water, sanitation services and electricity, partly because of ICRC upgrades to essential infrastructure and support for providers of water and electricity.
- ▶ Thousands of Palestinians in Israeli custody spent time with their relatives once a month, during ICRC-organized family visits. Palestinian authorities agreed to organize a second visit each month, beginning in 2018.
- ▶ Gazans farmed land near the Gaza–Israel border and maintained access to essential services despite an energy shortage, owing partly to ICRC support. West Bank residents whose homes were destroyed received cash or other aid.
- ▶ Palestinian authorities and the ICRC bolstered respect for international policing standards among security forces personnel. In Gaza, a new police training manual, drafted with the ICRC's guidance, was put into use.

EXPENDITURE IN KCHF

Protection	16,980
Assistance	22,972
Prevention	6,224
Cooperation with National Societies	3,079
General	282
Total	49,538
<i>Of which: Overheads</i>	<i>3,023</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	67
Resident staff (daily workers not included)	289

The ICRC has been present in Israel and the occupied territories since the 1967 Arab–Israeli war. It strives to ensure respect for IHL, in particular the provisions relating to the protection of civilians living under occupation. It monitors the treatment and living conditions of detainees held by the Israeli and Palestinian authorities and provides assistance to the civilian population, particularly during emergencies. As the lead agency for the Movement in this context, the ICRC coordinates the work of its Movement partners and supports the activities of the Magen David Adom in Israel and the Palestine Red Crescent Society.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	482
RCMs distributed	872
Tracing cases closed positively (subject located or fate established)	12
People reunited with their families	5
<i>of whom unaccompanied minors/separated children</i>	5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	97
Detainees in places of detention visited	21,106
<i>of whom visited and monitored individually</i>	3,812
Visits carried out	606
Restoring family links	
RCMs collected	1,092
RCMs distributed	524
Phone calls made to families to inform them of the whereabouts of a detained relative	8,674

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 30,000	288
Productive inputs	Beneficiaries 28,200	30,300
Cash	Beneficiaries 1,715	5,265
Services and training	Beneficiaries 815	
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 430,003	1,118,301
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 3	11
Water and habitat		
Water and habitat activities	Beds 2,257	2,427
Physical rehabilitation		
Projects supported	Projects 1	1
Patients receiving services	Patients	2,475

CONTEXT

Palestinians in East Jerusalem and on the West Bank struggled to cope with the adverse effects of Israeli occupation policies, including those that contravene IHL. Some countries declared their support for Israel's claim to Jerusalem as its capital; this led to protests and incidents of violence in the region. Israeli or Palestinian security forces responding to these incidents were accused sometimes of using excessive force.

Negotiations between the Palestinian Authority (PA) and the Hamas *de facto* authorities stalled; this deadlock and Israel's continuing blockade damaged the economy of the Gaza Strip even further, and worsened an already existing energy crisis. Electricity was available for only a few hours a day, which strained health-care and other essential services.

In April, Palestinian detainees in Israeli prisons staged a collective hunger strike for 41 days; Palestinians demonstrated outside the prisons in solidarity. The strikers' demands included more frequent ICRC-organized family visits. Some protests were directed against the ICRC; staff members on the West Bank received threats. The ICRC's Hebron office was attacked and its Ramallah office closed for a week.

The situation in the Israeli-occupied Golan Heights remained volatile; this was linked to the conflict in the Syrian Arab Republic (hereafter Syria). Clashes along Israel's borders with Egypt and Syria were reported.

ICRC ACTION AND RESULTS

The ICRC continued to promote protection for Israelis and Palestinians, and to help ease the circumstances of Palestinians living under occupation, notably those affected by the deteriorating conditions in the Gaza Strip.

The ICRC reminded Israeli and Palestinian authorities and weapon bearers of their obligations under IHL and other applicable norms. The Israeli Defense Forces (IDF) and the ICRC discussed IHL and its incorporation in IDF operations, training and decision-making. The IDF and the ICRC continued to discuss lessons learnt in connection with the 2014 hostilities in Gaza; members of Gazan armed groups were briefed by the ICRC on applicable IHL. Members of the Coordinator for Government Activities in the Territories (COGAT) and of Israeli and Palestinian security forces, drew on ICRC expertise to strengthen their grasp of international policing standards; the *de facto* Gazan interior ministry put into use a new police training manual, drafted with the ICRC's help. Public-communication initiatives with journalists, academics and NGOs helped build acceptance for IHL and the ICRC, and broadened awareness of humanitarian issues in the occupied territories.

The Palestine Red Crescent Society provided emergency medical services (EMS) throughout the occupied territories; the ICRC gave it financial and material aid and help in obtaining crossing/transport permits. In Gaza, health-care services treated casualties of emergencies and people with chronic illnesses; the ICRC supported them with specialized training – notably in trauma care, diabetic care and vascular surgery – equipment and infrastructural upgrades. The ICRC and the Norwegian Red Cross supported the Artificial Limb and Polio Centre (ALPC) in Gaza; physical rehabilitation services at this centre helped disabled people regain some mobility. Given the prevalence of mental-health issues and emotional trauma in Gaza,

the ICRC began to systematically help health-care services provide psychosocial support to disabled people and health personnel. The ICRC monitored Syrian patients in Israeli hospitals and helped them meet some of their material and psychosocial needs.

About a million Gazans maintained or improved their access to clean water, sanitation services and electricity, partly because of ICRC upgrades to essential infrastructure and support for providers of water and electricity. The ICRC helped farmers in Gaza to safely cultivate arable land near the Gaza–Israel border and to increase their yields through sustainable means; through information sessions, it also urged people to adopt safe practices in areas contaminated by mines and explosive remnants of war (ERW). On the West Bank, Palestinians whose houses had been confiscated or destroyed by the Israeli authorities were given cash or household essentials by the Palestinian Red Crescent and the ICRC. A few breadwinners established or revived small businesses, or participated in ICRC cash-for-work initiatives.

The ICRC visited – in accordance with its standard procedures – places of detention run by Israeli and Palestinian authorities; it communicated its findings and recommendations confidentially to detaining authorities, to help them improve detainees' treatment and living conditions. In Gaza, detainees had access to sanitation, water and other services despite power cuts, partly because the ICRC donated fuel to prisons.

Members of families separated by past or current violence – including the Syrian patients mentioned above – movement restrictions and/or detention used the ICRC's family-links services to reconnect. The ICRC organized family visits once a month – less frequently than in past years – for Palestinians in Israeli custody, which enabled thousands of them to spend time with their relatives. Palestinian authorities agreed to organize, with ICRC support, a second visit every month, beginning in 2018.

Magen David Adom and the Palestine Red Crescent boosted their capacities, with sustained support from the ICRC.

CIVILIANS

The ICRC made representations to Israeli and Palestinian authorities and weapon bearers, based on documented allegations and first-hand accounts of abuses, and urged them to respect civilians and civilian infrastructure, including patients and medical workers and facilities, and to alleviate the condition of people in the occupied territories (see also *Actors of influence*). Movement restrictions were eased on the West Bank, improving Palestinians' access to livelihood resources and health care; however, movement between Gaza and Israel remained restricted.

The Israeli authorities were reminded to ensure: the protection of people seeking or providing health care, in line with lessons learnt from the 2014 hostilities in Gaza; respect for private property in the occupied territories, in line with applicable international law; and observance of international policing standards, among weapon bearers.

About a million Gazans gain access to water and electricity

Local technicians and the ICRC rehabilitated a pipeline, improving access to clean water for some 162,200 Gazans. They upgraded Gaza City's water and sewage networks (55,300 beneficiaries), and two wastewater pumping stations in northern Gaza (44,000 beneficiaries).

Electricity and water providers maintained infrastructure serving 856,290 people; the ICRC gave them spare parts, four vehicles for repairing power lines, and other material support. These providers prepared for emergencies, drawing on ICRC support to upgrade infrastructure – notably, underground fuel tanks, fire-safety systems, secondary power lines and communication equipment – and train staff.

Gazan farmers maximize limited arable land in border areas

IDF planes continued spraying herbicide along the Gaza–Israel border, to maintain visibility across the buffer zone; despite precautionary measures, Gazan farmlands were affected. The IDF and the ICRC continued discussions on improving this situation.

Over 5,050 households (30,300 people) improved their yields or resumed farming with various forms of ICRC assistance. Notably, ICRC-supported actors: cleared mines/ERW and/or leveled farmland and roads, giving nearly 1,400 households access to their fields, some for the first time since 2014; and repaired greenhouses and water points. Around 3,400 households received fertilizer and some seed. Cash (for 308 breadwinners/1,848 people) and training provided by the ICRC helped farmers to improve the efficiency and sustainability of their farming practices: nine farmers increased their profits by some 20%, as their pesticide-free produce fetched higher prices; and the *de facto* authorities and some NGOs replicated an ICRC project which used environment-friendly means to protect date palms against weevils. Beneficiaries who had planted almond seedlings from the ICRC in 2016 reported harvesting fruit despite poor rainfall.

Gazans supplemented their incomes via cash-for-work initiatives (122 breadwinners/732 people), implementing the above-mentioned activities, and 186 breadwinners (supporting 1,116 people) established small businesses with ICRC cash grants.

Gazans also learnt more about safe practices around mines/ERW through ICRC-supported initiatives, such as: briefings by the Palestine Red Crescent for 13,600 people; presentations by teachers for around 15,000 students; and booklets from the *de facto* authorities. Bomb-disposal technicians were given basic protective equipment and solar panels; and the Palestine Red Crescent was advised in protecting its volunteers against mines/ERW.

On the West Bank, people are assisted to cope with the loss of their homes

People whose homes or shelters were destroyed or confiscated by Israeli authorities were assisted by the Palestine Red Crescent and the ICRC with cash for 35 households (210 people) and household essentials for 41 Bedouin households (288 people). Using ICRC cash grants, 39 households (234 individuals) established or revived small businesses.

Hebron's local authorities renovated a community centre offering vocational training for women and a playground for children, with ICRC funding and the help of some 150 cash-for-work participants (supporting 900 people).

Dispersed families reconnect

The ICRC reminded authorities of the right of families to stay in touch, while it provided family-links services to dispersed families. One girl from Gaza rejoined her family in France, and four Gazan children were reunited with their mother in Sweden. The ICRC

facilitated the visit of three blind people from the West Bank to their relatives in Gaza and the return home of three Lebanese citizens, and the repatriation of the remains of eight Lebanese people (see *Lebanon*). Syrians in Israeli hospitals sent brief oral messages to their families. In the Israeli-occupied Golan, people sent official documents to relatives in Syria proper with the ICRC's help; the ICRC did not facilitate travel for educational or humanitarian purposes, because of security constraints and Israel's ban on family visits.

The Israeli authorities, prompted by ICRC representations, returned the remains of some Palestinians – reportedly killed during attacks on Israelis – to their families. No progress was made in clarifying the fate of people missing in connection with the 2014 hostilities, of Israelis missing in action or of Jordanians missing in Israel since the 1980s.

PEOPLE DEPRIVED OF THEIR FREEDOM

In line with its standard procedures, the ICRC visited: Israeli prisons and interrogation or provisional-detention centres holding Palestinians and foreigners; and places of detention in Gaza and the West Bank holding people under interrogation or sentenced to death, and other vulnerable detainees.

In Israel, people in administrative detention, under interrogation or in prolonged solitary confinement, women and minors were individually monitored. Participants of the collective hunger strike (see *Context*), including hospitalized detainees, were also monitored. Afterwards, the ICRC confidentially shared its feedback with detaining authorities, to help them improve detainees' treatment and living conditions, including access to health care, respect for judicial guarantees and arrest procedures. The PA and the ICRC signed an agreement allowing the ICRC to visit detainees one day after their arrest; previously, the ICRC had to wait for 14 days.

Detainees receive family visits

In Israel, over 7,900 detainees spent time with their relatives – the sick or elderly travelled by ambulance – from East Jerusalem, Gaza, the West Bank and the Israeli-occupied Golan once a month through ICRC-organized family visits. The ICRC arranged fewer visits than in past years, and continued to remind the authorities of their obligations under IHL to ensure these visits. In November, Palestinian authorities agreed to organize, with ICRC support, a second visit every month, for 2018. Some detainees sent RCMs or brief oral messages; hunger strikers sent about 4,200 such messages.

People obtained, through the ICRC, attestations of detention or other official documents for legal and administrative proceedings. Some Syrians were sent cash by their relatives (see *Syrian Arab Republic*).

Detainees maintain access to health care, water and electricity

Particularly vulnerable detainees eased their confinement with material assistance from the ICRC: hygiene and cleaning materials; special food for mothers detained with their infants (Gaza); clothes and handicraft supplies (West Bank); and recreational items (Israel).

In Gaza, prison health staff attended ICRC workshops on cardiac life support and psychosocial care; ICRC staff provided on-the-job training at two prisons. To encourage doctors to examine detainees

in police stations regularly, the ICRC covered their weekly transportation costs until June; these check-ups grew infrequent afterwards. Around 1,500 detainees had some access to sanitation facilities, water, ventilation and electricity during power cuts, partly because the ICRC donated fuel to all five Gazan prisons and generators to three of them. With technical and other support from the ICRC, detaining authorities identified infrastructure needing improvement and renovated sanitation, water, ventilation and electrical facilities in three prisons.

WOUNDED AND SICK

People obtain medical care outside the Gaza Strip

The ICRC's dialogue with the authorities, weapon bearers and others focused on people's access to medical care (see *Civilians*). ICRC representations helped six Gazans to get permits for medical treatment in Israel.

The Palestine Red Crescent provided EMS throughout the occupied territories with financial and material aid from the ICRC, and help in obtaining crossing/transport permits. The ICRC monitored the transfer of patients from the Gaza Strip to the West Bank and to Israel.

Health-care services in Gaza improve, despite resource constraints

Gazan health-care services treated casualties of emergencies and people with chronic illnesses; the ICRC supported them with training, equipment and infrastructural upgrades and advised the *de facto* health ministry in contingency planning.

The ICRC and ICRC-trained health ministry instructors held training in trauma care (for 111 doctors and 104 nurses) and triage (for 37 doctors and 75 nurses), and workshops for 48 surgeons, respectively. Medical personnel, including some Palestine Red Crescent staff, attended ICRC workshops on diabetes care (75 participants), haemorrhage management (61 participants), and coordination (86 participants). Some trained in vascular surgery through e-learning modules (15 participants), a workshop (28 participants), and/or gained on-the-job experience at three hospitals.

Seven hospitals received medical equipment from the ICRC – including vital-signs monitors, defibrillators and instruments for vascular surgery. These hospitals (2,367 beds) sustained functions during power cuts, partly thanks to ICRC-provided spare parts, fuel and training for maintenance personnel. The health ministry and the ICRC constructed a pharmacy and upgraded a hospital morgue.

Hundreds of physically disabled people – including diabetics – regained some mobility after physical rehabilitation at the ALPC; the Norwegian Red Cross and the ICRC gave the ALPC supplies and guidance, and trained its staff. The Palestinian Paralympic Committee and the ICRC trained and equipped disabled people for wheelchair basketball.

Syrians in Israeli hospitals and Gazans get psychosocial support

In Gaza, ICRC-trained health ministry staff or the ICRC provided psychosocial support – in hospitals, homes and/or during group therapy sessions – to 438 disabled people, including ALPC patients and their relatives, and to 528 medical personnel in high-pressure roles. Some hospitals leant on ICRC expertise to incorporate

psychosocial support in their services. Three mental-health-care centres became more accessible to disabled people thanks to ICRC-installed ramps and other structural modifications.

In Israel, the ICRC monitored 349 Syrian patients in four hospitals; it provided 242 wounded people with assistive devices and some with clothes and hygiene and recreational items. Social workers tending to these patients were trained in psychosocial care.

ACTORS OF INFLUENCE

Israeli authorities and the ICRC discuss occupation policies

On various occasions – during a visit by the ICRC's president, for instance – the ICRC urged the parties concerned to address humanitarian issues, notably the expansion of settlements on the West Bank, movement restrictions on Gazans, and the fate of missing people. The ICRC drew attention to the consequences of the sanctions against Gaza by various means, such as presentations on the Gazan economy and a workshop organized with an Israeli think-tank; it urged local and international actors to pursue policies that ensured its economic sustainability.

The ICRC stimulated public discussions on IHL and on other issues, such as: the energy and economic situation in Gaza, the plight of missing people's families and of detainees, protection for people seeking or providing health care, and the use of explosive weapons. To this end, the ICRC increased its production of communication materials – videos, photos and pamphlets – which were distributed to influential actors or posted on the delegation's Arabic, English and Hebrew digital platforms. International and local media outlets relayed the contents to the public; the Israeli media published 15 interviews and 10 articles explaining the ICRC's work.

Israeli and Palestinian weapon bearers learn more about IHL and international policing standards

The IDF and the ICRC discussed the incorporation of IHL in IDF operations, training and decision-making. The IDF and the ICRC continued to discuss lessons learnt in connection with the 2014 hostilities in Gaza; around 60 members of Gazan armed groups were briefed on IHL provisions applicable to them. The IDF and the ICRC pioneered the inclusion of coordination exercises for humanitarian activities during conflict in an annual IDF exercise. The ICRC engaged the IDF and Israeli security forces on certain legal aspects of policing; it briefed some 780 officers from COGAT, the military police and security forces on international policing standards.

Palestinian authorities, backed by the ICRC, reinforced respect for international policing standards among security forces personnel. In Gaza, the *de facto* interior ministry put into effect a new police training manual, drafted with the ICRC's help, and briefed 23 police instructors on its use. Workshops and simulation exercises on law enforcement and riot control were held for 165 security officers from the West Bank and 130 from Gaza.

The ICRC supported the PA's accession to international treaties by providing expert advice for the re-activated national IHL committee and other government officials on IHL implementation, and by organizing IHL courses abroad for certain officials (see *Lebanon* and *Morocco*). By-laws on the use of the red crescent emblem – drafted by the Palestine Red Crescent Society with ICRC support – awaited the PA's approval. Twenty-five communication officers from *de facto* ministries in Gaza were briefed on IHL.

Israeli and Palestinian academics tackle IHL-related issues

The ICRC provided funding and advice for initiatives to spread knowledge of IHL and the Movement. Universities held IHL briefings for around 600 students and lecturers in Israel and 1,000 in Gaza, and organized moot court competitions to test students' grasp of IHL. On the West Bank, eight law/sharia faculties offered regular IHL courses; 12 of their lecturers were sponsored to attend IHL teaching course (see *Jordan*). The Islamic University of Gaza published a report on the similarities between IHL and Islam. In Israel, two universities held a conference on the 50 years of Israel's occupation; and an NGO organized an IHL course in Hebrew for 34 Israeli and Palestinian lawyers.

In Gaza and the West Bank, the ICRC directly engaged some 1,200 members of Palestinian civil society – journalists, religious leaders and NGO workers – in discussions, at briefings and other events, on key humanitarian issues.

RED CROSS AND RED CRESCENT MOVEMENT

Magen David Adom and the Palestine Red Crescent assisted vulnerable people (see *Civilians* and *Wounded and sick*) and strengthened their capacities, backed by the ICRC and other Movement partners.

The Palestine Red Crescent and the ICRC streamlined cooperation through simulation exercises for staff/volunteers, standardized maps and through other means, and used ICRC funds to obtain fuel for its ambulances in Gaza amid the energy crisis. Guided by the ICRC, it broadened awareness of the Safer Access Framework, the Fundamental Principles and the Movement's emblems among its staff and volunteers, and conducted public communication initiatives.

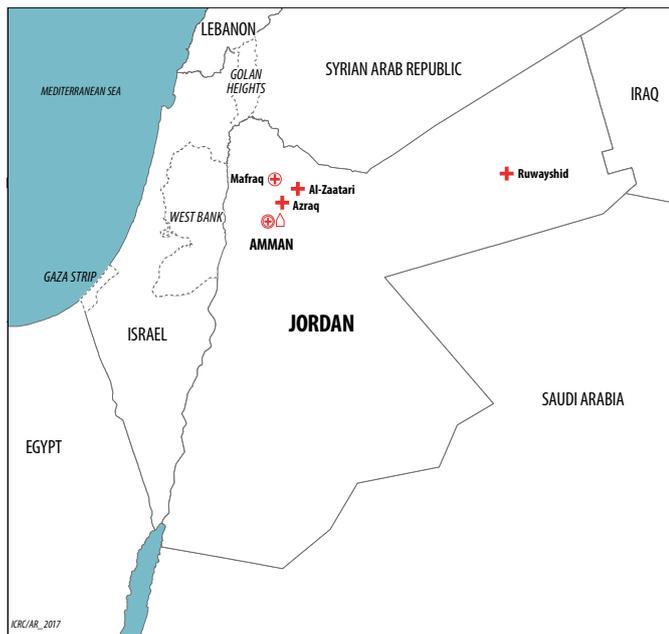
With the Israeli authorities and Movement partners, Magen David Adom drafted contingency plans for disasters. Its formal inclusion in the Movement's rapid-deployment processes progressed; some of its volunteers assisted flood-affected people abroad (see *Washington*). It incorporated the Safer Access Framework in volunteers' training curriculum and improved its community outreach.

The ICRC continued to help monitor the implementation of the 2005 memorandum of understanding between these two National Societies; the 2017 Council of Delegates reaffirmed the ICRC's role. Movement components in the region coordinated their security measures and operational communication with the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		482	21		
RCMs distributed		872	5		
Reunifications, transfers and repatriations					
People reunited with their families		5			
People transferred or repatriated		6			
Human remains transferred or repatriated		8			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		30	6	4	6
Tracing cases closed positively (subject located or fate established)		12			
Tracing cases still being handled at the end of the reporting period (people)		182	13	8	25
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		5	4		
UAMs/SC reunited with their families by the ICRC/National Society		5	4		
Documents					
People to whom travel documents were issued		1			
Official documents delivered across borders/front lines		662			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		97			
Detainees in places of detention visited		21,106	400	605	
Visits carried out		606			
			Women	Girls	Boys
Detainees visited and monitored individually		3,812	66	12	240
	<i>of whom newly registered</i>	2,345	38	8	232
RCMs and other means of family contact					
RCMs collected		1,092			
RCMs distributed		524			
Phone calls made to families to inform them of the whereabouts of a detained relative		8,674			
Detainees visited by their relatives with ICRC/National Society support		7,940			
People to whom a detention attestation was issued		9,503			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	288	72	144
Productive inputs	Beneficiaries	30,300	7,577	15,146
Cash	Beneficiaries	5,265	1,333	2,599
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,118,301	313,124	480,869
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	12,078	190	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,501	30	15
Health				
Places of detention visited by health staff	Structures	39		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	7		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	1,464		
	Non-weapon-wound admissions	44,133		
	Operations performed	40,128		
Consultations		692,848		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		558		
Weapon-wound admissions (surgical and non-surgical admissions)		322	17	14
Weapon-wound surgeries performed		483		
Water and habitat				
Water and habitat activities	Beds	2,427		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services (sum of monthly data)		2,475	250	1,596
New patients fitted with prostheses	Patients	58	14	7
Prostheses delivered	Units	168	34	18
	<i>of which for victims of mines or explosive remnants of war</i>	4		1
New patients fitted with orthoses	Patients	1,319	74	1,124
Orthoses delivered	Units	1,830	91	1,581
Patients receiving physiotherapy	Patients	911	236	85
Walking aids delivered	Units	135	12	62
Wheelchairs or tricycles delivered	Units	58	8	22

JORDAN



The ICRC has been present in Jordan since the 1967 Arab–Israeli war. In cooperation with the Jordan National Red Crescent Society, the ICRC provides assistance to asylum seekers and refugees from across the region. It visits detainees to monitor their treatment and living conditions, and provides tracing, phone and RCM services to enable civilians and foreign detainees to restore contact with their family members. It also partners the National Society in promoting IHL throughout Jordanian society. The delegation provides logistical support to ICRC relief operations in the region and beyond.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The authorities were apprised of the needs of vulnerable foreigners, and reminded of the principle of *non-refoulement* and the rights of asylum seekers.
- ▶ From January to early March, asylum seekers at a transit site received food, water and health care from the ICRC. They coped with winter with the help of ICRC-supplied blankets, clothes and fuel for the facility's heating system.
- ▶ People who had fled Syria and residents of communities hosting them had better access to water after the ICRC carried out repairs to critical infrastructure. Some of them also received food and household items.
- ▶ Female breadwinners pursued livelihood activities with cash grants from the ICRC and training from the Jordan National Red Crescent Society.
- ▶ With ICRC support, the authorities took measures to improve penitentiary health services; for example, health staff at certain detention facilities adopted and implemented medical screening procedures for new detainees.
- ▶ The security situation along Jordan's northern border grew more complex, and humanitarian access to vulnerable people there remained limited. Dialogue with the authorities on the needs of people who had fled Syria continued.

EXPENDITURE IN KCHF

Protection	3,325
Assistance	21,938
Prevention	2,761
Cooperation with National Societies	1,238
General	615
Total	29,877
<i>Of which: Overheads</i>	<i>1,823</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	63
Resident staff (daily workers not included)	253

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	177
RCMs distributed	748
Phone calls facilitated between family members	13,377
Tracing cases closed positively (subject located or fate established)	12
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	21
Detainees in places of detention visited	14,130
<i>of whom visited and monitored individually</i>	<i>1,105</i>
Visits carried out	61
Restoring family links	
RCMs collected	706
RCMs distributed	186
Phone calls made to families to inform them of the whereabouts of a detained relative	264

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 29,000	28,385
Essential household items	Beneficiaries 29,000	25,846
Cash	Beneficiaries 10,000	10,317
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 150,000	212,773
Health		
Health centres supported	Structures 2	2
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	3
Water and habitat		
Water and habitat activities	Beds	21
Physical rehabilitation		
Projects supported	Projects	1

CONTEXT

Some 660,000 refugees from the Syrian Arab Republic (hereafter Syria) registered by the UN remained in Jordan, along with thousands of other foreigners who were unregistered. The communities hosting them had little or no access to water and other basic resources. Financial constraints made it difficult for State services and humanitarian agencies to assist them.

Following an armed attack near a Jordanian border post in June 2016, Jordan closed its border with Syria. Since then, people fleeing the conflict in Syria were admitted to Jordan only in exceptional cases. Some 350 asylum seekers stayed at the Ruwayshid transit site, where access to essential services was limited. Between February and mid-March, all of them were either transferred to the Raba'a al-Sarhan registration centre or deported by the authorities.

Security incidents at the Rukban berm, an area near Jordan's north-eastern border with Syria, resulted in some casualties. Humanitarian access to this area was limited.

In March, Jordan executed 15 people, 10 of whom were convicted of committing "terrorist" acts between 2003 and 2016.

Jordan continued to participate in international military operations against the Islamic State group. It cracked down on perceived threats to national security – which often led to arrests – and tightened security along its borders with Iraq and Syria (see *Iraq and Syrian Arab Republic*).

ICRC ACTION AND RESULTS

Together with the Jordan National Red Crescent Society, the ICRC strove to address the spillover effects of the Syrian conflict; people who had fled Syria, and the communities hosting them, were given assistance.

The ICRC documented some of the protection concerns of people from Syria, including detainees, and communicated them to the Jordanian authorities; it reminded the authorities of their obligations under international law, particularly with respect to the principle of *non-refoulement*. The ICRC also sought to broaden respect for IHL and other applicable norms, and acceptance for principled humanitarian action, through training for government forces and interaction with key members of civil society.

Asylum seekers transiting through government-run facilities near the border with Syria coped with their circumstances with ICRC assistance. From January to early March, the ICRC provided cooked meals and water for people at the Ruwayshid transit site. To ensure their protection from the cold weather, the ICRC gave them blankets and winter clothes, and supplied fuel for the facility's heating system. Asylum seekers obtained health-care services from an ICRC medical team. From January to April, ICRC medical personnel screened asylum seekers at the Raba'a al-Sarhan registration centre to identify those who needed urgent care, and facilitated their referral or transfer to suitable facilities.

Together with the National Society, the ICRC continued to provide relief to vulnerable households – Jordanian and Syrian – while supporting them through livelihood initiatives and repairing vital infrastructure to help them become more self-sufficient. People in southern Jordan received food and hygiene items; regular cash transfers helped Syrian households in Madaba and Mafraq, mostly

headed by women, to cover their rent and other expenses. Cash grants enabled other Syrian households to start income-generating activities. Vulnerable Syrian and Jordanian women improved their livelihood prospects after completing vocational courses run by the National Society, with ICRC support; such support also sought to make them less vulnerable to abuse such as sexual exploitation. Host communities in northern Jordan had more reliable access to water after infrastructural repairs carried out by the ICRC.

ICRC support also enabled local providers of medical services to develop their ability to treat wounded people during emergencies and manage mass-casualty situations. Together with the National Society, the ICRC trained people in first aid; however, owing to administrative difficulties, it was unable to do the same for people from southern Syria or to assist disabled people from that region. ICRC technical and material support enabled a hospital in Ruwayshid, and two other hospitals, to become more capable of dealing with influxes of patients. Surgeons from the health ministry and the Royal Medical Services (RMS) sharpened their skills in weapon-wound surgery at an ICRC course.

Members of families separated by conflict or detention restored contact through Movement family-links services. Some rejoined their relatives or resettled in third countries with the help of ICRC-issued travel documents. Foreign detainees were assisted in contacting their relatives, embassies or the UNHCR.

The ICRC visited detainees to check on their treatment and living conditions, and communicated its findings confidentially to the authorities. Clinics at detention facilities improved their services with ICRC material and technical support. At an international conference in Amman, members of medical associations discussed how to foster adherence to medical ethics in places of detention.

The delegation remained a key logistical hub for ICRC operations, contributing to the organization's humanitarian response in the Middle East and beyond. Amman hosted the main training centre for ICRC staff members working in the Middle East, the Balkans and the Caucasus.

CIVILIANS

Authorities are reminded of the protection due to people who have fled to Jordan from Syria

ICRC delegates documented some of the protection concerns of people who had fled to Jordan from Syria. Where necessary, it raised these concerns with the Jordanian authorities at field level and, in cooperation with UNHCR and other humanitarian actors, at central level. The authorities were reminded of the principle of *non-refoulement* and the rights of asylum seekers, including wounded people. Allegations of arrests made in Syria were documented for discussion with the relevant parties there (see *Syrian Arab Republic*).

The fate of 18 Jordanians missing in Israel since the 1980s remained unresolved.

Asylum seekers receive food, water and health care

From January to early March, some 350 asylum seekers at the Ruwayshid transit site received daily rations of cooked meals and bottled water from the ICRC; nutritional supplements were distributed to children and pregnant and lactating women. Blankets, winter clothes and shoes from the ICRC helped asylum seekers to cope with the harsh weather conditions; they also

received items necessary for maintaining good hygiene. Some families were given diapers and other essential items for babies. To ease their living conditions, the ICRC refurbished shelter, sanitation and power-supply facilities, and provided clean water and fuel for the facility's heating system. Asylum seekers obtained medical services from ICRC personnel, who also referred patients to the Ruwayshid hospital (see *Wounded and sick*) when necessary.

At the Raba'a al-Sarhan registration centre, from January to April, an ICRC medical team screened asylum seekers to identify those who urgently needed treatment and facilitated their referral or transport to suitable medical facilities. They also conducted medical consultations.

Because of the transfer of all asylum seekers from the Ruwayshid transit site and the considerable reduction in the number of people at the Raba'a al-Sarhan registration centre, the ICRC discontinued its activities in both places, and the authorities took full responsibility for managing both sites.

Cash transfers enable Syrian households to cover their rent and other basic expenses

The ICRC continued to provide relief assistance to particularly vulnerable households, which included Jordanian residents and Syrian nationals. Assistance operations were carried out in cooperation with National Society volunteers, who had received the necessary training. Some 28,000 people (5,500 households) were given food supplies and, most of them, hygiene kits and other household items as well.

Over 2,800 Syrian households (9,870 people) in Madaba and Mafraq – most of them headed by women – were able to cover their rent and other basic expenses with the help of monthly cash transfers from the ICRC. Representatives of some of these households were able to obtain cash from ATMs that were equipped with iris scanners to mitigate the risk of fraud. A formal evaluation of the cash transfer programme in August confirmed that the beneficiaries would not have been able to afford housing costs without financial aid. About 75% of the beneficiaries interviewed expressed interest in engaging in more sustainable income-generating activities such as starting their own businesses or some form of salaried employment.

Vulnerable Jordanians and Syrians in host communities work towards self-sufficiency

Jordanian communities hosting people who had fled Syria benefited from various forms of support to meet their daily needs in a sustainable manner.

Some 90 households (447 people), including some that received regular cash transfers, undertook income-generating activities with seed money and other support from the ICRC. Vocational training enabled about 200 women to enhance their livelihood prospects; the National Society provided the training with the ICRC's support (see *Red Cross and Red Crescent Movement*). Such efforts to help these women achieve financial independence also sought to reduce their vulnerability to abuse, including sexual exploitation.

Over 212,000 people, including Jordanians and Syrian nationals living in northern Jordan, had a more reliable supply of clean water, after the ICRC renovated two critical pumping stations and other infrastructure. As the ICRC adjusted the scale of its infrastructural improvements according to the needs identified in coordination with local water board authorities, these projects benefited more

people than initially planned. ICRC-supported training helped local water board personnel to strengthen their ability to operate and maintain water-supply systems.

At information sessions, funded by the ICRC and conducted by the National Committee for Demining and Rehabilitation, over 100 Syrian refugees learnt how to protect themselves from mines and explosive remnants of war; some 20 of them were trained to conduct such sessions on their own.

Members of families separated by armed conflict restore contact

People separated from their relatives by armed conflict, detention or other circumstances continued to benefit from family-links services provided by the National Society and the ICRC. Syrian nationals in camps, and in urban areas, made phone calls to their relatives abroad and lodged tracing requests to locate members of their families, including through the ICRC's family-links website (familylinks.icrc.org) in Arabic. Families in Jordan sent RCMs and brief oral messages through ICRC delegates to get in touch with relatives detained in Iraq or other countries. In coordination with the UNHCR, IOM and the embassies concerned, the ICRC issued travel documents to 78 foreign nationals in Jordan, enabling them to rejoin their families in third countries.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held by the General Intelligence Department (GID), or detained in correctional and rehabilitation centres (CRCs) or places of temporary detention run by the interior ministry, were visited regularly by the ICRC. Security detainees, foreigners and other particularly vulnerable people were followed up individually.

During and after these visits, the ICRC communicated its findings confidentially to the detaining authorities, to help them improve detainees' treatment and living conditions. It reminded the authorities of the necessity of informing families of the arrest of relatives, respecting the principle of *non-refoulement*, and ensuring that judicial guarantees were upheld. CRC officers and ICRC delegates met to discuss humanitarian considerations that had to be taken into account in transferring detainees to hospitals and courts. At ICRC seminars, security forces personnel learnt about international law enforcement standards, including in relation to arrests and detention (see *Actors of influence*).

Foreign detainees contact their relatives or apply for relocation abroad

With the ICRC's help, Palestinian refugees from Syria being held in a facility under the authority of the interior ministry applied for relocation abroad: 43 people were relocated. Some of the 82 refugees at King Abdullah Park awaited their respective embassies' approval of their applications for relocation; the ICRC followed up on the status of these applications.

Detainees – mainly foreigners and security detainees who could not receive family visits – contacted their relatives through RCMs and brief oral messages relayed by ICRC delegates; the ICRC recommended that they be allowed to make phone calls more frequently. Foreign detainees notified – through the ICRC – their embassies or UNHCR of their situation. Twenty-one detainees were referred to local organizations providing legal aid.

Recently released detainees or their families were given attestations of detention to help them apply for State benefits.

Inmates benefit from health-care services

The authorities took steps to improve the penitentiary health-care system, with ICRC support. In line with ICRC recommendations, health staff at CRCs adopted and implemented medical screening procedures for new detainees; the development of a system for referring sick or injured detainees to medical facilities was discussed with penitentiary authorities. Technical advice and medical supplies and equipment from the ICRC enabled clinics at seven detention facilities to enhance their services.

At a conference organized by the Jordan Medical Association and the ICRC, members of medical associations from Jordan and eight other countries in the Middle East and Africa discussed issues related to the provision of health care to detainees. Among the topics discussed were: fostering adherence to medical ethics among health staff; applying national health-care standards at detention facilities; managing hunger strikes; and the health consequences of solitary confinement. Participants in the conference recognized that medical associations had to provide more support for prison health staff.

Detainees in some of the places of detention visited by the ICRC were given hygiene items, books and other items to enhance their living conditions.

WOUNDED AND SICK

Local medical service providers bolster their capacities

The ICRC helped local medical service providers to increase their readiness to respond to emergencies, including mass-casualty situations.

The Jordan National Red Crescent Society and the ICRC held first-aid workshops for over 180 National Society instructors, enabling them to train volunteers in providing timely care to injured people, including asylum seekers. More than 30 health-care personnel from government and private institutions learnt first aid from local training providers that received financial or logistical support from the ICRC. Civil defence officers underwent ICRC courses in handling mass-casualty emergencies. Owing to difficulties in meeting administrative requirements, the ICRC was unable to conduct first-aid training for health staff in southern Syria, or assist disabled people from that region.

Material and technical support from the ICRC enabled a hospital in Ruwayshid to strengthen its capacity to deal with influxes of patients during and after emergencies. A pre-fabricated emergency room was installed at the hospital so that it could accommodate more patients. Whenever necessary, ICRC medical personnel worked alongside local doctors to treat weapon-wounded people. The ICRC also donated supplies to hospitals in Karak and al-Tafelah; medical staff at these facilities benefited from the ICRC's expertise.

Thirty-five surgeons from the health ministry, the RMS and various humanitarian organizations sharpened their skills in weapon-wound surgery at a course organized by the ICRC. Information sessions conducted by the ICRC enabled RMS staff and other medical personnel to more fully understand the protection afforded by IHL to health-care services.

The University of Jordan, the health ministry and the ICRC formally agreed to undertake a joint programme to bolster the university's capacity to run courses in physical rehabilitation. Instructors at the university were given technical advice by ICRC experts.

ACTORS OF INFLUENCE

The ICRC strove to broaden awareness of IHL and strengthen acceptance for the Movement's activities in Jordan and in the wider region through dialogue with the authorities (see *Civilians*), training sessions for government forces, and various forms of interaction with key members of civil society.

Government forces learn more about IHL and international law enforcement standards

Over 600 male and female officers from Jordan's military and security forces added to their knowledge of IHL, international human rights law and international policing standards through ICRC training. In addition, advanced ICRC courses enabled RMS personnel and some 170 officers studying at the Royal Police Academy to strengthen their grasp of IHL and international law enforcement standards.

At a national workshop organized by Jordan's training centre for police peacekeeping operations and the ICRC, Jordanian military and security forces personnel and officials from the national disaster management centre discussed standards for addressing security concerns during emergencies, particularly in relation to the treatment of detainees and migrants and other displaced people, and with regard to cases of missing persons.

With ICRC technical support, the Jordanian Armed Forces (JAF) continued to incorporate IHL and other applicable international norms in their operational guidelines and training. A JAF committee tasked to oversee this process drafted an IHL training curriculum and a set of rules of engagement; instructors were trained to conduct sessions on IHL for JAF officers.

Law students demonstrate their knowledge of IHL at a regional competition

The ICRC gave the national IHL committee financial and technical assistance for promoting the implementation of IHL in Jordan; members of the committee led workshops organized by the ICRC. In parallel, the ICRC sought, through various means, to build academic IHL expertise in Jordan and in neighbouring countries.

University professors and representatives of faith-based groups attended IHL courses in Jordan and abroad; the ICRC sponsored their participation at these courses. A regional IHL conference in Amman, co-organized with a local university, brought together over 700 law professors, students and government officials. At another conference, organized with another local university, teachers, students and government officials discussed the rights of refugees under international treaties and Islamic law. Law students demonstrated their grasp of IHL at a regional competition.

Dissemination sessions enabled staff and volunteers from Islamic charities and community-based humanitarian actors assisting Syrians in Jordan to familiarize themselves with IHL, humanitarian principles and the ICRC's neutral, impartial and independent approach. Influential members of Islamic circles were briefed on IHL and its common ground with Islamic law.

Press releases and meetings with local journalists aimed to encourage more media coverage of various humanitarian issues and the Movement's response to them.

RED CROSS AND RED CRESCENT MOVEMENT

The Jordan National Red Crescent Society, often with the ICRC, worked to address the needs of Syrian asylum seekers and vulnerable Jordanians. Financial, material and technical support from the ICRC enabled it to train its volunteers and staff and develop its capacities, especially in enhancing its organizational structure, managing its financial and human resources efficiently, and applying the Safer Access Framework.

Some 500 National Society staff and volunteers participated in joint activities with the ICRC. The National Society played a key

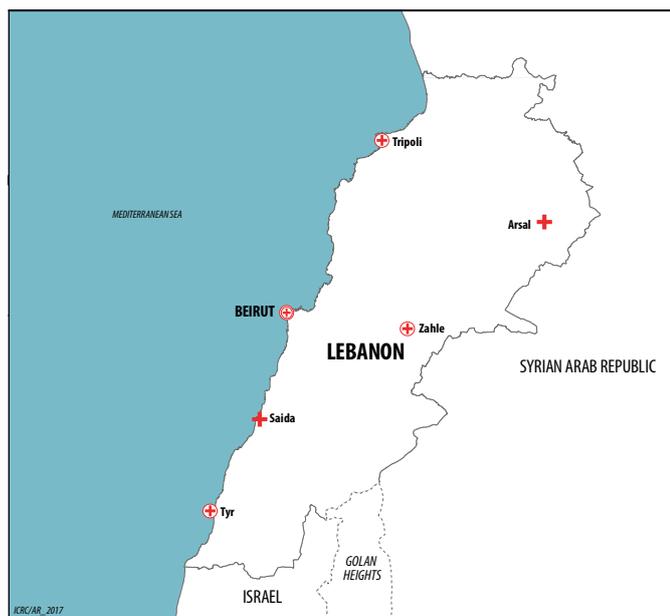
role in collecting beneficiaries' reactions, particularly to the cash transfer programme. With material and technical support from the ICRC, it maintained its vocational training programme for vulnerable Syrian and Jordanian women (see *Civilians*). Some staff took part in communication training courses with ICRC support. Training in first aid (see *Wounded and sick*) was a crucial part of National Society teams' preparations for emergencies.

Movement components met regularly to coordinate their activities for asylum seekers from Syria and exchange information on security and operational matters.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact			UAMs/SC	
RCMs collected	177			
RCMs distributed	748			
Phone calls facilitated between family members	13,377			
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered	462	20	6	11
Tracing cases closed positively (subject located or fate established)	12			
Tracing cases still being handled at the end of the reporting period (people)	2,191	59	25	76
Documents				
People to whom travel documents were issued	78			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Places of detention visited	21			
Detainees in places of detention visited	14,130	571	35	
Visits carried out	61			
			Women	Girls
Detainees visited and monitored individually	1,105	116	2	
<i>of whom newly registered</i>	961	109	2	
RCMs and other means of family contact				
RCMs collected	706			
RCMs distributed	186			
Phone calls made to families to inform them of the whereabouts of a detained relative	264			
People to whom a detention attestation was issued	25			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	28,385	15,420	7,288
Essential household items	Beneficiaries	25,846	13,878	6,857
Cash	Beneficiaries	10,317	5,060	3,679
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	212,773	42,560	108,527
Health				
Health centres supported	Structures	2		
Average catchment population		386		
Consultations		2,037		
	<i>of which curative</i>	1,990	735	851
	<i>of which antenatal</i>	47		
Referrals to a second level of care	Patients	205		
	<i>of whom gynaecological/obstetric cases</i>	10		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	7,767	906	
Health				
Places of detention visited by health staff	Structures	15		
Health facilities supported in places of detention visited by health staff	Structures	7		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		4		
Weapon-wound admissions (surgical and non-surgical admissions)		77		
Weapon-wound surgeries performed		8		
First aid				
First-aid training				
	Sessions	11		
	Participants (sum of monthly data)	275		
Water and habitat				
Water and habitat activities	Beds	21		

LEBANON



ICRC/AR_2017
 ⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Refugees in Palestinian camps and informal settlements, and communities hosting Syrian refugees, benefited from ICRC water, shelter and sanitation projects carried out with the Lebanese Red Cross and other Movement partners.
- ▶ Syrians in informal settlements or in violence-affected border areas, and Palestinian refugees displaced by violence, met some of their urgent needs through food and household items, or cash for buying them, provided by the ICRC.
- ▶ Wounded people, patients in critical condition referred by other facilities and people without health insurance received emergency medical treatment, including reconstructive surgery, from ICRC-supported medical facilities.
- ▶ Detainees at three places of detention had better living conditions after ICRC infrastructural upgrades. Similar projects in other prisons were ongoing.
- ▶ Missing people's families received psychosocial support from trained volunteers, and commemorated their missing relatives at ICRC-organized events. Collection and preservation of data on missing persons continued.
- ▶ Through dialogue and written representations, the ICRC reminded the authorities and weapon bearers concerned of the necessity of respecting the principle of *non-refoulement* and of protecting patients and medical services.

EXPENDITURE IN KCHF

Protection	4,803
Assistance	33,318
Prevention	2,181
Cooperation with National Societies	3,210
General	321
Total	43,832
<i>Of which: Overheads</i>	<i>2,675</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	73
Resident staff (daily workers not included)	276

The ICRC has been present in Lebanon since the 1967 Arab-Israeli war. With the Lebanese Red Cross, it works to protect and assist civilians affected by armed conflict and other situations of violence. It facilitates access to water and provides medical care and other relief to refugees and residents wounded in Lebanon or in the neighbouring Syrian Arab Republic. It visits detainees; offers family-links services, notably to foreign detainees and refugees; works with those concerned to address the plight of the families of the missing; and promotes IHL compliance across Lebanon.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	41
RCMs distributed	105
Tracing cases closed positively (subject located or fate established)	31
People reunited with their families	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	25
Detainees in places of detention visited	7,566
<i>of whom visited and monitored individually</i>	782
Visits carried out	156
Restoring family links	
RCMs collected	344
RCMs distributed	197
Phone calls made to families to inform them of the whereabouts of a detained relative	576

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	11,691
Essential household items	Beneficiaries	11,916
Productive inputs	Beneficiaries	660
Cash	Beneficiaries	9,500 16,255
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	74,000 70,857
Health		
Health centres supported	Structures	11 12
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	12 19
Water and habitat		
Water and habitat activities	Beds	450 307
Physical rehabilitation		
Projects supported	Projects	3 8
Patients receiving services	Patients	600 1,926

CONTEXT

The armed conflict in the Syrian Arab Republic (hereafter Syria) continued to affect Lebanon. Border restrictions reduced refugee arrivals, but around 1.5 million people from Syria remained in Lebanon, amid growing anti-refugee sentiment in the country.

The Lebanese Armed Forces (LAF) conducted security operations in violence-prone areas regularly, particularly near the Syrian border, and in Aarsal and the Bekaa valley. Military and security operations often resulted in arrests and detention and caused casualties, among both civilians and weapon bearers.

Tensions between armed factions persisted in the overcrowded Palestinian camps. Clashes at the Ein el-Helwe camp, in February, April and August, caused extensive damage and casualties, and displaced some of the inhabitants.

The needs of the refugee population had humanitarian organizations struggling to fill gaps in State services. Syrian refugees, particularly those living in informal settlements or in remote areas near the Lebanese–Syrian border, lacked access to basic services and livelihood opportunities. Refugees, and residents without health insurance, often found themselves unable to afford the cost of medical services.

Hundreds of unresolved cases of people unaccounted for in relation to past conflicts continued to cause anguish for the families concerned.

The Lebanese government approved a new electoral law and scheduled elections for May 2018.

ICRC ACTION AND RESULTS

The ICRC continued to respond to the humanitarian needs of people in Lebanon, particularly in connection with the ongoing conflict in Syria. It sought to protect and assist refugees from Syria, Palestinian refugees and destitute residents, in partnership with the Lebanese Red Cross and other Movement components, and in close coordination with the authorities and the UN Relief and Works Agency (UNRWA) and other organizations.

To help ensure timely care for wounded people, the ICRC provided technical expertise, funding and medical supplies throughout the casualty care chain, involving first responders, the National Society's emergency medical services (EMS), surgeons and hospitals. First-aid training for LAF personnel and for other weapon bearers in volatile areas also contributed to wounded people receiving timely care. The ICRC's Weapon Traumatology and Training Centre (WTTC), housed in two hospitals in Tripoli, and the ICRC-supported emergency ward at the Rafik Hariri University Hospital (RHUH) in Beirut provided surgical care to people who were: wounded; critically ill and referred by other facilities or by ICRC delegations elsewhere; or without health insurance. The RHUH, the largest public hospital in Lebanon, benefited from an ongoing, multi-year capacity-building project. At year's end, new water-treatment and ventilation systems were installed, and maintenance staff given the equipment and training necessary.

ICRC-supported primary-health-care facilities provided refugees and residents with curative and preventive care, psychosocial support and referrals for specialized treatment. In order to make

assistive devices and physiotherapy more widely available for physically disabled people, the ICRC provided financial support to a higher number of service providers compared to past years.

Emergency aid in the form of cash allowances, where feasible, or distributions of food and household essentials benefited Syrian refugees in informal settlements and Palestinians displaced by violence. Seed funding, or provision of supplies and equipment, helped several hundred households launch livelihood activities. ICRC shelter, water and sanitation projects benefited people in Palestinian camps and informal settlements, and communities hosting refugees. At schools in violence-prone areas, renovation of safe areas and evacuation routes helped ensure that students could continue their education in safety.

The ICRC visited detainees in accordance with its standard procedures, to monitor their treatment and living conditions. Dialogue with the detaining authorities focused on health care for detainees, judicial guarantees and respect for the principle of *non-refoulement*. The ICRC helped the authorities improve detainees' living conditions by making expert recommendations to them after prison visits and by renovating essential facilities at places of detention.

Dialogue with the LAF and the Internal Security Forces (ISF) continued to focus on IHL and international standards for law enforcement. The ICRC continued to guide the LAF's efforts to incorporate IHL in military doctrine and operations. It reminded weapon bearers in Palestinian camps of the protection due to schools and the medical services.

Members of families separated by armed conflict, detention or other circumstances reconnected with one another through the Movement's family-links services.

To aid future efforts to identify human remains, the ICRC continued to collect information on missing people, as well as biological reference samples, from their relatives. The ICRC urged the authorities to take into account its recommended amendments to a draft law on missing people. Missing people's families received psychosocial support from trained volunteers and commemorated their missing relatives at ICRC-supported events.

Media coverage of ICRC activities helped the public learn about the organization's neutral and impartial approach to humanitarian action.

With support from the ICRC and other Movement partners, the Lebanese Red Cross strengthened its capacities in emergency response. Movement components coordinated their activities to maximize the impact of their collective response to the humanitarian needs in Lebanon.

CIVILIANS

The ICRC monitored the situation of Syrian refugees and other vulnerable people in Lebanon. It submitted representations to the authorities and other actors concerned about the necessity of respecting the principle of *non-refoulement* and facilitating access to medical services. Through dialogue, it reminded weapon bearers of international standards for law enforcement. It also urged weapon bearers in Ein el-Helwe (see *Context*) to protect schools and people seeking or delivering medical care.

Members of separated families contact each other

Members of families dispersed by conflict, detention or other circumstances restored or maintained contact through the Movement's family-links services. Roughly 360 tracing requests were collected for people reportedly arrested in Syria. The ICRC's Damascus delegation (see *Syrian Arab Republic*) submitted these to the relevant Syrian authorities; any response received was shared with the enquirers in Lebanon.

The ICRC, acting as a neutral intermediary, facilitated the repatriation from Israel of three Lebanese citizens and the remains of eight others. Twenty-one refugees were resettled in third countries with ICRC travel documents. National Societies involved in reuniting families and resettling refugees received ICRC technical support.

Vulnerable people receive emergency aid and livelihood support

The Lebanese Red Cross and the ICRC assisted violence-affected people in Ein el-Helwe and in Arsal, including Syrian refugees. In areas without markets or banking services, or where cash assistance was not recommended for other reasons, 11,916 people (2,383 households) benefited from emergency distributions of household essentials; among them, 11,691 people (2,338 households) met 20% of their nutritional requirements through food parcels.

In total, 16,255 people (3,251 households) received cash for buying basic necessities or launching small businesses. They included: 1,562 displaced households (7,810 people) who received one-off cash grants; 1,089 particularly vulnerable households (5,445 people) – among them households in Arsal and Sheeba, and those referred by ICRC health and protection departments – who received monthly cash allowances; 326 households (1,630 people) who participated in microeconomic initiatives; and 274 households (1,370 people) who had benefited from cash-for-work activities in 2016 but needed additional assistance. At year's end, 432 households who had received monthly assistance reported having covered, on average, 80% of their monthly expenses; the 326 households who had launched small businesses reported a 70% increase in income.

Supplies and tools for strawberry farming or livestock raising were given to 132 households (660 people).

Refugees and residents have better living conditions

Community leaders and the ICRC discussed measures to reduce people's exposure to violence and protect students' safe access to education. In Ein el-Helwe, designated safe areas and evacuation routes at four schools (2,134 students) were repaired; the students participated in evacuation drills and sessions on safety measures. Safe areas were renovated at two schools (700 students) in Tripoli; in Arsal, the ICRC set up a tent school (200 students).

With ICRC support, 3,042 Palestinians and Syrians living in substandard buildings installed doors and fixtures in their dwellings.

Some 12,000 Palestinians regained access to electricity after the ICRC, in close coordination with UNRWA, repaired the electrical power system in Ein el-Helwe camp. In the Bekaa valley, the ICRC renovated a water reservoir and pumping station, and donated fuel, benefiting approximately 22,000 people.

The National Society and the ICRC partnered other Movement components to implement projects for improving living conditions for Syrian refugees in informal settlements. With ICRC support, 14,211 Syrians in Arsal and the Bekaa valley reinforced and insulated their tents; roughly 16,500 Syrians received hygiene kits.

Vulnerable people obtain primary-health-care services

Refugees and residents received preventive and curative care at 12 primary-health-care facilities along the Lebanese-Syrian border and in Palestinian camps; the ICRC gave these facilities fuel and other supplies, equipment, and training for their staff. It also constructed a new clinic for a field hospital in Arsal.

In total, 198,237 health consultations took place and 4,218 children were vaccinated against polio. Two ICRC-supported clinics provided counselling for victims of violence, including sexual violence; the ICRC carried out an assessment of the barriers to health care among the clinics' catchment population, and conducted mental-health awareness sessions.

The ICRC launched a study on the effectiveness of its health-related activities in the catchment area of ten ICRC-supported facilities; policy recommendations based on the findings would be submitted to the authorities later, with a view to making preventive health care more accessible to vulnerable people, particularly women of reproductive age.

Missing people's families find some relief

In total, 119 families received psychosocial support via an ICRC-backed accompaniment programme, which involved group counselling and information sessions updating them on ICRC activities to collect and store data. With ICRC support, a network of trained counselors covered five additional districts. At a two-day retreat sponsored by the ICRC, missing people's families discussed how to mobilize support for alleviating their plight; they also organized commemorative and awareness-raising events (see *Actors of influence*).

In preparation for future efforts to identify human remains, the ICRC conducted data-gathering interviews with the families of 380 missing people. Data analysis and research on burial sites continued; the authorities received technical support for identifying human remains at three sites. By year's end, biological reference samples had been collected from the families in 579 missing-persons cases.

An ICRC report proposing amendments to a draft law on missing people was submitted to and discussed with the authorities.

The LAF, the Lebanese Civil Defense, two Palestinian Red Crescent hospitals, and two government hospitals received body bags and forensic equipment; forensic professionals from the ISF, the LAF and other government bodies received training in human remains management, as a measure to prevent disappearances.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC checked on the treatment and living conditions of detainees at 25 places of detention under the authority of the defence and interior ministries, through visits conducted in accordance with its standard procedures. It followed up 782 detainees – including security detainees, people under interrogation and foreigners – individually; some were referred for medical care or psychological support, and others were given material assistance.

The ICRC made recommendations to the detaining authorities for ensuring that detainees' living conditions and treatment, including access to medical care, met internationally recognized standards. It submitted written representations on such matters as respect for judicial guarantees and the principle of *non-refoulement*, and prevention of ill-treatment, including sexual violence.

ISF and LAF officials, sponsored by the ICRC, attended workshops and round-tables, in Lebanon and elsewhere (see *Jordan*), where they learnt about best practices in prison health care. The ICRC and the justice ministry discussed issues such as case backlog and prison overcrowding. An ICRC-commissioned lawyer provided representation for detainees in prolonged pre-trial detention. The ICRC visited a new maximum-security prison and gave the authorities advice on prison management.

Detainees contacted their relatives through the Movement's family-links services; the ICRC helped foreigners notify their embassies, or UNHCR, of their circumstances. Detainees at one military prison received an ICRC-produced newsletter.

The ICRC constructed water-treatment and firefighting systems, and a covered area for visitors, at a retention centre run by the General Directorate of General Security (General Security), where approximately 1,000 people were being held. Renovations were completed at three other places of detention, benefiting roughly 270 detainees; similar work at other facilities was ongoing. The ICRC built a new borehole and reservoir for its ongoing water-supply project at the Roumieh central prison.

The ISF appointed a focal point for ICRC capacity-building initiatives. The ICRC provided prison staff with training and tools for maintaining facilities, thus reducing the need for external contractors.

WOUNDED AND SICK

The ICRC promoted respect for the protection due to patients and medical services (see *Civilians*); it also conducted information sessions for medical personnel on the goals of the Health Care in Danger project.

The National Society tends to wounded people

To enlarge the pool of first responders, the Lebanese Red Cross and the ICRC conducted first-aid training in Palestinian camps for weapon bearers, teachers, students and other community members. LAF instructors trained 54 new first-aiders. The National Society EMS, with ICRC support (see *Red Cross and Red Crescent Movement*), provided on-site care and medical evacuation for wounded people; it also facilitated blood transfusions for 4,000 Lebanese and Syrian patients.

Doctors benefit from ICRC expertise in war surgery

Through ICRC courses: WTTC medical staff developed their skills in emergency and reconstructive surgery; 60 doctors and nurses from Aarsal, Beirut and Saida learnt more about emergency-room trauma care; and 36 surgeons from Lebanon and abroad gained practical training in weapon-wound surgery. In November, 35 medical professionals from 15 countries attended a regional course – co-organized with the National Society, the Lebanese University and WHO – on managing large-scale health emergencies. At the 48th Middle East Medical Assembly, civilian and military doctors attended ICRC presentations on wound management and physical rehabilitation.

Wounded people and destitute patients receive appropriate care

Refugees and residents benefited from medical services at 19 facilities that received ICRC material, financial and technical support.

In Tripoli, an ICRC team – surgeons, nurses, psychologists, social workers, infectious disease specialists and physiotherapists – continued to run the WTTC, which consisted of a reconstructive surgery unit in Dar al-Chifae hospital and a post-operative rehabilitation unit in Dar al-Zahra hospital. The ICRC conducted training for medical staff regularly. The medical team of the emergency department at the RHUH received on-site support from ICRC surgical and non-surgical teams. The ICRC ran a 32-bed ward for patients requiring psychological/psychosocial support or physiotherapy.

Approximately 2,000 operations were performed at the WTTC and the RHUH. Some patients were referred for follow-up care after their operations. The ICRC covered, partially or fully, the costs of emergency treatment for wounded patients, including critically ill patients referred by other facilities or by ICRC delegations elsewhere, and for people without health insurance.

The RHUH and the ICRC began developing a capacity-building project in mother-and-child care. Owing to staffing constraints, the ICRC suspended all reconstructive surgery at the RHUH.

Sixteen other ICRC-supported facilities provided medical services for tens of thousands of Syrian patients and destitute residents. These facilities included six hospitals that stabilized patients before referring them for surgery, five Palestinian Red Crescent hospitals, two field hospitals in Aarsal, and three hospitals in Ein el-Helwe. The ICRC, in partnership with other Movement components, launched a project to improve emergency care, particularly for infants and pregnant women, at a hospital in Ein el-Helwe.

Hospitals improve their facilities

The RHUH expanded its capacity, from 170 to 203 beds, after repairs to its water-treatment and ventilation systems and the renovation of a ward; all this was part of a multi-year capacity-building project. RHUH personnel were given training and tools to develop their capacities in hospital maintenance.

Patients and medical staff in Dar al-Zahra hospital (104 beds) had safer surroundings after the ICRC waterproofed the roof and repaired electrical wiring systems.

Disabled people receive help for regaining their mobility

Physically disabled people received rehabilitative care at eight service providers funded by the ICRC. In total, 1,187 assistive devices were provided for patients in the Bekaa valley and elsewhere in Lebanon; 217 patients received free physiotherapy through a funding agreement between the ICRC and the Kuwait Red Crescent Society.

The ICRC launched a research project with Beirut Arab University on the effectiveness of virtual-reality therapy for amputees. More than 200 students attended ICRC presentations on managing phantom pain with mirror therapy.

To promote the social inclusion of disabled people, the ICRC donated 21 sports wheelchairs to the Tripoli Disabled Sports Association (TDSA). The TDSA, with ICRC funding, organized a wheelchair basketball tournament and bought a bus to transport teams.

The ICRC provided the parties concerned with expert advice for implementing domestic laws governing the physical rehabilitation sector.

ACTORS OF INFLUENCE

Military and security personnel add to their knowledge of IHL

Dialogue with officials from the LAF, ISF and General Security tackled IHL considerations in the performance of their respective duties and international standards for law enforcement.

The LAF, which began organizing IHL courses independently, was given expert advice for incorporating IHL in military doctrine and training. In February, LAF, ISF and justice ministry officials added to their knowledge of IHL at a ten-day regional course in Arabic, which the ICRC organized jointly with the League of Arab States' Centre for Legal and Judicial Studies; 70 people from 18 countries participated. A General Security official and a law professor, sponsored by the ICRC, took a similar course in Tunisia. More than 115 members of the General Security counter-terrorism unit and two military intelligence personnel learnt more about international rules governing the use of force, in law enforcement or security operations, at ICRC workshops.

While conducting first-aid training for them, the ICRC discussed humanitarian principles, international standards for the use of force, and the goals of the Health Care in Danger project with weapon bearers in Palestinian camps.

The public learns more about the plight of missing people's families

Families commemorated their missing relatives through exhibitions and other events organized with ICRC support. These events broadened awareness of the families' plight, and fostered support for the ICRC's efforts to address their needs. An information campaign encouraged relatives of missing people to learn more about the ICRC's efforts to gather and preserve data on missing people (see *Civilians*). Information sessions stimulated students' interest in the legal/social issues that missing people's families faced; two universities incorporated these issues in their curriculum.

Lebanese media helped to broaden public awareness of the ICRC's work – by covering the WTTC and the ICRC's activities for Syrian refugees, for instance. The ICRC sought to draw attention to issues of humanitarian concern through social media, and through a multimedia project featuring violence-affected residents of Syria Street in Tripoli.

A study on refugee and host communities' perception of the ICRC was being finalized at year's end.

RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross, the country's principal provider of EMS and blood-bank services, remained the ICRC's main partner in Lebanon. With comprehensive support from the ICRC and other Movement components, it trained 500 EMS volunteers and improved the coverage, quality and responsiveness of its EMS. It also received support for organizational development, in finance, logistics, human resources and public communication.

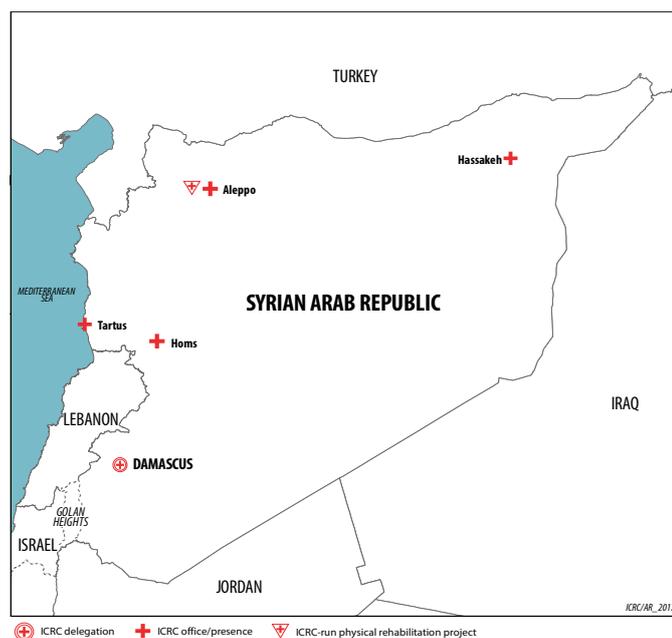
The Palestine Red Crescent Society's Lebanon branch operated its health facilities with ICRC financial and technical support. In cooperation with other Movement partners, it worked to develop its capacities in project management and emergency response.

The Lebanese Red Cross, the International Federation and the ICRC signed a three-year cooperation agreement that also set out their roles and responsibilities. Movement components met regularly to coordinate their activities and develop a common position on humanitarian issues in Lebanon.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		41			
RCMs distributed		105			
Reunifications, transfers and repatriations					
People reunited with their families		2			
People transferred or repatriated		3			
Human remains transferred or repatriated		8			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		773	71	22	35
<i>including people for whom tracing requests were registered by another delegation</i>		20			
Tracing cases closed positively (subject located or fate established)		31			
<i>including people for whom tracing requests were registered by another delegation</i>		16			
Tracing cases still being handled at the end of the reporting period (people)		4,165	339	76	155
<i>including people for whom tracing requests were registered by another delegation</i>		28			
Documents					
People to whom travel documents were issued		21			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		25			
Detainees in places of detention visited		7,566	919	239	
Visits carried out		156			
			Women	Girls	Boys
Detainees visited and monitored individually		782	50	9	30
<i>of whom newly registered</i>		548	44	9	25
RCMs and other means of family contact					
RCMs collected		344			
RCMs distributed		197			
Phone calls made to families to inform them of the whereabouts of a detained relative		576			
Detainees visited by their relatives with ICRC/National Society support		45			
People to whom a detention attestation was issued		24			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	11,691	2,924	5,843
Essential household items	Beneficiaries	11,916	2,980	5,956
Productive inputs	Beneficiaries	660	166	328
Cash	Beneficiaries	16,255	4,080	8,095
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	70,857	35,429	28,343
	<i>of whom IDPs</i>	70,857	35,429	28,343
Health				
Health centres supported	Structures	12		
Average catchment population		396,000		
Consultations		198,237		
	<i>of which curative</i>	184,302	58,137	61,955
	<i>of which antenatal</i>	13,935		
Immunizations	Patients	7,589		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	4,218		
Referrals to a second level of care	Patients	4,864		
	<i>of whom gynaecological/obstetric cases</i>	327		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	2,807	209	12
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,286	450	
Health				
Places of detention visited by health staff	Structures	17		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	19		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	8		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	680	56	51
	(including those related to mines or explosive remnants of war)	6	1	1
	Non-weapon-wound admissions	2,925		
	Operations performed	3,734		
Medical (non-surgical) admissions		3,266	1,362	880
Gynaecological/obstetric admissions		4,144	3,789	355
Consultations		53,157		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		3,413		
Weapon-wound admissions (surgical and non-surgical admissions)		84	4	6
Weapon-wound surgeries performed		55		
Patients whose hospital treatment was paid for by the ICRC		2,297		
First aid				
First-aid training				
	Sessions	21		
	Participants (sum of monthly data)	290		
Water and habitat				
Water and habitat activities	Beds	307		
Physical rehabilitation				
Projects supported	Projects	8		
Patients receiving services (sum of monthly data)		1,926	270	882
New patients fitted with prostheses	Patients	188	38	11
Prostheses delivered	Units	217	44	17
	<i>of which for victims of mines or explosive remnants of war</i>	19		2
New patients fitted with orthoses	Patients	507	55	329
Orthoses delivered	Units	781	78	551
Patients receiving physiotherapy	Patients	204	15	128
Walking aids delivered	Units	101	26	27
Wheelchairs or tricycles delivered	Units	88	17	30

SYRIAN ARAB REPUBLIC



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ The Syrian Arab Red Crescent and the ICRC conducted more field trips than in past years, including across front lines, to assess needs and deliver aid. Impediments to principled humanitarian action, however, remained.
- ▶ Millions of IDPs, residents and returnees met their urgent needs for food, water and household essentials, through emergency aid and other relief efforts carried out by the National Society, other local actors and/or the ICRC.
- ▶ Increased proximity to conflict-affected communities enabled the National Society and/or the ICRC to provide supplies and equipment to more vulnerable people than planned, helping them to start or resume livelihood activities.
- ▶ With comprehensive ICRC support, the National Society and other Syrian medical providers – including in besieged and hard-to-reach areas – sustained their emergency and primary-health-care services for conflict victims.
- ▶ The ICRC resumed its visits to detainees in central prisons. Inmates in some of these places had better living conditions because of material and infrastructural assistance from the ICRC.
- ▶ Parties to the conflict were reminded by the ICRC to uphold IHL and other pertinent norms, in particular, to fulfil their obligation to protect civilians and ensure access for them to medical and humanitarian aid.

EXPENDITURE IN KCHF

Protection	4,150
Assistance	163,687
Prevention	3,251
Cooperation with National Societies	6,323
General	347
Total	177,758
<i>Of which: Overheads</i>	<i>10,834</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	87
Resident staff (daily workers not included)	431

The ICRC has been present in the Syrian Arab Republic since the 1967 Arab–Israeli war. It works with the Syrian Arab Red Crescent to help people affected by armed conflict receive emergency relief and access safe water and medical care. It aims to visit all people held in relation to the conflict and to foster respect for IHL by all parties, notably in relation to sick and wounded patients and medical services. It acts as a neutral intermediary for issues of humanitarian concern between the Israeli-occupied Golan and the Syrian Arab Republic. It helps separated relatives maintain contact.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	161
RCMs distributed	108
Phone calls facilitated between family members	224
Tracing cases closed positively (subject located or fate established)	131
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	8
Detainees in places of detention visited	17,823
<i>of whom visited and monitored individually</i>	149
Visits carried out	12
Restoring family links	
RCMs collected	62
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	60

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	2,054,000 3,269,593
Essential household items	Beneficiaries	1,800,000 1,841,295
Productive inputs	Beneficiaries	30,000 146,482
Cash	Beneficiaries	2,500
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	15,000,000 15,000,000
Health		
Health centres supported	Structures	10 16
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	24
Water and habitat		
Water and habitat activities	Beds	600 3,246
Physical rehabilitation		
Projects supported	Projects	2 2
Patients receiving services	Patients	1,200 3,912

CONTEXT

In the Syrian Arab Republic (hereafter Syria), the armed conflict between government forces and various armed groups continued, as did fighting among these factions. Government forces and third-party States also carried out and/or supported operations against the Islamic State group.

Its military operations, combined with local agreements with factions in certain areas, enabled the government to regain control over some parts of the country held by armed groups. In May, the Islamic Republic of Iran, the Russian Federation and Turkey agreed to establish four 'de-escalation zones' in key locations; and in July, the Russian Federation and the United States of America, together with Jordan, arranged a ceasefire in southern Syria. These efforts contributed to the abatement of violence in some governorates, although fighting persisted – and even intensified – in several areas.

Internationally backed peace talks still did not result in a breakthrough towards a political solution to the crisis.

Allegations continued to be made of serious and recurrent breaches of IHL and other applicable norms. Since the beginning of the conflict in 2011, around 400,000 people have been killed, 1.5 million injured or wounded, and tens of thousands missing or detained. In 2017, over 700,000 people who had previously fled their homes returned, but another 2.9 million were forced to leave their homes. By year's end, over 6.1 million people had been internally displaced; millions more were living outside Syria.

The protracted violence and international sanctions continued to cripple the economy, infrastructure and public services. Needs were particularly severe in areas besieged by either government forces or armed groups, and in places made virtually inaccessible by security or logistical constraints.

Between March 2011 and December 2017, 66 workers from the Syrian Arab Red Crescent and 8 from the Palestine Red Crescent Society had been killed. The 2013 abduction of three ICRC staff members remained unresolved.

ICRC ACTION AND RESULTS

In partnership with the Syrian Arab Red Crescent and other local partners, and in coordination with Movement components and other organizations, the ICRC strove to carry out its multidisciplinary response to humanitarian needs in Syria, despite security constraints and other impediments to the full implementation of its activities.

In this complex and challenging environment, the ICRC endeavoured to foster acceptance and respect for its mandate and activities and for IHL and other applicable norms, primarily among the parties to the conflict and other key contacts, but also among the general public. For the first time since 2011, the ICRC conducted an IHL training session for military officers. Aided by ICRC expertise, the national IHL committee drafted and adopted an action plan to promote IHL countrywide. Partly as a result of these efforts, the National Society and the ICRC had broader access to some conflict-affected places, including besieged and/or hard-to-reach areas: they conducted more field trips, such as cross-line activities, than in the past. The ICRC opened an office in Hassakeh in October, to be closer and, thus better serve communities in the north-east.

The National Society and the ICRC continued to conduct large-scale distributions of food and household essentials that benefited millions of IDPs, residents and returnees. The ICRC maintained its extensive support for local partners, to help ensure that millions of people, including IDPs, had access to drinking water, and better shelters and other basic facilities. Where security conditions were more stable, the National Society and the ICRC scaled up initiatives to help vulnerable households regain a degree of self-sufficiency.

To help wounded and sick people, especially in besieged and hard-to-reach areas, receive timely and suitable care, the ICRC focused on providing comprehensive assistance for strengthening services at primary-health-care clinics, hospitals and dialysis centres. However, the delivery of surgical supplies and equipment to health-care facilities remained difficult. Rehabilitation centres run by the ICRC, and by the National Society with ICRC support, helped meet the needs of physically disabled people.

The ICRC visited people held in central prisons; afterwards, it communicated its findings confidentially to the pertinent officials. Various types of ICRC support were given to some of these prisons, helping improve living conditions and health services there. The ICRC resumed its activities in central prisons only in July, after suspending them for nearly a year to explain its working procedures to the authorities concerned. The ICRC strove to gain access to other places of detention, including those run by the security forces or by armed groups.

The Movement's family-links services helped members of dispersed families reconnect, but thousands of people remained unaccounted for, such as those allegedly arrested or detained in relation to the conflict.

The National Society bolstered its operational and organizational capacities with ICRC backing. Movement components in Syria met regularly to coordinate their activities.

CIVILIANS

More conflict-affected areas are reached by the ICRC despite persisting barriers to humanitarian action

The ICRC continued to face difficulties in carrying out its activities safely, because of the fighting, the multiplicity of armed groups, and the limited acceptance for its presence. It regularly adapted its activities to the restrictions imposed by parties to the conflict.

Despite these constraints, the National Society and the ICRC saw some improvement in their proximity to victims of the fighting, partly as a result of expanded interaction with key contacts (see *Actors of influence*). They conducted more field trips than in the past – such as cross-line activities – to assess needs and deliver aid, sometimes in coordination with the UN; some of these trips were also organized in besieged and/or hard-to-reach areas.

Vulnerable people receive food and other urgently needed essentials

About 3.26 million IDPs, residents and returnees (over 650,000 households) – some 1.2 million more than once – benefited from food assistance from the National Society, other local actors and the ICRC. They met some of their dietary needs through one-month food parcels and canned goods provided by the ICRC and distributed by the National Society, meals from local charity kitchens and/or bread from local bakeries.

Some 30 flour mills and other facilities processing or producing staples or meals maintained or increased their output with material and infrastructural support from the ICRC.

Hygiene kits and other household essentials from the National Society and the ICRC helped ease living conditions for over 1.84 million people (386,000 households). Some of these beneficiaries also received winter supplies; and some schoolchildren benefited from educational materials on the hazardousness of mines and explosive remnants of war (ERW).

Approximately 31% of the people who received food, and 10% of those who benefited from household essentials, were in besieged or hard-to-reach locations.

Increased ICRC support enables more breadwinners to carry out income-generating activities

Because certain violence-affected areas, especially those where security conditions were relatively stable, had become more accessible to the National Society and the ICRC, more households than planned benefited from livelihood support; some of these households received productive inputs instead of cash. Roughly 28,600 heads of farming households (supporting over 143,000 people) – including returnees and IDPs – benefited from vegetable seed and other agricultural supplies, enabling some of them to grow more food or protect their crops from frost. Over 400 heads of households – women, disabled people, IDPs and returnees (benefiting some 2,000 people in total) – launched small businesses with the equipment and raw materials they received; most of them generated enough additional income to cover 50% of their monthly expenses.

National Society personnel developed their ability to carry out relief and livelihood-support activities, through training and by working with the ICRC.

Millions of people gain access to potable water and improved communal facilities

Partnerships between the water resources ministry, other local authorities, the National Society and the ICRC helped ensure a regular supply of water and adequate living conditions for a total of 15 million people countrywide. Around 520,000 of them who were not connected to the public water-supply grid received trucked-in water. The ICRC helped renovate local infrastructure and donated equipment and consumables to the local water boards – for disinfecting water, for instance – thereby benefiting over 13.5 million people.

In addition, among the 15 million people mentioned above: some 4 million had access to improved wastewater systems, which helped reduce risks to public health; over 205,700 IDPs had better shelter and sanitation facilities; and around 4.2 million benefited from a supply of electrical power.

People in besieged and hard-to-reach areas receive primary health care

People in six governorates obtained preventive and curative health care at seven mobile health units and nine polyclinics run by the National Society with comprehensive support from the ICRC; over 200,000 people were given consultations at these facilities. Other National Society clinics and health facilities in besieged and/or hard-to-reach areas received drugs, birth supplies and other essential medical items on an ad hoc basis.

With ICRC financial, material and technical support, local authorities, health professionals and National Society personnel strove to curb the spread of scabies and other communicable diseases. Around 6,250 people with leishmaniasis received treatment; the distribution of 156,700 bed nets helped protect other people from contracting the disease. Nearly 168,000 children benefited from delousing campaigns.

The ICRC continued to assess the needs of victims of sexual violence, particularly their psychological needs, with a view to establishing referral networks of suitable care providers for them.

National Society volunteers drew on ICRC expertise to build their capacities in conducting health information sessions and providing mental health care to their colleagues. Around 70 trained National Society staff conducted peer-support sessions for roughly 1,100 National Society volunteers countrywide.

Parties to the conflict are urged to respect IHL

Owing to its increased field activities, the ICRC strove to strengthen its bilateral dialogue with parties to the conflict on the necessity of upholding IHL and other applicable norms. It reminded them to: protect people who were not or no longer participating in hostilities – including medical personnel and humanitarian workers – and to show due regard for the red cross and red crescent emblems; prevent indiscriminate attacks; and ensure safe access to basic services and humanitarian aid. The ICRC submitted more written representations to the parties concerned than in the previous year. At ICRC information sessions, local officials learnt more about issues of concern to displaced persons and returnees.

Some people reconnect with relatives, but thousands remain without news of family members

People within and outside Syria continued to seek help from the National Society and/or the ICRC to locate or restore contact with their relatives in the country or elsewhere. Through the coordinated efforts of Movement partners in Turkey and Syria, a boy was reunited with his family in Syria. Over 130 tracing cases were closed by year's end; however, thousands of people still remained unaccounted for (see *People deprived of their freedom*).

Some residents of the Israeli-occupied Golan relayed official documents with relatives in Syria proper, to help them advance legal or administrative proceedings; however, tensions along the demarcation line did not make it possible for the ICRC to facilitate travel for humanitarian reasons. In coordination with other organizations, the ICRC issued 69 travel documents to expedite the resettlement of refugees in third countries.

With ICRC support, the National Society and other local actors became more capable of tackling the issue of missing persons; in particular, they developed their ability to manage human remains. As per a 2016 memorandum of understanding between the General Commission of Forensic Medicine (GCFM) and the ICRC, over 140 forensic specialists from the GCFM and the interior and defence ministries were sponsored by the ICRC to attend workshops on forensic humanitarian action, in Syria and elsewhere. The only DNA laboratory in Syria was given equipment, and infrastructure at eight morgues was upgraded. The remains of two Syrian migrants who died at sea were identified, through the coordinated efforts of the interior ministry, Interpol and the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits to central prisons resume

In July, the ICRC resumed its activities for detainees, which had been suspended since September 2016 to enable the organization to explain its working procedures to the pertinent authorities. The ICRC thus visited, in accordance with its standard procedures, people held in central prisons under the responsibility of the interior ministry. After these visits, delegates communicated their findings – on such matters as respect for detainees' judicial guarantees – confidentially to the authorities concerned. Prison officials implemented some of the ICRC's recommendations for improving detainees' treatment and living conditions.

The ICRC followed up with the pertinent authorities enquiries from families of people allegedly arrested or detained in relation to the conflict; it was able to obtain information about some of these people. Detainees re-established contact with their relatives through RCMs and oral messages relayed by ICRC delegates.

Detainees in some prisons access drinking water and refurbished facilities

Two central prisons reinforced their primary-health-care services with medical equipment and supplies from the ICRC; several disabled detainees received walking aids. A representative of the national medical association, sponsored by the ICRC, attended a regional conference on health care in detention (see *Jordan*).

Various forms of ICRC assistance helped ensure that detainees had access to potable water and better living conditions. These included water-trucking services and renovation of basic facilities at three prisons, and an information campaign on preventing skin diseases at one of them. Over 10,000 inmates at four places of detention received hygiene items and winter clothes.

The ICRC maintained its efforts to gain access to other places of detention, including those run by the security forces and by armed groups.

WOUNDED AND SICK

On the basis of documented abuses against health services, including attacks on them and systematic denial or obstruction of access, the ICRC reminded parties to the conflict of the protection due to patients and medical workers and facilities, regardless of affiliation, under IHL and other applicable norms.

Wounded people are treated at ICRC-supported hospitals

With ICRC material, technical and financial support, National Society volunteers administered first aid and transported people who were wounded or seriously ill to hospitals. At the request of the parties concerned, the National Society and the ICRC served as neutral intermediaries in the evacuation of 29 critically ill people, and their relatives, from a besieged area in Damascus to nearby hospitals.

Opportunities for the ICRC to provide material support to health facilities remained limited: deliveries of surgical supplies were rarely allowed, and then only in small quantities. Twenty-four government and/or field hospitals and dialysis centres, including in besieged and hard-to-reach areas, sustained their services with medical equipment and supplies, haemodialysis consumables, and spare parts donated by the ICRC on an ad hoc basis. Surgical sets and instruments distributed to 19 of these hospitals helped doctors treat wounded people. Over 100 surgeons, health ministry

personnel and other health staff developed their ability to treat such patients, at ICRC training sessions in Syria and abroad (see *Lebanon*).

Periodic and ad hoc infrastructural upgrades carried out by the National Society and the ICRC, in coordination with the health ministry and local authorities, helped 29 hospitals and health points bolster their electrical power and water-supply systems.

Disabled people obtain appropriate care

Disabled people received physical rehabilitation services at two centres: an ICRC-run facility in Aleppo, and another in Damascus, run by the National Society with ICRC material, technical and financial support. Over 360 people were fitted with prostheses. Selected patients of the Aleppo centre obtained livelihood support to help facilitate their social inclusion (see *Civilians*).

Wheelchairs from the ICRC and other assistive devices distributed by the National Society benefited disabled people living beyond the areas covered by the two centres.

Three physical rehabilitation trainees continued to pursue their studies abroad, on ICRC scholarships.

ICRC plans to establish or support additional centres fell through, either because of the volatility of the situation or because needs in the targeted areas were few.

ACTORS OF INFLUENCE

Contact and coordination with local and central government authorities, community leaders and members of some armed groups helped facilitate access to vulnerable people for the National Society and the ICRC, although impediments to principled humanitarian action remained (see *Civilians* and *Wounded and sick*).

During meetings with government officials, and in reports and public statements, the ICRC emphasized the right of all wounded people to receive medical treatment and of all civilians, including those in besieged and/or hard-to-reach areas, to receive humanitarian assistance. In its interaction with them, in Syria and abroad, the ICRC sought to familiarize representatives of certain armed groups with humanitarian principles, basic IHL provisions and the Movement.

Syrian military officers learn more about IHL

The national IHL committee drew on ICRC expertise to draft and adopt an action plan for promoting IHL throughout the country. It held courses on the subject for Syrian diplomats and interior ministry officials.

At an ICRC training session, the first since 2011, 30 military officers advanced their understanding of IHL provisions governing the conduct of hostilities.

Future government officials strengthened their grasp of IHL through ICRC courses at the National Institute of Public Administration. The ICRC's dialogue with academics contributed to the inclusion of IHL in the curricula of public universities; one university formalized a cooperation agreement with the ICRC on IHL instruction. University students, sponsored by the ICRC, participated in and won a regional moot court competition (see *Egypt*).

Social media keep Syrians informed of the ICRC's activities for victims of conflict

People in Syria – including potential and current beneficiaries – and people abroad kept abreast of the humanitarian consequences of the conflict in Syria and of the ICRC's response, partly through events arranged by the organization and information provided by it through print and social media. Information shared through these means included matters covered by the Health Care in Danger project and details of the ICRC's assistance activities in besieged and other areas inaccessible to journalists.

The ICRC maintained contact with members of the local and international media, regardless of their affiliation in relation to the conflict, and contributed to their coverage of the situation in Syria. Media professionals advanced their understanding of various humanitarian issues, IHL and the Movement through a series of workshops and public events organized by the ICRC. Some 30 Syrian journalists learnt how to broaden public awareness of the hazardousness of mines and ERW.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society responded to humanitarian needs, in line with the Fundamental Principles and the Safer Access Framework. It continued to benefit from extensive financial, material and technical support from the ICRC, as per a 2017–2019 partnership agreement. Such support helped defray the National Society's operating costs at its headquarters, 13 branches and 13 disaster-response or first-aid centres; it also helped strengthen the National Society's public-communication activities.

The National Society and the ICRC signed additional project agreements, with a view to bolstering the National Society's organizational development, its activities connected to water and sanitation, and its financial and administrative capacities. Under one of these agreements, nearly 30 ICRC-trained National Society volunteers conducted mine-risk education sessions for 1,213 of their peers.

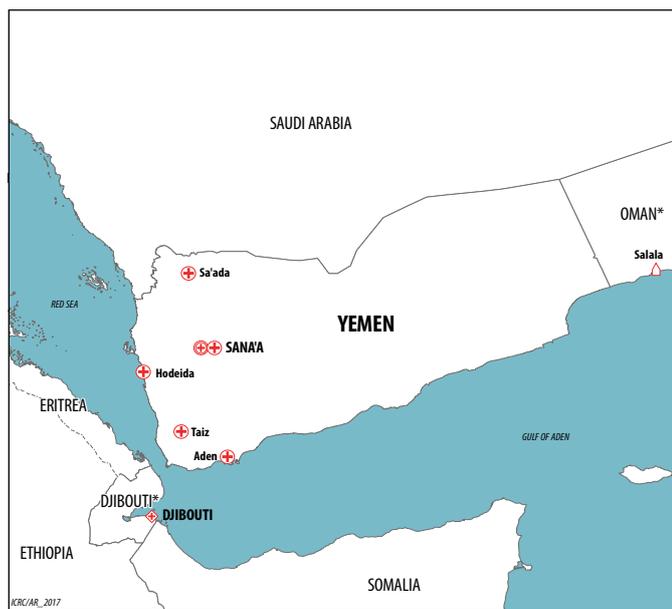
The ICRC continued to provide technical support for the Palestine Red Crescent Society to assist Palestinian refugees in Syria.

Movement components in Syria met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		161			
RCMs distributed		108			
Phone calls facilitated between family members		224			
Reunifications, transfers and repatriations					
People reunited with their families		2			
	<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		3,822	155	134	202
	<i>including people for whom tracing requests were registered by another delegation</i>	817			
Tracing cases closed positively (subject located or fate established)		131			
	<i>including people for whom tracing requests were registered by another delegation</i>	20			
Tracing cases still being handled at the end of the reporting period (people)		10,264	501	362	523
	<i>including people for whom tracing requests were registered by another delegation</i>	5,429			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		4	1		
UAMs/SC reunited with their families by the ICRC/National Society		1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		4	1		
Documents					
People to whom travel documents were issued		69			
Official documents delivered across borders/front lines		24			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		8			
Detainees in places of detention visited		17,823	922	594	
Visits carried out		12			
			Women	Girls	Boys
Detainees visited and monitored individually		149	32		11
	<i>of whom newly registered</i>	100	21		11
RCMs and other means of family contact					
RCMs collected		62			
RCMs distributed		7			
Phone calls made to families to inform them of the whereabouts of a detained relative		60			
People to whom a detention attestation was issued		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	3,269,593	980,928	1,307,737
	<i>of whom IDPs</i>	2,615,653	784,703	1,046,247
Essential household items	Beneficiaries	1,841,295	552,470	736,355
	<i>of whom IDPs</i>	1,473,775	442,169	589,437
Productive inputs	Beneficiaries	146,482	44,195	58,442
	<i>of whom IDPs</i>	115,474	34,764	46,121
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	15,000,000	4,500,000	6,000,000
	<i>of whom IDPs¹</i>	150,000	45,000	60,000
Health				
Health centres supported	Structures	16		
Average catchment population		1,128,440		
Consultations		217,059		
	<i>of which curative</i>	199,163	74,785	72,715
	<i>of which antenatal</i>	17,896		
Immunizations	Patients	1,803		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	912		
Referrals to a second level of care	Patients	3,807		
	<i>of whom gynaecological/obstetric cases</i>	1,019		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	10,500		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,300		
Health				
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	24		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		286		
Weapon-wound surgeries performed		77		
First aid				
First-aid training				
	Sessions	19		
	Participants (sum of monthly data)	652		
Water and habitat				
Water and habitat activities	Beds	3,246		
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services (sum of monthly data)		3,912	666	621
New patients fitted with prostheses	Patients	364	57	70
Prostheses delivered	Units	729	104	129
	<i>of which for victims of mines or explosive remnants of war</i>	97	12	13
New patients fitted with orthoses	Patients	107	27	28
Orthoses delivered	Units	183	50	55
	<i>of which for victims of mines or explosive remnants of war</i>	3	1	
Patients receiving physiotherapy	Patients	2,307	396	320
Walking aids delivered	Units	589	87	86
Wheelchairs or tricycles delivered	Units	87	18	18

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.



ICRC/AR_2017
 ICRC delegation ICRC sub-delegation ICRC mission ICRC regional logistics centre
 *Map shows structures supporting ICRC operations in Yemen

KEY RESULTS/CONSTRAINTS IN 2017

- ▶ As fighting intensified and movement restrictions became stricter, the ICRC urged all parties to respect IHL, protect civilians and civilian infrastructure from attack and ensure people's access to essential services and humanitarian aid.
- ▶ Wounded and sick people received life-saving treatment at ICRC-backed hospitals, including those near front lines. The ICRC assigned surgical teams to two hospitals in Hodeida and managed two facilities in Aden and Sa'ada.
- ▶ In response to a cholera outbreak, ICRC-supported health facilities set up treatment units, which handled roughly 86,000 suspected cases. Disinfection and other measures helped avert a similar outbreak in places of detention.
- ▶ Vulnerable residents and IDPs received food and other necessities from the ICRC. People in both urban and rural areas had continuous access to clean water owing to various measures taken by the ICRC and water authorities.
- ▶ The ICRC visited detainees in more places of detention than in previous years. Prison health staff, with ICRC material and technical support, improved their ability to provide basic health care for detainees.
- ▶ The Yemen Red Crescent Society expanded its emergency response capacities with ICRC support. It recovered human remains and provided emergency transport for health referrals and medical evacuations.

EXPENDITURE IN KCHF

Protection	7,136
Assistance	61,090
Prevention	3,549
Cooperation with National Societies	5,886
General	236
Total	77,897
<i>Of which: Overheads</i>	<i>4,748</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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PERSONNEL

Mobile staff	72
Resident staff (daily workers not included)	325

The ICRC has been working in Yemen since the civil war in 1962. It responds to the humanitarian consequences of armed conflicts and other situations of violence in the country by: helping secure the water supply; providing medical assistance, emergency relief and livelihood support to those in need; monitoring the treatment and living conditions of people held in relation to the situation; and enabling detainees and civilians, including migrants, to restore contact with their relatives, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The ICRC works with the Yemen Red Crescent Society.

YEARLY RESULT

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

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3,062
RCMs distributed	1,905
Phone calls facilitated between family members	222
Tracing cases closed positively (subject located or fate established)	113
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	21
Detainees in places of detention visited	9,193
<i>of whom visited and monitored individually</i>	<i>727</i>
Visits carried out	40
Restoring family links	
RCMs collected	34
RCMs distributed	15
Phone calls made to families to inform them of the whereabouts of a detained relative	180

ASSISTANCE	2017 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 581,000	420,653
Essential household items	Beneficiaries 42,000	204,143
Productive inputs	Beneficiaries 588,000	135,625
Cash	Beneficiaries 76,300	28,861
Vouchers	Beneficiaries 91,000	91,000
Services and training	Beneficiaries 120	213
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 3,492,000	4,404,771
Health		
Health centres supported	Structures 31	29
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 8	27
Water and habitat		
Water and habitat activities	Beds 1,100	2,808
Physical rehabilitation		
Projects supported	Projects 5	5
Patients receiving services	Patients 75,000	71,711

CONTEXT

Yemen remained the site of armed conflicts and other situations of violence; heavy fighting, characterized by shelling and airstrikes, persisted in Sa'ada, Taiz and many other areas. Hostilities between the military coalition led by Saudi Arabia and the Houthis, which began in 2015, escalated towards the end of the year. In December, the former president, previously aligned with the Houthis, was killed in the violence that erupted in the capital city of Sana'a; this added to the political uncertainty in the country. The Islamic State group, al-Qaeda in the Arab Peninsula, and other armed groups remained active in different parts of the country.

Besides causing casualties, displacement, loss of livelihoods and weapon contamination, the protracted fighting had left Yemen's health, water and sewage systems on the verge of collapse. Key infrastructure, heavily damaged by the fighting, were not functioning. The shortage of supplies – food, fuel, medicines and other essentials – worsened after the coalition tightened its blockade of ports near opposition-held areas; it was later eased, albeit only lightly, to allow humanitarian aid to enter the country. National capacities for tackling the cholera outbreak in May were limited. Overcrowding and lack of maintenance in places of detention posed risks to detainees' health.

Despite all this, migrants continued to pass through the country on their way to Saudi Arabia or elsewhere. Many were reportedly arrested on reaching Yemen.

Few humanitarian organizations were active in the country, because of movement restrictions and past attacks on humanitarian workers and health-care facilities.

ICRC ACTION AND RESULTS

The ICRC expanded the scale and scope of its activities in response to the continued deterioration of the situation in Yemen, more than doubling its budget as a result.¹ Some initiatives, however, could not be carried out fully because of security and logistical constraints. A newly opened sub-delegation in Hodeida, a logistics base in Oman and a mission in Djibouti supported ICRC operations. Whenever possible, the ICRC worked with the Yemen Red Crescent Society, in coordination with other Movement partners.

The ICRC stepped up its calls for all weapon bearers to respect IHL, protect civilians and civilian infrastructure from attack and ensure people's access to basic services and humanitarian aid. Documented allegations of IHL violations were brought to their attention. In view of the volatility of the situation, the ICRC increased its efforts to build acceptance for its humanitarian activities among key parties; this enabled it to reach and provide vital assistance for people near front lines. It served as a neutral intermediary in the evacuation of wounded people and the transfer of human remains.

To ensure that wounded and sick people received life-saving care, the ICRC provided comprehensive support throughout the casualty care chain. It trained weapon bearers and health-care workers in first aid, and gave them the necessary supplies. It provided on-site assistance and material support that helped hospitals cope with influxes of patients and supply shortages. It also reinforced local

surgical capacities by assigning ICRC surgical teams to Hodeida, and managing hospitals in Aden and Sa'ada that received many war-surgery cases. Medical professionals were trained in mass-casualty management, emergency-room trauma care and war surgery. Physically disabled people obtained appropriate services at ICRC-supported centres. Primary-health-care centres provided preventive and curative care and set up cholera-treatment units following the outbreak; the ICRC provided assistance regularly.

IDPs and vulnerable residents received ICRC-donated food parcels, bread vouchers and household items. Support for water authorities, repairs to critical facilities and training for local committees helped ensure uninterrupted access to clean water for millions of people. Together with the agriculture ministry, the ICRC helped farming households grow crops and herding households improve the health of their livestock.

People used the Movement's family-links services to trace or restore contact with relatives, including those detained. The ICRC provided material and technical support for first responders to ensure the proper handling and subsequent identification of human remains.

The ICRC visited detainees, monitored their treatment and living conditions and communicated its findings confidentially to the authorities concerned. Improvements to water and sewage facilities lessened the risk to detainees' health; cleaning campaigns, donations of hygiene items and training in infection control for prison staff averted the spread of cholera in prisons.

The ICRC sought to broaden awareness of the plight of violence-affected Yemenis through its public-communication platforms, as the international media was not heavily represented in the country. It reiterated key messages on the humanitarian situation for decision-makers, with a view to securing acceptance for its mandate and activities. It also organized an event for religious leaders to discuss the common ground between IHL and Islamic law.

The Yemen Red Crescent Society and the ICRC expanded their joint response to the humanitarian needs in the country. The National Society received material, financial and technical support, including guidance for working safely. Movement partners continued to coordinate their activities.

CIVILIANS

Dialogue with parties facilitates access to conflict-affected civilians

Amid increasingly difficult conditions, the ICRC stepped up its calls for all weapon bearers to respect IHL, particularly its provisions on the protection of civilians and civilian infrastructure in the conduct of hostilities. It documented allegations of IHL violations and brought them to the attention of the parties to the conflicts through written representations, confidential meetings and public statements of concern. It emphasized the necessity of protecting people seeking or providing medical care and of ensuring people's safe access to basic services and humanitarian aid.

The ICRC's interaction with key parties helped broaden acceptance for its principled humanitarian activities, and enabled it to reach people in need – especially those in places where needs were most acute, such as areas near front lines (see *Actors of influence*). Because of logistical and security constraints, however, some communities were inaccessible.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/BD357B05441E3CFAC125810C00203CC6/\\$file/PA2017_Yemen_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/BD357B05441E3CFAC125810C00203CC6/$file/PA2017_Yemen_Final.pdf)

The ICRC continued to cooperate with the Yemen Executive Mine Action Centre to develop training sessions for its personnel. The Yemeni Red Crescent, aided by the ICRC, conducted sessions on mine-risk education for its staff and volunteers.

People reconnect with their relatives through family-links services

Members of families separated by conflict, migration or detention restored or maintained contact through RCMs, phone calls and other Movement family-links services. More people than in the past filed tracing requests to locate missing relatives, including those reportedly arrested; the fate and whereabouts of some 100 people were ascertained. Yemenis made videoconference calls, facilitated by the ICRC, to their relatives detained overseas. The ICRC arranged family visits for some former detainees who had resettled in third countries. Three foreigners were repatriated in cooperation with the pertinent authorities.

ICRC-supported volunteers promoted family-links services to potential beneficiaries and community leaders along the migration route or wherever migrants gathered.

Human remains are managed according to applicable standards

The ICRC provided training, technical advice and supplies for handling and storing human remains for about 130 forensic workers and first responders from government ministries, the armed forces, armed groups and hospitals – whose caseload had grown because of the intensified fighting. With ICRC support, the remains of 73 people were buried properly, to increase the likelihood of their future identification.

Biological reference samples from 19 families of missing people were handed over to a laboratory for DNA profiling; the authorities and the ICRC facilitated the process, with a view to identifying some sets of human remains.

The National Society repatriated or transferred, under ICRC auspices, the remains of 365 people to the families concerned.

ICRC support helps sustain health-care services

In coordination with the health ministry, the ICRC increased its support for 29 primary-health-care centres, including those near front lines. The support consisted of monitoring visits, monthly provision of drugs, hygiene items and other consumables, and training and financial incentives for staff.

Children under the age of five, pregnant women and other vulnerable people obtained services at these facilities, including curative and antenatal consultations, vaccinations and referrals for secondary care. During the cholera outbreak, ICRC support enabled 19 of these facilities to set up cholera-treatment units, which handled roughly 86,000 suspected cases.

ICRC infrastructural support enabled three of the centres referred to above, though heavily damaged by the fighting, to continue functioning, and nine others to deal effectively with the cholera outbreak.

Given the dangerously limited services for potentially life-threatening chronic diseases, the ICRC provided material support for five dialysis centres, enabling them to provide vital treatment for 712 patients.

Renovation of critical facilities minimize disruptions to the water supply

Roughly 4.4 million people in total had access to potable water and/or were less at risk of contracting cholera and other water-borne diseases, thanks to various ICRC infrastructural projects and capacity-building initiatives for service providers (see below).

In urban areas, the ICRC renovated critical facilities and donated spare parts and consumables to local water corporations; these helped address or prevent interruptions to the water supply for more than 3.1 million people. An ICRC-installed bypass, for instance, enabled the continued distribution of water to the population when a pumping station in Hodeida broke down. In Taiz, fuel donations for wells and repairs to damaged transmission lines provided access to water for people in areas partially under siege.

In rural areas, access to water was restored for about 134,000 people, more than planned, after the ICRC renovated water-supply systems. It also trained and equipped newly formed water committees to operate and maintain the systems.

Through various emergency measures, the ICRC helped curb the spread of cholera in many areas, including those covered above, benefiting some 2 million people. For example, it provided water boards with water-testing equipment and chlorine and trained community representatives in water-purification techniques. It also renovated a wastewater treatment plant in Sana'a.

Discussions with pertinent agencies on monitoring the use and availability of groundwater continued.

Distributions of essential items help people cope with supply shortages

In response to the shortage of supplies in Yemen, the National Society and the ICRC provided IDPs and vulnerable residents with basic goods. Some 420,650 people (60,040 households) received food parcels, and about 204,000 people (28,900 households) were given household items. In Taiz, ICRC vouchers enabled 91,000 people (13,000 households) to have a daily supply of bread. Local bakeries took part in the initiative, benefitting local workers as well.

Around 4,100 households (about 29,000 people) received cash assistance from the ICRC. Among them were about 2,860 people (supporting 20,000 people in all) who earned money by cleaning irrigation canals, or participating in garbage-collection campaigns that were part of the ICRC's response to the cholera outbreak. About 1,260 households (8,820 people) received cash grants for their urgent needs or for improving their livelihoods.

The agriculture ministry and the ICRC maintained their livelihood-support activities, where circumstances allowed. Around 19,400 households (nearly 136,000 people in all) cultivated crops using seed and tools from the ICRC, and/or had their animals vaccinated or treated against disease. Livestock services were provided by 213 people trained in animal-health care.

PEOPLE DEPRIVED OF THEIR FREEDOM

Despite security and logistical constraints, the ICRC, in accordance with its standard procedures, visited detainees in some 20 places of detention – more than it had access to in previous years –

to check on their treatment and living conditions; some 9,000 people, including those detained for conflict-related reasons, were held in these facilities. About 730 vulnerable detainees, most of them newly registered, were monitored individually.

Afterwards, the ICRC communicated its findings confidentially to the authorities, and worked with them to address certain issues (see below). During its dialogue with the authorities, it urged them to ensure that detention conditions were in line with internationally recognized standards, particularly regarding respect for judicial guarantees and the principle of *non-refoulement*; the ICRC also sought, through this dialogue, to secure access to all people held in relation to the conflicts. It followed up allegations of arrest with the authorities (see *Civilians*).

Detainees exchanged greetings with their families through RCMs, phone calls and other family-links services. Foreigners notified their embassies and/or UNHCR of their detention via the ICRC. Seven Pakistani detainees received ICRC travel documents and were repatriated through the joint efforts of the ICRC delegations in Yemen and Pakistan (see *Pakistan*). Before their departure, they underwent medical screening and received treatment, as needed.

Former detainees obtained ICRC-issued attestations of detention for use in administrative and legal proceedings.

Various initiatives reduce risks to detainees' health

To help ensure the availability of primary health care for detainees, the ICRC provided medical supplies and technical support – including training in managing disease outbreaks – to health staff at the Hodeida and Sana'a central prisons, and also donated medical supplies to the clinics at four other prisons.

Improvements to facilities at nine prisons helped alleviate living conditions for about 6,800 detainees. For instance, inmates at the Sana'a central prison had cleaner surroundings following repairs to the water and sewage systems. Detainees at the Amran central prison had a more stable water supply after the ICRC donated a generator to power water pumps. At the nine prisons, and 11 others, about 19,570 detainees received donations of essential items, including hygiene and cleaning items to prevent the spread of cholera. Other initiatives were undertaken, some with the National Society, to protect and respond to the needs of detainees affected by the outbreak, such as extensive cleaning campaigns and/or training in disinfection and infection-control for prison staff.

Former detainees requiring medical and/or other services were referred to appropriate providers.

WOUNDED AND SICK

People wounded in front-line areas receive suitable care

With the health system on the verge of collapse, the ICRC provided support throughout the casualty care chain, from emergency treatment to surgical and post-operative care.

To help ensure the stabilization of wounded people in front-line areas, the ICRC provided first-aid training and equipment to some 600 weapon bearers and health-care providers. It served as a neutral intermediary in the evacuation of wounded people across front lines. The Yemeni Red Crescent ran an emergency transport system for evacuating the wounded to hospitals, using ICRC-donated ambulances.

ICRC support enabled 27 hospitals, including those near front lines, to cope with patient influxes and supply shortages. Eight of these hospitals were reinforced with ICRC staff on site: the Al-Mansoura Surgical Hospital in Aden and Al Talh Hospital in Sa'ada, which received many war-surgery cases, fully managed by the ICRC; two hospitals in Hodeida that ICRC mobile surgical teams assisted in treating wounded people and managing mass-casualty situations; and four hospitals that an ICRC biomedical engineer aided in overseeing vital equipment. Medical supplies were provided to 17 of the supported facilities, regularly and/or on an ad hoc basis. At ICRC workshops, roughly 200 doctors and nurses were trained in mass-casualty management, and some 60 medical professionals expanded their skills in war surgery and emergency-room trauma care.

The ICRC renovated or upgraded facilities at six hospitals severely affected by the hostilities. This included repairs to water, sewage, waste-management and electrical systems, donations of generators and setting up of morgues.

People with physical disabilities improve their mobility

Disabled people obtained physical rehabilitation services at five ICRC-supported centres run by the health ministry: the centres in Aden, Mukalla, Sana'a and Taiz, and the newly opened centre in Sa'ada. These centres were regularly supplied with raw materials and devices; staff incentives and monthly donations of fuel helped them remain functional. The ICRC covered transportation and accommodation costs for about 80 destitute patients from areas where services were unavailable. The ICRC gave the social affairs ministry wheelchairs for their physical rehabilitation programmes.

To help ensure the sustainability of the physical rehabilitation sector, 16 students were given scholarships to study prosthetics and orthotics abroad, and 6 others to study physiotherapy in Yemen. Around 80 physical rehabilitation professionals expanded their skills through training sessions held locally; an ICRC physiotherapist trained some of those from Sana'a. Local organizations and the ICRC promoted the social inclusion of disabled people, such as through sports and awareness-raising events.

ACTORS OF INFLUENCE

Influential parties discuss IHL with the ICRC

The ICRC intensified its efforts to build acceptance for its work and to overcome challenges in delivering humanitarian aid. It engaged a broad range of influential parties in discussions on principled humanitarian action, and had regular negotiations with those controlling the air space, sea ports and other transport routes. This enabled it to secure, on a case-by-case basis, permission for moving staff and humanitarian aid into and within Yemen, in areas under the control of different authorities.

Dissemination sessions throughout the country helped roughly 6,800 people – authorities, *de facto* authorities, tribal elders, prison authorities and community leaders – to reach a fuller understanding of the ICRC's mandate, activities and approach. First-aid training sessions (see *Wounded and sick*) provided opportunities to discuss IHL principles with some 450 members of armed groups. The ICRC was able to resume dialogue on IHL with Islamic circles; it organized an event for 20 imams on the points of correspondence between IHL and Islamic law. Some 30 diplomatic staff members attended a three-day IHL seminar organized by the ICRC. With ICRC financing, three Yemeni officials attended regional IHL courses abroad (see, for instance, *Morocco*).

ICRC public communication draws attention to pressing issues

The ICRC gave more than 300 media interviews to broaden awareness of the humanitarian situation and share its concerns. It used its public-communication platforms – news releases, operational updates and social media – to remind parties to the conflicts of their obligations under IHL, request access to conflict-related detainees, and foster support for its activities. These messages were reiterated at press conferences during the visits of the ICRC president and the director of operations. Print and audiovisual materials illustrated the scale and gravity of the needs with regard to health care, supply shortages, cholera and the plight of IDPs. Some of these topics were picked up by news organizations, which helped to draw the attention of key decision-makers and the general public to the situation. At ICRC round-tables, some 40 journalists learnt more about the ICRC's mandate and about the protection afforded to them by IHL.

As part of its community-engagement efforts, the ICRC sought the views of people affected, so that it could understand their needs more fully and adapt its activities accordingly. It did so through information sessions and surveys, where possible, and by digital means – which enabled it to reach beneficiaries in hard-to-reach areas.

RED CROSS AND RED CRESCENT MOVEMENT

As per a cooperation agreement signed in 2016, the Yemeni Red Crescent and the ICRC expanded their joint operations to address the humanitarian needs in the country. The focus was on emergency response: the ICRC supported National Society branches in training people in first aid, evacuating wounded people, and recovering human remains (see *Civilians and Wounded and sick*).

The National Society received financial, material and technical support for expanding its capacities, particularly in responding to emergencies, such as the cholera outbreak, and in disseminating humanitarian principles. The ICRC gave the National Society food stocks, vehicles, first-aid and communication materials, body-retrieval supplies and IT equipment; it also gave the National Society expert advice for operating safely in difficult conditions. It provided support for constructing National Society offices; some were still in progress at year's end. With ICRC aid, the National Society conducted hygiene-promotion sessions for vulnerable people and emergency responders, including its own staff.

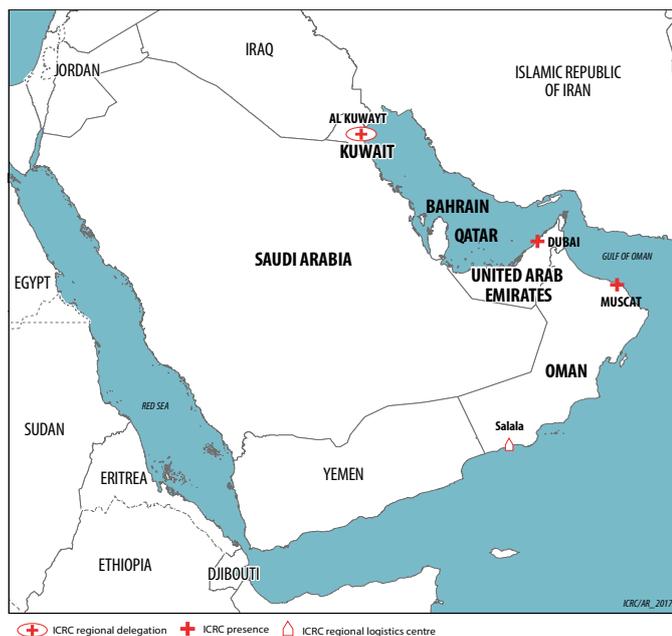
The International Federation and the Yemeni Red Crescent, and other National Societies in the country, coordinated their activities during Movement meetings.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3,062			
RCMs distributed		1,905			
Phone calls facilitated between family members		222			
Reunifications, transfers and repatriations					
People transferred or repatriated		3			
Human remains transferred or repatriated		365			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		679	27	16	76
<i>including people for whom tracing requests were registered by another delegation</i>		29			
Tracing cases closed positively (subject located or fate established)		113			
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases still being handled at the end of the reporting period (people)		1,436	70	44	158
<i>including people for whom tracing requests were registered by another delegation</i>		61			
Documents					
People to whom travel documents were issued		12			
Official documents delivered across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		21			
Detainees in places of detention visited		9,193	112	211	
Visits carried out		40			
			Women	Girls	Boys
Detainees visited and monitored individually		727			23
<i>of whom newly registered</i>		688			23
RCMs and other means of family contact					
RCMs collected		34			
RCMs distributed		15			
Phone calls made to families to inform them of the whereabouts of a detained relative		180			
Detainees released and transferred/repatriated by/via the ICRC		7			
People to whom a detention attestation was issued		6			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	420,653	125,346	209,218
	<i>of whom IDPs</i>	223,149	69,529	108,922
Essential household items	Beneficiaries	204,143	72,408	88,615
	<i>of whom IDPs</i>	134,697	49,272	58,264
Productive inputs	Beneficiaries	135,625	35,605	72,404
Cash	Beneficiaries	28,861	6,748	13,646
	<i>of whom IDPs</i>	9,142	2,360	4,953
Vouchers	Beneficiaries	91,000	22,750	50,050
Services and training	Beneficiaries	213	60	103
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	4,404,771	1,277,383	1,850,003
Health				
Health centres supported	Structures	29		
Average catchment population		525,972		
Consultations		474,366		
	<i>of which curative</i>	456,123	123,207	227,648
	<i>of which antenatal</i>	18,243		
Immunizations	Patients	101,508		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	79,999		
Referrals to a second level of care	Patients	3,399		
	<i>of whom gynaecological/obstetric cases</i>	640		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	19,571	1,271	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	6,823		511
Health				
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	27		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	11		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
	Weapon-wound admissions	12,085	159	435
	(including those related to mines or explosive remnants of war)	201		2
	Non-weapon-wound admissions	23,549		
	Operations performed	32,261		
Medical (non-surgical) admissions		3,339	905	865
Gynaecological/obstetric admissions		1,697	1,641	26
Consultations		641,728		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		13,445		
Weapon-wound admissions (surgical and non-surgical admissions)		6,779	78	231
Weapon-wound surgeries performed		5,600		
Patients whose hospital treatment was paid for by the ICRC		2		
First aid				
First-aid training				
	Sessions	29		
	Participants (sum of monthly data)	605		
Water and habitat				
Water and habitat activities	Beds	2,808		
Physical rehabilitation				
Projects supported	Projects	5		
Patients receiving services (sum of monthly data)		71,711	18,452	31,357
New patients fitted with prostheses	Patients	673	144	194
Prostheses delivered	Units	955	205	276
	<i>of which for victims of mines or explosive remnants of war</i>	14	1	
New patients fitted with orthoses	Patients	10,257	2,428	4,855
Orthoses delivered	Units	21,137	5,220	9,762
	<i>of which for victims of mines or explosive remnants of war</i>	2		
Patients receiving physiotherapy	Patients	33,131	8,409	15,203
Walking aids delivered	Units	1,981	443	774
Wheelchairs or tricycles delivered	Units	625	153	274

KUWAIT (regional)

COVERING: Member States of the Gulf Cooperation Council, namely Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates



KEY RESULTS/CONSTRAINTS IN 2017

- ▶ Military officers learnt about IHL at ICRC courses. The ICRC engaged Emirati and Saudi Arabian authorities in dialogue on the conduct of military operations in Yemen, and on access to people held in relation to the conflict there.
- ▶ With ICRC support, Bahraini and Kuwaiti authorities strove to improve their prison-management capacities and detainees' access to health care. Kuwaiti authorities incorporated ICRC modules in their prison personnel's training.
- ▶ Members of families dispersed by conflict, detention or migration reconnected via Movement family-links services. Some made video calls to relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba.
- ▶ A project to review the Tripartite Commission's work to clarify the fate of people missing in relation to the 1990–1991 Gulf War was completed. The ICRC urged Commission members to implement the review's recommendations.
- ▶ Dialogue with Omani authorities facilitated the ICRC's activities for wounded people from Yemen. In Saudi Arabia, the King Salman Centre for Humanitarian Aid and Relief pledged support for the ICRC's health activities in Yemen.
- ▶ The ICRC opened a new office in Dubai, in the United Arab Emirates, with a view to strengthening relationships and expanding networking efforts with decision-makers and other influential parties in the region.

EXPENDITURE IN KCHF

Protection	2,308
Assistance	487
Prevention	2,416
Cooperation with National Societies	928
General	325
Total	6,464
<i>Of which: Overheads</i>	<i>395</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	46

The ICRC has been in Kuwait since the 1990–1991 Gulf War. It focuses on addressing humanitarian needs remaining from that war or arising from current armed conflicts and other situations of violence in the wider region. Its work includes activities for people deprived of their freedom in the countries covered, and the promotion of IHL and its own role as a neutral, impartial and independent humanitarian organization, among governments and other influential circles. Strengthening partnerships with the Red Crescent Societies of the region is another priority, along with resource mobilization and coordination with other actors.

YEARLY RESULT

Level of achievement of ICRC yearly objectives and plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	9
RCMs distributed	34
Phone calls facilitated between family members	125
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Places of detention visited	40
Detainees in places of detention visited	13,686
<i>of whom visited and monitored individually</i>	193
Visits carried out	107
Restoring family links	
RCMs collected	93
RCMs distributed	85
Phone calls made to families to inform them of the whereabouts of a detained relative	56

CONTEXT

Member States of the Gulf Cooperation Council (GCC) faced tensions within the region, in connection with the Qatar diplomatic crisis. In June 2017, Bahrain, Saudi Arabia, the United Arab Emirates (hereafter UAE) and other States cut off diplomatic relations with – and imposed trade and travel bans on – Qatar. Kuwait and Oman maintained a neutral stance and, together with other States, sought to resolve the crisis.

Some GCC Member States contended with conflicts taking place in the wider region. Bahrain, Saudi Arabia and the UAE participated in military operations against the Islamic State group, particularly in the Syrian Arab Republic (hereafter Syria). Bahrain and the UAE were part of the Saudi-led international military coalition in Yemen.

GCC governments and National Societies, either jointly or on their own, assisted people affected by the armed conflicts in Iraq, Syria, Yemen and elsewhere. Saudi Arabia coordinated its humanitarian aid for Yemen through the King Salman Centre for Humanitarian Aid and Relief. It hosted the secretariat of the GCC, and the secretariat and Department of Humanitarian Affairs of the Organization of Islamic Cooperation (OIC).

There were major changes in the political structure of Saudi Arabia. In Bahrain, tensions between the government and opposition groups decreased in scale, but persisted; security operations to quell the unrest reportedly led to arrests.

GCC Member States continued to host millions of migrants, including people seeking work and people fleeing violence in conflict-affected countries, such as Iraq, Syria and Yemen.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Kuwait continued to broaden awareness – among GCC Member States and organizations, and other influential actors – of the plight of conflict-affected people in the region, and worked to foster support for ICRC activities for these people.

At regional forums, high-level meetings and other events, the ICRC's interaction with key actors contributed to States renewing or pledging their support for Movement action, or to facilitating the ICRC's activities in the region and beyond. The ICRC continued its dialogue with the Emirati and Saudi Arabian authorities on the conduct of military operations in Yemen. Salala, Oman, remained an important logistical hub for the ICRC's assistance operations for conflict-affected people in Yemen. The ICRC opened an office in Dubai, in the UAE, to support its networking efforts in the region.

Detainees in Bahrain, Kuwait and Qatar were visited in accordance with standard ICRC procedures; particularly vulnerable inmates were monitored individually. Findings from these visits were confidentially shared with the authorities concerned, with a view to helping them improve detainees' treatment and living conditions. Discussions with the Emirati and Saudi Arabian authorities, on access to people detained in connection with the conflict in Yemen, continued. Bahraini and Kuwaiti authorities, with ICRC technical support and/or training, worked towards building their penitentiary personnel's capacities in prison management, and towards improving detainees' access to health care. The Kuwaiti authorities incorporated modules developed for them by the ICRC in the training curricula for their prison personnel.

Members of families separated by armed conflict, detention or migration maintained or restored contact through Movement family-links services. Some of them made video calls to relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba. Former internees at the said facility, and relocated in third countries, benefited from ICRC-facilitated family visits. In 2016, the ICRC commissioned and funded an independent review of the Tripartite Commission's work to clarify the fate of persons who went missing in connection with the 1990–1991 Gulf War; the review was completed in 2017. The ICRC shared the review's findings with the members of the Commission, and urged them to implement its recommendations. Iraqi former POWs received attestations of captivity for use in processing State assistance and legal claims. Forensic professionals in the GCC enhanced their expertise, for instance, at ICRC-organized training sessions on managing human remains.

GCC National Societies drew on the ICRC's support to strengthen their ability to respond to local and international emergencies: staff and volunteers received training in applying the Safer Access Framework, and enhanced their skills in providing family-links services. At meetings and training sessions, the ICRC emphasized the importance of conducting humanitarian activities in line with the Fundamental Principles and in coordination with other Movement components.

CIVILIANS

In Bahrain, the ICRC maintained its efforts to improve its dialogue with the authorities on, for instance, arrests made in relation to the ongoing unrest.

In coordination with the Saudi Arabian authorities and the Saudi Arabian Red Crescent Society, the ICRC continued to visit and check on the situation of 13 people resettled in a counselling and care centre in Riyadh, after their release from the Guantanamo Bay internment facility.

In line with the memorandum of understanding between the Omani health ministry and the ICRC, people wounded in relation to the conflict in Yemen, and evacuated by the Omani authorities to Oman, were transferred to Lebanon for treatment at the ICRC-run medical facility there (see *Actors of influence*). Health ministry personnel and/or medical professionals in Oman attended workshops on war surgery, and on chemical, biological, radiological and nuclear (CBRN) hazards; the workshops were organized by the health ministry and the ICRC.

Families make video calls or send parcels to relatives detained abroad

Members of families separated by armed conflict, detention or migration maintained or restored contact through family-links services offered by GCC National Societies and the ICRC. Families made phone or video calls, or sent RCMs and/or parcels to relatives detained, for instance, in Afghanistan, Lebanon and Yemen, or held at the Guantanamo Bay internment facility. Twenty former internees relocated to third countries benefited from ICRC-facilitated family visits. The ICRC regularly followed up, with GCC National Societies and other ICRC delegations, the tracing requests made by families searching for relatives who had gone missing, for instance, in Iraq and Syria.

With training and other support from the ICRC, GCC National Societies worked to strengthen their capacities in providing

family-links services. At an ICRC regional workshop, staff and volunteers from National Societies discussed the use of new tools. At an international meeting, representatives from GCC and Asian National Societies explored ways to improve information sharing, particularly in relation to addressing the family-links needs of migrants coming from Asia and seeking work in GCC Member States. The Bahrain Red Crescent Society drafted an action plan for providing family-links services; the Kuwait Red Crescent Society and the Saudi National Society worked towards incorporating family-links services in their contingency planning and disaster preparedness.

The ICRC continued to meet with migrant communities and relevant groups in Kuwait, to develop a fuller understanding of migrants' needs, and to improve existing mechanisms for referring them to appropriate services.

A review of the Tripartite Commission's work to clarify the fate of missing people is completed

The ICRC continued to chair and to act as a neutral intermediary in the Tripartite Commission and its Technical Sub-Committee, both made up of representatives from Iraq, Kuwait and former coalition States (France, Saudi Arabia, the United Kingdom of Great Britain and Northern Ireland, and the United States of America). With the UN Mission in Iraq as an observer, the parties involved pursued their efforts to clarify the fate of persons missing in connection with the 1990–1991 Gulf War. Several exhumation missions took place in Kuwait, but no human remains were recovered.

An independent review – commissioned and funded by the ICRC in 2016 – of the work done by the Tripartite Commission was completed. The ICRC shared the findings with the members, and urged them to implement its recommendations, for instance, on adopting new working methods. The members met regularly; they also reaffirmed their commitment to the Commission and renewed its mandate and that of its Technical Sub-Committee.

A total of 1,049 Iraqi former Iraqi POWs who had been held in Saudi Arabia during the 1990–1991 Gulf War received attestations of captivity, which enabled them to apply for financial assistance in Iraq or helped facilitate legal procedures in the third countries where they had resettled.

Forensic professionals in the region enhance their expertise

Forensic professionals from the GCC and beyond reinforced their expertise at international meetings, where the ICRC made presentations on its work in humanitarian forensics – including for missing migrants – and/or conducted workshops on managing human remains. With ICRC financial support, forensic professionals from the GCC attended a meeting in Morocco, where they discussed with other experts from the wider region ways of collecting information to facilitate the search for migrants who had gone missing in the Mediterranean. At these meetings, forensic experts were also able to pursue networking and coordination.

In Saudi Arabia, 25 representatives from various government ministries and from the National Society learnt more about the proper management of human remains during armed conflict and emergencies, at the first such workshop organized by the ICRC in the country, at the authorities' request. Through this workshop, participants increased their understanding of the ICRC's activities;

some officials expressed interest in taking part in future ICRC forensic activities. The ICRC also shared its expertise in managing human remains by facilitating training sessions on the subject, for other actors in the wider region, such as in Yemen.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in Bahrain, Kuwait and Qatar in accordance with its standard procedures, to monitor their treatment and living conditions; special attention was paid to particularly vulnerable people, such as women, foreigners, and people arrested in relation to the unrest in Bahrain. In Kuwait, the ICRC checked on the situation of migrants held in police stations, including female domestic workers; together with a local NGO, it arranged for some of these migrants, who had been in police custody for a long time, to be transferred to the deportation centre or a women's shelter.

Based on these visits, the ICRC confidentially shared its findings with the authorities in the countries concerned, and where appropriate, recommendations for improving detainees' living conditions and treatment. The authorities were also reminded of the necessity of respecting judicial guarantees and the principle of *non-refoulement*. The ICRC pursued its dialogue with the Saudi authorities, on access to people detained in connection with the conflict in Yemen.

Authorities work to improve their prison-management capacities and detainees' access to health care

The Kuwaiti authorities incorporated – in their training curricula for prison directors and staff – the five modules on prison management that the ICRC developed for them. Penitentiary officers and prison directors learnt more about minimum detention standards and prison management at a workshop organized by the authorities in line with ICRC recommendations. At ICRC-facilitated sessions, prison staff increased their knowledge of correctional services and project management; and officers and social workers learnt how to instruct their peers in handling detainees with specific needs. With ICRC support, ministry officials took part in an international conference on overcrowding in prisons; and two doctors from Kuwait attended a course, in Basel, Switzerland, on health care in places of detention.

The ICRC continued to urge the Bahraini authorities to improve detainees' access to good-quality health services, including psychological care. Officials from the interior and health ministries attended an ICRC seminar for the first time, and learnt more about the provision of health care in places of detention. At ICRC workshops, prison guards and other penitentiary staff learnt about internationally recognized standards and best practices relevant to their duties.

Detainees restore or maintain contact with their relatives

Some detainees – including foreigners – in the places of detention visited contacted their relatives via the ICRC's family-links services. Some migrants whose countries had no diplomatic representation in Kuwait drew on the ICRC for help in getting travel documents from their embassies outside the country. The ICRC delivered some 110 documents to the migrants, most of them female domestic workers; this enabled them to spend less time in detention before their deportation.

PEOPLE DEPRIVED OF THEIR FREEDOM	Bahrain	Kuwait	Qatar
ICRC visits			
Places of detention visited	3	34	3
Detainees in places of detention visited	4,718	7,184	1,784
<i>of whom women</i>	147	1,511	
<i>of whom minors</i>	200	28	
Visits carried out	8	96	3
Detainees visited and monitored individually	28	162	3
<i>of whom women</i>	3	137	
Detainees newly registered	24	143	
<i>of whom women</i>	3	137	
Restoring family links			
RCMs collected		92	1
RCMs distributed		85	
Phone calls made to families to inform them of the whereabouts of a detained relative		56	
Detainees released and transferred/repatriated by/via the ICRC		1	
People to whom a detention attestation was issued		1,063	

ACTORS OF INFLUENCE

ICRC discusses its work for conflict-affected people in Yemen with GCC States

Dialogue with GCC authorities furthered their understanding of IHL, and strengthened their support for the ICRC's activities in the region – particularly in Iraq, Syria and Yemen – including those connected to the Health Care in Danger project.

In Oman, dialogue with the authorities enabled the ICRC to deliver emergency aid – from its logistics base in Salala – to conflict-affected people in Yemen. Partnership with the health ministry facilitated the transfer of wounded people from Yemen to Omani hospitals or onward to an ICRC-run medical facility in Lebanon (see *Lebanon*); it also enabled the ICRC to organize seminars for medical professionals and/or health ministry personnel on war surgery and CBRN hazards (see *Civilians*).

Regular interaction – at meetings and training events (see also *Civilians*) – with the Saudi defence ministry focused on the ICRC's activities for conflict-affected people in Yemen, such as its access to people detained in relation to the conflict there (see *People deprived of their freedom*). The King Salman Centre pledged its support for the ICRC's health activities in Yemen. During the ICRC president's visit to the UAE, high-level discussions with the emir and other State officials helped strengthen their dialogue on the humanitarian situation in Yemen (see *People deprived of their freedom*). Kuwaiti State officials reaffirmed their pledge of support for the ICRC's operations in the region.

To supplement the above-mentioned efforts, the ICRC also organized or participated in country-level and regional forums. Representatives of governments, National Societies, regional or multilateral bodies, civil society and faith-based organizations from the wider Arab world learnt more about the ICRC's activities in the region. The ICRC also opened a new office in Dubai, hosted by the International Humanitarian City, with a view to strengthening relationships and expanding networking efforts with decision-makers and other influential parties in the region. During the 25th anniversary of the ICRC's presence in Kuwait, a round-table on the plight of women during armed conflict was held, among other events.

The ICRC maintained or expanded its contact with State and humanitarian agencies throughout the region – such as the GCC secretariat and the OIC – and the private sector, with a view

to discussing possibilities for cooperation. The International Islamic Charity Organization and the ICRC entered into partnership agreements on exchanging expertise and conducting joint activities, for instance, events on Islamic law and IHL.

Traditional and online media in the region covered the ICRC's activities, helping build support for IHL and the Movement among the wider public. At ICRC workshops, journalists from Kuwait and the UAE learnt about the protection due to them under IHL, and about reporting on humanitarian issues accurately.

Military personnel and legal experts across the region strengthen their grasp of IHL

The ICRC continued to remind GCC States taking part in the military coalition in Yemen of their obligations under IHL; it engaged the Emirati and Saudi authorities in dialogue on the conduct of military operations in Yemen.

Authorities across the region requested for or expressed interest in attending ICRC sessions on IHL and related topics, helping strengthen the organization's position as a key source of reference on IHL. Through such sessions, senior officials from the Saudi defence ministry furthered their understanding of IHL and of the ICRC's work. Kuwaiti and Qatari military officers learnt more about the importance of heeding IHL in military decision-making, through courses organized by command and staff colleges and the ICRC. With ICRC support, military officers from Kuwait, Oman, Saudi Arabia and the UAE also attended IHL courses abroad (see *Mexico City* and *Egypt*). In Kuwait, officials from the interior ministry and officers from the police and the security forces discussed, at an ICRC round-table, challenges encountered during law enforcement; command officers learnt more about international policing standards.

To encourage the ratification of IHL-related treaties and respect for the law, the ICRC continued to support the participation of government officials in various events. At international conferences, ministry officials from GCC Member States deepened their knowledge of the Convention on Certain Conventional Weapons (see *New Delhi*); and representatives from Qatar discussed views on the updated Commentary on the First Geneva Convention (see *Brussels*). With ICRC support, the Kuwait Institute for Judicial and Legal Studies conducted an advanced IHL course for judges and ministry officials. Oman established a national IHL committee and approached the ICRC for support in this regard.

The ICRC maintained its network of contacts among legal professionals, diplomats, and academics; some of them were supported in attending IHL courses abroad (see *Lebanon* and *Morocco*). With ICRC support, Emirati students and a law professor bolstered their IHL proficiency at a moot court competition (see *Egypt*). Universities were given relevant publications, with a view to fostering interest in further studies in IHL.

RED CROSS AND RED CRESCENT MOVEMENT

GCC National Societies and the ICRC conduct joint activities with the ICRC

GCC National Societies continued to address humanitarian issues in the region and beyond, such as the necessity of restoring contact among members of separated families (see *Civilians*). Their staff and volunteers enhanced their skills in providing family-links services, and/or expanded their knowledge of IHL, at ICRC-facilitated workshops and other training events. At a training course organized by the Kuwait Red Crescent Society and the ICRC, staff and volunteers from the Kuwaiti National Society,

Red Crescent of Kyrgyzstan and Sri Lanka Red Cross Society learnt more about applying the Safer Access Framework in their operations.

GCC National Societies took steps to ensure better coordination of their field activities in conflict-affected areas where the ICRC was also at work. They reinforced their partnership with the ICRC by conducting joint activities: for example, in assisting Syrian refugees in Lebanon, and in promoting the protection due to the red cross and red crescent emblems. The National Societies and the ICRC explored further possibilities for cooperation in responding to urgent humanitarian needs in Iraq, Syria and Yemen.

Regular meetings, including those held by the Arab Red Crescent and Red Cross Organization, helped ensure coordination among National Societies in the region. At training sessions, the ICRC emphasized the importance of conducting humanitarian activities in line with the Fundamental Principles, and in coordination with other Movement components.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		9			
RCMs distributed		34			
Phone calls facilitated between family members		125			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		8			
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases still being handled at the end of the reporting period (people)		1,500	8	1	44
<i>including people for whom tracing requests were registered by another delegation</i>		1,393			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		6	3		
Documents					
People to whom travel documents were issued		8			
Official documents delivered across borders/front lines		111			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Places of detention visited		40			
Detainees in places of detention visited		13,686	1,658	228	
Visits carried out		107			
			Women	Girls	Boys
Detainees visited and monitored individually		193	140		
<i>of whom newly registered</i>		167	140		
RCMs and other means of family contact					
RCMs collected		93			
RCMs distributed		85			
Phone calls made to families to inform them of the whereabouts of a detained relative		56			
Detainees released and transferred/repatriated by/via the ICRC		1			
People to whom a detention attestation was issued		1,063			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Places of detention visited by health staff	Structures	11		

MAIN FIGURES AND INDICATORS

PROTECTION FIGURES AND INDICATORS

	WORLD	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Restoring family links						
Red Cross messages (RCMs)						
RCMs collected	176,629	147,550	710	11,155	557	16,657
<i>of which from detainees</i>	25,997	8,492	639	6,764	154	9,948
<i>of which from unaccompanied minors/separated children</i>	4,845	4,750	61			34
<i>of which from civilians</i>	145,787	134,308	10	4,391	403	6,675
RCMs distributed	150,622	126,540	473	10,545	483	12,581
<i>of which to detainees</i>	13,759	4,659	402	4,847	154	3,697
<i>of which to unaccompanied minors/separated children</i>	2,716	2,671	33	1		11
<i>of which to civilians</i>	134,147	119,210	38	5,697	329	8,873
RCMs not distributed (back to sender)	14,290	12,341	20	715	14	1,200
Other means of family contact						
Telephone calls facilitated between family members (by cellular or satellite phone)	777,261	624,398	91,648	27,963	16,419	16,833
Telephone calls made to families to inform them of the whereabouts of a detained relative	41,127	4,813	51	802	423	35,038
Names published in the media	8,752	8,696				56
Names published on the ICRC website	15,928	6,137		1,335	8,456	
Reunification, transfers and repatriations						
People reunited with their families ¹	980	959		1	10	10
Civilians transferred	1,216	333	113		764	6
Human remains transferred	663	25	19	233	13	373
Civilians repatriated	70	59				11
Human remains repatriated	688				2	686
Tracing requests						
People for whom a tracing request was newly registered	33,567	14,512	941	3,385	1,831	12,898
<i>of whom women</i>	3,561	2,097	131	437	335	561
<i>of whom minors at the time of disappearance</i>	9,360	5,975	283	1,022	540	1,540
Tracing requests closed positively (person located)	7,958	2,898	230	1,845	643	2,342
Tracing requests closed negatively (person not located)	4,598	2,321	176	910	336	855
Tracing requests still being handled at the end of the reporting period	99,342	26,684	2,916	21,153	20,396	28,193
<i>of which for women</i>	8,657	2,915	346	1,542	2,303	1,551
<i>of which for minors at the time of disappearance</i>	19,291	10,944	521	3,512	1,253	3,061
Unaccompanied minors (UAMs) and separated children (SC)²						
UAMs/SC newly registered	3,057	2,755	107	14	2	179
<i>by the ICRC and/or the National Society</i>	3,045	2,743	107	14	2	179
<i>of whom girls</i>	1,228	1,079	61	9		79
UAMs/SC reunited with their families ¹	1,467	1,452		2		13
<i>by the ICRC and/or the National Society</i>	800	791		1		8
<i>of whom girls</i>	291	285		1		5
UAMs/SC cases still being handled at the end of the reporting period	5,511	5,238	104	25		144
<i>of whom girls</i>	2,076	1,944	61	13		58
Unaccompanied demobilized children²						
Demobilized children newly registered	311	204	107			
<i>by the ICRC and/or the National Society</i>	311	204	107			
<i>of whom girls</i>	72	11	61			
Demobilized children reunited with their families ¹	191	191				
<i>by the ICRC and/or the National Society</i>	164	164				
<i>of whom girls</i>	16	16				
Cases of demobilized children still being handled at the end of the reporting period	253	149	104			
<i>of whom girls</i>	99	38	61			
Documents						
People to whom travel documents were issued	1,204	425		35	23	721
People to whom a detention attestation was issued	12,105	694	7	111	99	11,194
Other attestations issued	159	35	42	4	57	21
Official documents delivered across borders/front lines	1,006	160			27	819
People approaching the ICRC						
People who visited or telephoned ICRC offices in the field	842,571	20,254	5,858	60,192	12,333	743,934

1. Figures for UAMs and SC and unaccompanied demobilized children reunited with their families are included in the figure for People reunited with their families.

2. Figures for unaccompanied demobilized children are included in figures for UAMs and SC.

	WORLD	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
People deprived of their freedom						
All categories/statuses						
Places of detention visited	1,437	531	106	271	216	313
Detainees in places of detention visited	940,326	340,705	158,379	218,922	88,565	133,755
Visits carried out	4,411	1,870	239	448	505	1,349
Detainees visited and monitored individually	35,274	20,456	456	2,734	1,517	10,111
<i>of whom newly registered</i>	19,941	9,847	135	1,837	592	7,530
Detainees visited by their relatives with ICRC/National Society support	16,792	169	156	7,545	918	8,004
Detainees released	23,028	3,955	133	1,118	510	17,312
<i>of whom repatriated or transferred by/via the ICRC</i>	273	263	2			8
Contexts where detainees received visits from the ICRC	92	34	13	14	21	10
Detained women						
Women detainees in places of detention visited	57,655	14,337	12,077	19,596	4,925	6,720
Women detainees visited and monitored individually	2,262	866	50	178	95	1,073
<i>of whom newly registered</i>	1,776	559	13	142	53	1,009
Women detainees released	552	269	15	30	44	194
Women detainees visited by their relatives with ICRC/National Society support	285	27	9	141	46	62
Detained minors						
Minors detained in places of detention visited	22,430	7,963	3,067	2,999	3,277	5,124
Detained minors visited and monitored individually	2,322	1,094	42	264	18	904
<i>of whom newly registered</i>	1,840	749	25	224	15	827
Detained minors released	1,883	426	8	53	18	1,378
Detained minors visited by their relatives with ICRC/National Society support	762	2	27	128	2	603
International armed conflict (Third Geneva Convention)						
Places of detention visited	4	2			2	
Visits carried out	17	5			12	
Prisoners of war (POWs) visited and monitored individually	25	23			2	
<i>of whom newly registered</i>	1				1	
International armed conflict (Fourth Geneva Convention)						
Places of detention visited	41	6			3	32
Visits carried out	411	8			17	386
Civilian internees (CIs) and others visited and monitored individually	2,717	30			3	2,684
<i>of whom newly registered</i>	1,475	9			1	1,465
CIs and others released	15,004	8				14,996

ASSISTANCE FIGURES AND INDICATORS

	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Economic security						
Civilians (residents, IDPs, returnees, etc.)						
Food commodities	7,722,790	2,180,482	5,439	440,150	163,297	4,933,422
Essential household items	4,966,300	1,216,485	5,025	324,712	219,772	3,200,306
Productive inputs	3,558,480	3,104,199	12,353	50,916	44,235	346,777
Cash	1,264,416	996,582	38,437	63,525	29,609	136,263
Vouchers	133,153	39,986			2,083	91,084
Services and training	1,645,550	1,395,608		45,779	3,822	200,341
of whom IDPs						
Food commodities	4,984,305	1,006,538	2,070	165,673	40,505	3,769,519
Essential household items	3,462,025	765,480	2,694	188,286	44,082	2,461,483
Productive inputs	763,147	633,067	266	11,607	933	117,274
Cash	444,635	351,950	9,286	24,838	6,345	52,216
Vouchers	14,055	14,037			18	
Services and training	32,877	20,747		7,750	436	3,944
Detainees						
Food commodities	71,998	71,992	6			
Essential household items	408,928	148,818	39,968	102,413	28,284	89,445
Productive inputs	14,742	14,211		531		
Cash	6,395	2,907	45	3,024	419	
Services and training	883	841		42		
Total for all target populations						
Food commodities	7,794,788	2,252,474	5,445	440,150	163,297	4,933,422
Essential household items	5,375,228	1,365,303	44,993	427,125	248,056	3,289,751
Productive inputs	3,573,222	3,118,410	12,353	51,447	44,235	346,777
Cash	1,270,811	999,489	38,482	66,549	30,028	136,263
Vouchers	133,153	39,986			2,083	91,084
Services and training	1,646,433	1,396,449		45,821	3,822	200,341
Water and habitat						
Civilians						
Beneficiaries	35,519,089	5,192,863	97,769	307,715	1,722,619	28,198,123
<i>of whom IDPs</i>	2,944,921	340,332	81,229	83,872	155	2,439,333
Detainees						
Beneficiaries	336,626	184,889	18,820	98,735	10,170	24,012
Wounded and sick						
Beds	20,485	3,156	52	4,716	2,752	9,809
Total for all projects						
Beneficiaries (civilians and detainees)	35,855,715	5,377,752	116,589	406,450	1,732,789	28,222,135
Beds (wounded and sick)	20,485	3,156	52	4,716	2,752	9,809
Primary health care						
Health centres supported						
Health centres supported	386	122	17	84	60	103
Average catchment population	335,116	277,787	15,574	573,752	198,822	494,231
Activities						
Immunizations (patients)	2,988,458	1,780,046	80	903,340	660	304,332
<i>of whom children aged 5 or under who were vaccinated against polio</i>	1,735,931	1,099,597	17	403,917	161	232,239
Antenatal consultations	412,282	256,822	83	90,313	9	65,055
Curative consultations	4,201,600	1,431,346	21,025	1,316,705	254,936	1,177,588
<i>of which for women</i>	977,608	256,011	2,066	302,576	60,176	356,779
<i>of which for children</i>	1,267,854	533,322	946	154,280	67,302	512,004
Referrals to a second level of care	62,267	20,443	91	14,246	6,119	21,368
<i>of whom gynaecological/obstetric cases</i>	7,229	1,805	2	1,201	406	3,815
Health care in detention						
Places of detention visited by health staff	535	202	30	97	79	127
Health facilities supported in places of detention visited by health staff	185	94	9	34	21	27

1. Sum of available data, which may not always reflect the extent of ICRC operations.

	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Hospital support						
Hospitals						
Hospitals supported	370	126	14	47	67	116
<i>including hospitals reinforced with or monitored by ICRC staff</i>	66	30	1	4		31
Patients whose treatment was paid for by the ICRC (total)	469,762	16,701		449,294		3,767
Services at hospitals reinforced with or monitored by ICRC staff						
Surgical admissions						
Weapon-wound admissions (total)	24,689	8,448		1,184		15,057
Women	1,727	1,254		135		338
Men	14,376	5,383		1,028		7,965
Children	1,717	1,025		21		671
Weapon-wound admissions related to mines or explosive remnants of war (total)	818	133		478		207
Women	90	7		82		1
Men	664	95		382		187
Children	25	8		14		3
Non-weapon-wound admissions (total)	93,384	7,246		14,227		71,911
Operations performed	136,394	37,275		19,057		80,062
Medical (non-surgical) admissions (total)	18,849	4,819		7,425		6,605
Women	5,885	958		2,660		2,267
Men	5,729	989		2,147		2,593
Children	3,784	2,038		1		1,745
Gynaecological/obstetric admissions (total)	41,808	5,511		30,456		5,841
Women	11,331	4,912		989		5,430
Girls	468	87				381
Consultations	2,829,238	121,255	108,757	1,182,113		1,417,113
Services at hospitals not monitored directly by ICRC staff						
Surgical admissions (weapon-wound and non-weapon-wound admissions)	51,646	10,548		13,489	836	26,773
Weapon-wound surgeries performed	14,800	7,509		812	6	6,473
Weapon-wound admissions (surgical and non-surgical admissions) (total)	12,556	3,276		1,200	15	8,065
Women	407	175		133		99
Men	7,728	1,178		362		6,188
Children	457	153		53		251
First aid						
First-aid training sessions	5,736	519	123	4,769	132	193
Participants at first-aid training sessions (sum of monthly data)	134,528	12,316	1,279	115,058	1,670	4,205

1. Sum of available data, which may not always reflect the extent of ICRC operations.

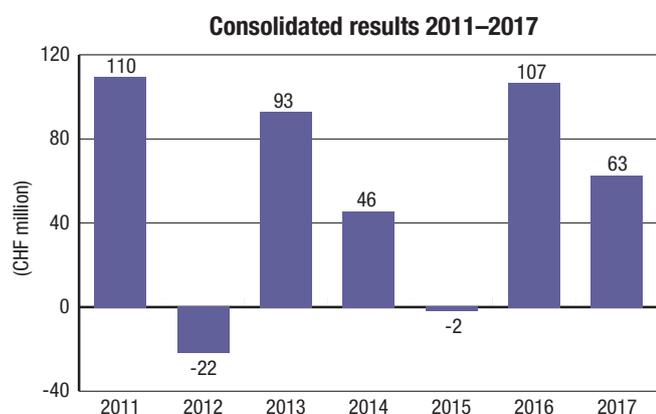
	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Physical rehabilitation						
Projects supported	144	44	12	57	2	29
Activities						
Patients receiving services, sum of monthly data (total)	429,132	38,085	18,167	256,318		116,562
Women	84,019	7,692	6,192	46,020		24,115
Men	188,932	15,876	5,941	125,770		41,345
Children	156,181	14,517	6,034	84,528		51,102
Amputees receiving services, sum of monthly data (total)	96,937	10,446	1,622	62,161		22,708
Women	13,541	2,188	317	6,942		4,094
Men	75,267	7,481	1,187	51,782		14,817
Children	8,129	777	118	3,437		3,797
New patients fitted with prostheses (total)	12,742	2,573	549	7,045		2,575
Women	2,154	506	137	1,067		444
Men	9,482	1,873	377	5,470		1,762
Children	1,106	194	35	508		369
Prostheses delivered (total)	26,291	4,977	979	15,356		4,979
Women	3,983	1,014	190	2,031		748
Men	20,095	3,568	736	12,201		3,590
Children	2,213	395	53	1,124		641
Prostheses delivered to victims of mines or explosive remnants of war (total)	6,033	380	68	4,713		872
Women	354	19	10	278		47
Men	5,531	350	57	4,335		789
Children	148	11	1	100		36
Non-amputees receiving services, sum of monthly data (total)	332,195	27,639	16,545	194,157		93,854
Women	70,479	5,507	5,875	39,077		20,020
Men	113,664	8,391	4,754	73,991		26,528
Children	148,052	13,741	5,916	81,089		47,306
New patients fitted with orthoses (total)	54,382	3,339	6,444	21,443		23,156
Women	9,408	469	1,482	3,990		3,467
Men	14,369	862	1,729	6,989		4,789
Children	30,605	2,008	3,233	10,464		14,900
Orthoses delivered (total)	103,995	6,918	8,686	45,330		43,061
Women	16,795	998	1,981	7,120		6,696
Men	24,912	1,512	2,204	12,561		8,635
Children	62,288	4,408	4,501	25,649		27,730
Orthoses delivered to victims of mines or explosive remnants of war (total)	373	22	25	235		91
Women	38	4	4	17		13
Men	258	17	21	187		33
Children	77	1		31		45
Patients receiving physiotherapy (total)	229,527	27,110	7,347	144,911		50,159
Women	44,240	4,928	3,361	24,539		11,412
Men	87,465	7,766	2,408	58,857		18,434
Children	97,822	14,416	1,578	61,515		20,313
Walking aids delivered (total)	46,301	12,039	802	28,737		4,723
Women	7,541	2,272	221	4,202		846
Men	32,823	8,669	479	21,102		2,573
Children	5,937	1,098	102	3,433		1,304
Wheelchairs or tricycles delivered (total)	7,201	1,090	1,124	3,751		1,236
Women	1,579	339	331	672		237
Men	3,695	598	448	2,159		490
Children	1,927	153	345	920		509
Components delivered to non-ICRC projects						
Artificial feet	4,590			4,590		
Alignment systems	373			373		

1. Sum of available data, which may not always reflect the extent of ICRC operations.

FINANCE AND ADMINISTRATION

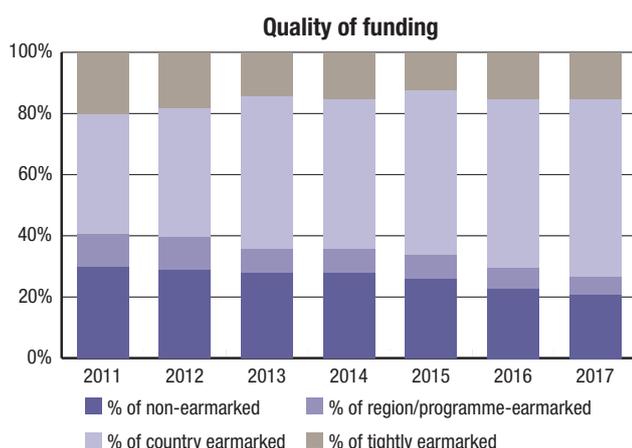
THE FINANCIAL YEAR 2017

The 2017 financial year yielded a consolidated surplus of KCHF 63,104. Strong donor support for field operations was the main driver for this result. Another key driver was the positive behaviour of the financial markets with regard to foreign exchange risk exposure.



In 2017, funding for the field slightly exceeded expenditure by KCHF 6,822. This result demonstrates a worrying trend in which highly visible contexts are substantially overfunded, while others remain significantly underfunded. The sum of excess funding reached KCHF 131,525, while the sum of deficit funding was KCHF 85,968. The 2017 results enabled the ICRC to reinforce its reserves for future operations to the equivalent of two months' worth of expenditures and to prepare to invest in the digital transformation of its operations. The current environment remains unpredictable and volatile, and sustaining the 2017 level of funding is not guaranteed; a pragmatic and reasonable amount of reserves is necessary for the ICRC to respond quickly to humanitarian crises and to face unexpected risks.

The decrease in flexible funding – i.e. totally non-earmarked or loosely earmarked (region- and/or programme-earmarked) contributions – which is vital to preserving the ICRC's operational capacity, remains worrisome. This is linked directly to the issue of overfunded contexts, mentioned above. The independent, neutral nature of the ICRC and its multidisciplinary and real-time action require access to flexible funding, in the range of 35% to 40% of its income. Such flexible funding enables the ICRC to respond in the most efficient manner to humanitarian needs in increasingly volatile contexts. Unfortunately, donors are under increasing pressure to directly allocate funds to contexts that are highly visible in the news. The trend in past years, of rising country-earmarked contributions, continued in 2017; totally non-earmarked and loosely earmarked funds dropped to their lowest level in years (27%, compared to 41% in 2011).



APPEALS 2017: OPERATIONS

The initial field budget of KCHF 1,612,078 increased by KCHF 155,737, to KCHF 1,767,815. This was the result of 12 budget extensions adopted over the course of the year: for Bangladesh, Brasilia (regional), Chad, Iraq, Libya, Myanmar, Niger, Nigeria, Pretoria (regional), Somalia, Yaoundé (regional) and Yemen. These budget extensions amounted to an additional CHF 155.7 million, raising the field budget to CHF 1,767.8 million. They totaled close to twice the amount of the budget extensions decided in 2016, and were adopted in response to additional humanitarian needs or shifts in the operational environment.

The total field expenditure amounted to KCHF 1,637,149 in 2017, compared with KCHF 1,462,014 in 2016. The 2017 level of spending corresponds to an implementation rate of 92.6% of the final field budget. Direct contributions to field operations reached KCHF 1,643,970, up 9.0% from 2016.

APPEALS 2017: HEADQUARTERS

The final headquarters budget was KCHF 216,719. The actual expenditure amounted to KCHF 214,394. This corresponded to an implementation rate of 98.9% of the budget. The importance and continued expansion of field activities, and ongoing organizational transformations, required additional support from headquarters.

STATEMENT OF INCOME

After consolidating the results of the field and headquarters budgets, and the budgets of the funds and foundations it controls, the ICRC ended up with an overall surplus of KCHF 63,104 in 2017, compared with an excess of KCHF 107,302 in 2016. The operating result reflected the effect of increased funding for the ICRC's field operations, owing in part to a number of highly visible operations, which was partly offset by operational limitations in various contexts marked with heightened security and/or access constraints. The non-operating result was buoyed by relative currency stability and better-performing financial markets.

BALANCE SHEET

No significant changes occurred in the consolidation perimeter since the introduction in 2001 of International Financial Reporting Standards (IFRS). As per the decision of the 32nd International Conference, the Augusta Fund was merged into the Florence Nightingale Fund. Long-term donor commitments and human resources remained significant drivers in the balance sheet.

AUDITORS' OPINION AND INTERNAL CONTROL

In 2017, as an additional move to increase the transparency of its financial processes, the ICRC shared – for the first time – its 2016 management letter, and details on major fraud cases, with members of the Donor Support Group, in the presence of its external auditors. This exercise will be repeated for the 2017 financial statements.

As per Swiss legal requirements regarding internal control systems, the external auditors have confirmed unreservedly the existence of such a system at the ICRC, and have provided an unqualified audit opinion on the IFRS-compliant consolidated financial statements.

CONSOLIDATED FINANCIAL STATEMENTS OF THE ICRC 2017

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CONSOLIDATED STATEMENT OF INCOME

FOR THE YEAR ENDED 31 DECEMBER

(CHF million)	Note	2017	2016
Contributions	[2A]	1,799	1,661
Staff costs	[3B]	-731	-661
Purchase of goods and materials	[3A]	-385	-351
Rentals	[3D]	-166	-160
Other expenses	[3A]	-468	-391
Operating expenditure		-1,750	-1,563
Net surplus of operating activities		49	98
Foreign exchange result, net		-3	2
Financial income, net		18	7
Other income and expenses, net		-1	-
Net surplus of non-operating activities		14	9
Surplus for the year		63	107

CONSOLIDATED STATEMENT OF OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED 31 DECEMBER

(CHF million)	Note	2017	2016
Surplus for the year		63	107
Other comprehensive income (loss)			
Re-measurement gains (losses) on defined benefit plan that will not be reclassified to profit or loss	[4F]	140	-80
Comprehensive surplus for the year		203	27

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AT 31 DECEMBER

(CHF million)	Note	2017	2016
Cash and cash equivalents	[4A]	301	290
Investments	[4C]	231	201
Accounts receivable	[2B]	293	200
Inventories	[3F]	89	73
Prepayments		23	23
Total Current assets		937	787
Investments	[4C]	92	103
Accounts receivable	[2B]	289	48
Tangible assets	[3G]	210	199
Intangible assets	[3G]	68	60
Total Non-current assets		659	410
Total Assets		1,596	1,197
Accounts payable and accrued expenses		67	69
Provisions for operational claims		7	5
Loans and borrowings	[4B]	1	1
Employee benefit liabilities	[3B]	62	52
Deferred income	[2C]	248	188
Total Current liabilities		385	315
Loans and borrowings	[4B]	31	18
Employee benefit liabilities	[4F]	326	454
Deferred income	[2C]	298	56
Total Non-current liabilities		655	528
Total Liabilities		1,040	843
Unrestricted reserves	[2D]	470	277
Restricted reserves	[2D]	86	77
Total Reserves		556	354
Total Liabilities and reserves		1,596	1,197

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

CONSOLIDATED STATEMENT OF CHANGES IN RESERVES

FOR THE YEAR ENDED 31 DECEMBER

(CHF million)	Note	Total Unrestricted reserves	Restricted reserves				Total Reserves
			Funding of operations	Funding of Innovation	Funds and foundations	Total	
		[2Da]	[2Db]	[2Dc]	[2Dd]		
Balance at 1 January 2017		277	39	-	38	77	354
Net surplus for the year		54	7	2	-	9	63
Other comprehensive gain	[4F]	140	-	-	-	-	140
Balance at 31 December 2017		470	46	2	38	86	556
Balance at 1 January 2016		302	-12	-	37	25	327
Net surplus for the year		55	51	-	1	52	107
Other comprehensive loss	[4F]	-80	-	-	-	-	-80
Balance at 31 December 2016		277	39	-	38	77	354

CONSOLIDATED STATEMENT OF CASH-FLOWS

FOR THE YEAR ENDED 31 DECEMBER

(CHF million)	Note	2017	2016
Surplus for the year		63	107
Adjustments to reconcile surplus to net cash from operating activities			
- Non-cash items		43	25
- Items relating to investing activities		-29	-14
- Working capital adjustments		-27	47
Net cash from operating activities		50	165
Purchase of tangible assets	[3G]	-41	-23
Proceeds from the sale of tangible assets		4	4
Purchase of intangible assets	[3G]	-24	-19
Purchase of investments		-92	-85
Proceeds from the sale of investments		97	91
Income from investments, net and interest received		3	3
Net cash used in investing activities		-53	-29
Repayments of long-term loans	[4B]	-1	-1
Increase in loans and borrowings		14	-
Net cash from/(used in) financing activities		13	-1
Net increase in cash and cash equivalents		10	135
Cash and cash equivalents at the beginning of the year		290	156
Effect of exchange rate differences on cash		1	-1
Net increase in cash and cash equivalents		10	135
Cash and cash equivalents at the end of the year	[4A]	301	290

AT 31 DECEMBER 2017

EXPLANATORY NOTES TO THESE CONSOLIDATED FINANCIAL STATEMENTS

The notes have been organized into four sections to present how the ICRC funds its activities, runs its operations and manages the funds provided by donors. Each section of the notes presents the financial information and any material accounting policies that are relevant to an understanding of the activities of the ICRC.

1. Activities	2. Funding	3. Operations	4. Management of funds
1A. Activities	2A. Contributions	3A. Operating expenses	4A. Cash and cash equivalents
1B. Significant accounting policies	2B. Accounts receivable	3B. Staff costs	4B. Loans and borrowings
1C. Significant accounting judgments	2C. Deferred income	3C. Related parties	4C. Investments
1D. Changes in accounting policies	2D. Reserves	3D. Rentals	4D. Financial risk management
1E. Standards issued but not yet effective		3E. Overheads and administrative costs	4E. Fair value
		3F. Inventories	4F. Employee benefit liabilities
		3G. Tangible and intangible assets	
		3H. Commitments	
		3I. Contingent liabilities	

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

1. ACTIVITIES AND BASIS FOR ACCOUNTING

1A. Activities

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance.

It directs and coordinates the international relief activities conducted by the International Red Cross and Red Crescent Movement (hereafter “the Movement”) in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the Movement. The Movement is made up of the following components: the International Committee of the Red Cross, the National Red Cross and Red Crescent Societies, and the International Federation of Red Cross and Red Crescent Societies. The ICRC is formally recognized in the 1949 Geneva Conventions and by the International Conference of the Red Cross and Red Crescent. As a humanitarian non-profit organization domiciled in Switzerland, it was granted United Nations observer status in October 1990. Under Article 60 of the Swiss Civil Code, it has the legal form of an association. Its registered office is at 19, Avenue de la Paix, 1202 Geneva, Switzerland. The ICRC Assembly is the supreme governing body of the ICRC.

The ICRC’s principal tasks are to:

- ▶ visit prisoners of war and civilian detainees;
- ▶ search for missing persons;
- ▶ transmit messages between family members separated by conflict;
- ▶ reunite dispersed families;
- ▶ provide food, water and medical assistance to civilians without access to these basic necessities;
- ▶ spread knowledge of international humanitarian law (IHL);
- ▶ monitor compliance with IHL;
- ▶ draw attention to violations and contribute to the development of IHL; and
- ▶ enhance the capacity of National Societies to fulfil their responsibilities as Red Cross and Red Crescent institutions providing humanitarian services in their respective countries.

The ICRC (but not its staff) is exempt from taxes in Switzerland and most countries in which its delegations are based.

1B. Significant accounting policies and basis of preparation

This note contains the ICRC’s significant accounting policies that relate to the consolidated financial statements as a whole. Accounting policies specific to one note are described in that note.

Statement of compliance

The consolidated financial statements have been prepared in compliance with the International Financial Reporting Standards (IFRS) as adopted by the International Accounting Standards Board (IASB).

The IFRS do not contain specific guidelines for non-profit and non-governmental organizations concerning the accounting treatment and presentation of consolidated financial statements. Where the IFRS are silent or do not give guidance on how to treat transactions specific to the not-for-profit sector, accounting policies have been based on the general IFRS principles, as detailed in the basis of measurement of the IASB Conceptual Framework for Financial Reporting. The consolidated financial statements have been prepared using the historical cost convention, except when otherwise indicated.

The consolidated financial statements were authorized for issue by the Assembly on 25 April 2018.

Functional and presentation currency

The ICRC’s functional and presentation currency is the Swiss franc (CHF). All financial information presented has been rounded to the nearest CHF million, except when otherwise indicated. The financial information in the following notes is presented in CHF million with one decimal place and may result in rounding-off addition differences.

Transactions in currencies other than the Swiss franc are converted into Swiss francs at rates which approximate the actual rates at the transaction date. At the reporting date, monetary assets and liabilities denominated in foreign currency are converted into Swiss francs at the rate of exchange at that date. Non-monetary assets and liabilities in foreign currency that are stated at historical cost are translated at the foreign exchange rate at the date of the transaction. Realized and unrealized exchange differences are reported in the consolidated statement of income.

The principal rates of exchange are shown below:

	Closing rate		Average rate	
	2017	2016	2017	2016
USD	0.9810	1.0253	0.9865	0.9870
EUR	1.1707	1.0719	1.1079	1.0914
GBP	1.3181	1.2553	1.2689	1.3480
AUD	0.7642	0.7385	0.7536	0.7329

Basis of consolidation

The consolidated financial statements of the ICRC cover the activities of the Geneva headquarters, all ICRC delegations, six funds and two foundations. The general purpose of the funds and foundations is to help finance the ICRC's humanitarian work. The following six funds are separate reporting entities:

- ▶ Clare Benedict Fund
- ▶ Florence Nightingale Medal Fund (see note 2Dd regarding the dissolution of the Augusta Fund)
- ▶ French Fund Maurice de Madre
- ▶ Jean Pictet Fund
- ▶ Omar El Mukhtar Fund
- ▶ Paul Reuter Fund

The following two foundations are separate legal entities:

- ▶ Foundation for the ICRC
- ▶ The ICRC MoveAbility Foundation (formerly ICRC Special Fund for the Disabled)

The ICRC applied IFRS 10 and assessed its relationships with these funds and foundations. Control exists when the investor is exposed, or has rights, to variable returns from its involvement with its investees and has the ability to affect those returns through its power over the investees. Taking into consideration the activities, decision-making processes, benefits and related risks associated with the entities, the ICRC concluded that, in substance, the funds and foundations listed above are controlled by the ICRC and should be consolidated into the ICRC financial statements.

The ICRC reviews its significant judgments and assumptions made in determining that it has control of other entities on an annual basis. Intragroup balances and transactions, and any unrealized gains from such transactions, are eliminated when the consolidated financial statements are prepared. The financial statements of the funds and foundations are prepared for the same reporting period as the ICRC, using consistent accounting policies.

1C. Significant accounting judgments, estimates and assumptions

All significant accounting judgments, estimates and assumptions specific to one note are described in that note. In particular, the ICRC has applied judgment in developing its accounting policies with respect to contributions (refer to Note [2A]). Estimates and assumptions are particularly relevant for the determination of the non-current employee benefit liabilities (refer to Note [4F]).

The ICRC is subject to risks and uncertainties which may lead to actual results differing from these estimates, both positively and negatively. Specific financial risks for the ICRC are discussed in Note [4D] on *Financial risk management objectives and policies*.

1D. Changes in accounting policies and disclosures

The ICRC has adopted all new or amended standards (IFRS) and interpretations (IFRS IC) which are effective for the financial year 2017. The implementation of the new or amended standards has not had any material impact on the ICRC's consolidated financial statements.

1E. Standards issued but not yet effective

The IASB has issued a number of new IFRS standards, amended standards and IFRS IC, which are not yet effective for the financial year ended 31 December 2017. The ICRC has assessed that the impact of implementing IFRS 9 "Financial Instruments" and IFRS 15 "Revenue from Contracts with Customers" in 2018 will likely not be material, and is currently assessing the effect of implementing IFRS 16 "Leases", which is effective one year later.

All other new or amended standards and interpretations not yet effective are currently not expected to have any material impact on the ICRC's consolidated financial statements.

2. FUNDING

2A. Contributions

- ▶ Contributions, designated for general use by the ICRC, are recognized as revenue upon receipt of a written confirmation from the donor. In the absence of such a confirmation, the contribution is recognized upon receipt of cash.
- ▶ Contributions received after the reporting date, but designated for use in the reporting period, are recognized as revenue in the reporting period.
- ▶ Contributions designated for use after the reporting date are reported as deferred income in the consolidated statement of financial position and recognized as revenue in the year designated by the donor.
- ▶ Contributions that are based on contracts for specific projects are reported as deferred income and recognized as revenue as the associated expense is incurred.
- ▶ Contributions that will fall due after five years or are estimated as unlikely to be paid are not accounted for and are disclosed as contingent assets owing to uncertainties associated with their receipt. In 2017, contributions amounting to CHF 1.1 million (2016: CHF 1.4 million) were considered contingent assets.
- ▶ Where funding agreements impose performance conditions which must be met before ICRC is entitled to the funding, the income is deferred as a liability until it is probable that the conditions have been met. Performance conditions generally relate to the completion of specified activities or the achievement of efficiency levels.
- ▶ Contributions are mainly received in cash but may be received in kind (goods or fixed assets) or in services (staff, means of transport or rent).
- ▶ Contributions in kind and in services are recognized as revenue at their estimated fair value on the date of receipt of the goods or services or the date the donated fixed assets are available for use.
- ▶ Contributions in cash for direct funding of the costs of purchasing or constructing specific fixed assets are fully recognized under operating income upon receipt of the cash.

Range of donors

Contributions and joint appeals are received from a wide range of donors:

(CHF million)	2017	2016
Governments	1,500.7	1,407.5
European Commission	166.2	160.2
Private sources	48.1	51.0
National Societies and the International Federation	53.2	31.1
Public sources	7.3	8.1
International and supranational organizations	24.0	2.7
Total Contributions	1,799.0	1,661.0

Public sources are defined as federal, cantonal and municipal government bodies, whereas private sources are defined as individuals, foundations, legacies, private companies and associations. International and supranational organizations include UN agencies, the World Bank Group and non-governmental organizations.

Earmarking

- ▶ Contributions restricted to no other purpose than general ICRC field operations are considered non-earmarked.
- ▶ Contributions restricted to a given region, country or programme (worldwide) are considered loosely earmarked.
- ▶ Contributions restricted to a country are considered country-earmarked.
- ▶ Contributions restricted to a project or sub-programme are considered tightly earmarked.

The table below shows the overall framework for the earmarking of contributions.

(CHF million)	2017	2016
Non-earmarked contributions	372.6	377.5
Loosely earmarked contributions	116.6	121.2
Country-earmarked contributions	1,033.1	907.0
Tightly earmarked contributions	277.1	254.8
Total Contributions	1,799.0	1,661.0

2B. Accounts receivable

- ▶ Contributions receivable are amounts due from donors and recognized upon receipt of a written agreement. The accounts receivable are stated at nominal value, net of an allowance to cover the risk of non-payment.
- ▶ Management specifically analyzes contributions receivable, historical trends and current economic trends when assessing the adequacy of the allowance. The allowance is made on the basis of a specific individual review of all significant open positions. For those positions not specifically reviewed, the allowance is made using different rates based on the ageing of the receivables and in light of past experience. The amount of impairment loss is recognized in the consolidated statement of income. When a contribution receivable is uncollectible, it is derecognized.
- ▶ Contributions receivable due more than 12 months and less than five years after the reporting date are recorded as long-term receivables and discounted to their present value. The carrying values of long-term receivables and deferred income are based on the estimated expected future cash-flows, discounted using the rates on the dates the pledges were signed.

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

The nature of the accounts receivable is as follows:

(CHF million)	2017	2016
Contributions receivable in less than 12 months	283.7	194.2
Other receivables	8.9	5.8
Sub-total Current accounts receivable	293.0	200.0
Contributions receivable in more than 12 months	289.0	48.0
Total Accounts receivable	582.0	248.0

There are no standard payment terms for contributions, as the timing of payments is usually specified in each donor contract.

2C. Deferred income

Revenue relating to future years is recorded as deferred income. Revenue deferred for more than 12 months after the reporting date is recorded as non-current and discounted to its present value at the reporting date.

(CHF million)	Note	2017	2016
Deferred income related to contributions in less than 12 months		248.0	188.0
Deferred income related to contributions in more than 12 months		287.2	45.4
Deferred income related to government loans	[4B]	11.0	10.8
Sub-total Non-current deferred income		298.0	56.0
Total Deferred income		546.0	244.0

2D. Reserves

Reserves are composed of the surplus or deficit from operating and non-operating activities. Accumulated reserves are classified as either restricted (permanently or temporarily) or unrestricted reserves.

a. Unrestricted reserves

Unrestricted reserves designated by the Assembly are not subject to any legal or third-party restrictions and can be allocated as the ICRC Assembly sees fit. Unrestricted reserves may be designated for specific purposes to meet future obligations or risks.

(CHF million)	At 1 January 2016	Use/release during 2016	Allocation 2016	At 31 December 2016	Use/release during 2017	Allocation 2017	At 31 December 2017
Future operations	250.8	-	20.1	270.9	-	18.9	289.8
Assets replacement	231.9	-0.5	20.8	252.2	-1.3	30.6	281.5
Operational risks	21.8	-2.8	2.3	21.3	-	0.6	21.9
Financial risks	29.5	-2.1	3.2	30.7	-3.4	6.8	34.1
Specific projects	0.9	-	0.5	1.4	-0.6	-	0.8
Human resources	-233.0	-70.9	4.2	-299.7	-2.7	144.5	-157.8
Total Unrestricted reserves	302.0	-76.0	51.0	277.0	-8.0	201.0	470.0

Future operations reserves

The future operations reserves are intended for situations with insufficient operational funding. The theoretical level is estimated at CHF 570.4 million (in 2016: CHF 516.0 million) based on an average of four months of expenses in cash, kind and services (including overheads) over the previous four years and the next year's initial budget, both at headquarters and in the field.

Assets replacement reserves

The ICRC sets aside funds for capital expenses on real estate and equipment, in order to be able to make investments that are essential for its operations regardless of short-term financial fluctuations. These reserves also contain funds received from donors for specific fixed assets, and the corresponding reserves are amortized over the life of the related asset.

Operational risks reserves

These are reserves relating to insurance coverage and to potential litigation.

Financial risks reserves

The financial risks reserves cover the risks of exchange rate variations and price fluctuations in securities. The foreign-exchange reserve target amount is estimated at the value at risk (VaR) using a 95% confidence interval (see Note [4D] for the method of calculation).

Specific projects reserves

Allocations for specific projects relate to contracts signed by ICRC headquarters during the financial year for which goods and/or services had not been delivered by the end of the year.

Human resources reserves

The human resources reserves include the effects of under-coverage of the defined benefit pension plan for CHF -165.8 million (2016: CHF -307.7 million). The human resources reserves have shown a negative balance since 2011, when changes in employee benefit accounting resulted in the immediate recognition of re-measurement gains and losses in the period in which they arise.

Other human resources reserves of CHF 8.0 million (2016: CHF 8.0 million) were initially set aside to cover future payments to management and staff under agreements for post-employment benefits, including early retirement. In 2013, management decided to optimize the headquarters' structures via restructuring, reorganization, relocation and outsourcing. As a consequence, the ICRC signed a restructuring plan with the staff representatives in July 2014. The plan covers all Geneva-based staff who lose their jobs because of these optimization efforts. Restructuring is expected to be completed by 31 December 2018.

b. Temporarily restricted reserves for the funding of operations

Donors' restricted contributions

Donors' restricted contributions may exceed specific expenses incurred in the field or at headquarters for the reporting period, resulting in a temporary surplus in funding. The cumulative excess is carried forward to the following year and recorded in reserves as Donors' restricted contributions. When the surplus funds cannot be used, the ICRC either obtains agreement from the donors to reallocate the funds for a different use or reimburses the funds to the donor, in which case they are recognized as a liability.

Field operations with temporary deficit funding

The ICRC incurs expenses for field operations which may not be fully funded by designated contributions, resulting in a temporary deficit for the reporting period. At year-end, management estimates the expected funding necessary to cover the expenses incurred and allocates non-earmarked and loosely earmarked contributions available to field operations. The net position is reported as *Field operations with temporary deficit funding* in the reserves. Changes in these estimates could result in the need to re-assess the temporarily restricted reserves for the funding of operations.

The changes in temporarily restricted reserves for the funding of operations are summarized as follows:

(CHF million)	At 1 January 2016	Increase/ (decrease) during 2016	At 31 December 2016	Increase/ (decrease) during 2017	At 31 December 2017
Field operations with temporary surplus funding	39.4	49.3	88.7	42.8	131.5
Headquarters restricted contributions	0.7	-0.4	0.3	-	0.3
Donors' restricted contributions	40.1	48.9	89.0	42.8	131.8
Field operations with temporary deficit funding	-52.3	2.3	-50.0	-36.0	-86.0
Total Reserves for the funding of operations	-12.0	51.0	39.0	7.0	46.0

c. Temporarily restricted reserves for the funding of Innovation

The unspent restricted reserves amounting to CHF 2.0 million (2016 – nil) relating to the activities supervised by the Innovation Board are shown separately for management information purposes.

d. Permanently restricted reserves for the funds and foundations

The reserves relating to the six funds and two foundations controlled by the ICRC are permanently restricted for the ICRC, as the use and allocation of these reserves are decided by the respective boards of the funds and foundations.

The permanently restricted reserves are summarized as follows:

(CHF million)	2017	2016
Foundation for the International Committee of the Red Cross	24.8	24.3
French Fund Maurice de Madre	4.9	4.8
The ICRC MoveAbility Foundation (formerly ICRC Special Fund for the Disabled)	3.4	3.6
Clare Benedict Fund	2.3	2.2
Omar El Mukhtar Fund	1.1	1.0
Paul Reuter Fund	0.7	0.7
Jean Pictet Fund	0.7	0.6
Florence Nightingale Medal Fund	0.7	0.6
Augusta Fund	-	0.1
Total Reserves for the funds and foundations	38.0	38.0

In December 2015, the 32nd International Conference of the Red Cross and Red Crescent validated the dissolution of the Augusta Fund and the transfer of its capital to the Florence Nightingale Medal Fund. The ICRC was instructed to make the arrangements for this dissolution in 2016. The net assets of the Augusta Fund, as reported in their statutory financial statements at 31 December 2016, were transferred to the Florence Nightingale Medal Fund in 2017.

The name of the ICRC Special Fund for the Disabled was formally changed to The ICRC MoveAbility in July 2017.

3. OPERATIONS

3A. Operating expenses

Operating expenses are defined as direct programme-oriented expenses incurred in order to carry out the ICRC's humanitarian mission. Non-operating expenses are defined as not directly related to the ICRC's mission and/or incurred in the management of cash and investments.

For management reporting purposes, costs are analysed as relating to "field", "headquarters", "innovation" or "funds and foundations" and the effect of IAS 19 on staff costs is shown separately. The breakdown of operating expenses for the past two years is as follows:

2017 (CHF million)	Field	Headquarters	Innovation	Funds and Foundations	IAS 19 effect	Total 2017
Staff costs	581.0	154.9	-	2.6	-7.7	731.0
Purchase of goods and materials	382.5	2.8	-	0.1	-	385.0
Rentals	162.6	3.4	-	0.1	-	166.0
Other expenses						
- Financial assistance	131.5	2.2	-	2.0	-	135.7
- General expenditure	95.2	32.2	0.1	0.3	-	127.8
- Mission costs	74.5	6.8	-	0.5	-	81.7
- Sub-contracted maintenance	75.1	2.4	-	-	-	77.5
- Depreciation	35.6	9.9	-	-	-	45.5
Sub-total Other expenses	411.8	53.3	0.1	2.9	-	468.0
Total 2017 Operating expenditure	1,537.6	214.4	0.1	5.7	-7.7	1,750.0

2016 (CHF million)	Field	Headquarters	Innovation	Funds and Foundations	IAS 19 effect	Total 2016
Staff costs	529.1	148.2	-	2.1	-18.8	661.0
Purchase of goods and materials	348.6	2.3	-	0.2	-	351.0
Rentals	157.0	3.3	-	0.1	-	160.0
Other expenses						
- Financial assistance	99.5	0.8	-	1.6	-	101.9
- General expenditure	81.6	31.5	-	0.3	-	113.4
- Mission costs	67.4	6.2	-	0.4	-	74.0
- Sub-contracted maintenance	60.9	2.3	-	0.2	-	63.4
- Depreciation	28.9	9.1	-	-	-	38.0
Sub-total Other expenses	338.3	49.9	-	2.4	-	391.0
Total 2016 Operating expenditure	1,373.0	203.7	-	4.8	-18.8	1,563.0

Operating expenses are mostly in cash but can take the form of goods (in kind) or services. Operating expenses in kind and in services amounted to CHF 4.4 million and CHF 8.1 million respectively (2016: CHF 3.6 million and CHF 7.2 million respectively).

3B. Staff costs

(CHF million)	Note	2017	2016
Wages and salaries		578.8	530.5
Social insurance and social benefits		79.7	70.3
Staff costs as contributed services		5.1	3.6
Post-employment benefit costs for defined contribution plans		5.5	5.4
Post-employment benefit costs for defined benefit plans	[4F]	62.0	50.8
Total Staff costs		731.0	661.0

The ICRC has a defined contribution plan for its employees: the "Contribution Suppletive Plan". The expected contributions for this plan in 2018 amount to CHF 13.6 million. At 31 December 2017, the ICRC recognized a liability of CHF 41.3 million (2016: CHF 35.8 million) with respect to this plan within non-current employee liabilities (see Note [4F]). Expenses for the defined contribution post-employment benefit plan are recognized in the period in which the related services are provided by the staff.

The ICRC has three defined benefit plans for its employees. For post-employment defined benefit plans, the total pension cost and the defined benefit liability are determined by applying the projected unit credit method using actuarial assumptions. The components of the defined benefit cost are recognized and presented as follows:

- ▶ Within other non-operating expenses/(income): net interest on the net defined benefit liability/(asset) comprising the interest income on plan assets (measured using the same discount rate as that applied for the defined benefit obligation) and the interest expense (increase in present value of the defined benefit obligation as the date of settlement moves one period closer).
- ▶ In other comprehensive income: all re-measurement gains and losses on defined benefit plans are immediately recognized as other comprehensive income in the period they occur.

Further details of the ICRC's defined benefit plans and the related liabilities can be found in Note [4F].

Current employee benefit liabilities are broken down as follows:

(CHF million)	2017	2016
Social security and insurance contributions	16.4	13.1
Salaries due to staff	14.6	12.8
Staff vacation accruals	31.3	26.2
Total Current employee benefit liabilities	62.0	52.0

The average number of employees during these financial years was as follows:

	2017	2016
In the field		
Mobile staff hired by ICRC	2,304	2 148
Mobile staff seconded by National Societies	116	108
Resident staff under ICRC contract	13,151	12,209
	15,571	14,465
At headquarters		
Staff hired by ICRC	1,016	984
Total Average number of employees	16,587	15,449

3C. Related parties and management compensation

The ICRC defines related parties as key management personnel or persons with authority and responsibility for planning, directing and controlling the ICRC's activities. Related parties are the ICRC directors and senior management, and close members of their families or households. The members of the Assembly – the supreme governing body of the ICRC – are also identified as related parties.

There were no transactions with key management personnel except those described below. With the exception of the president and the permanent vice-president, none of the other members of the Assembly, or any person related to them, received any remuneration from the ICRC during the year. Neither the non-permanent members of the Assembly, nor persons related to or having business ties with them, received remuneration from the ICRC during the year.

The salaries and benefits of the ICRC's president, permanent vice-president, six directors and head of Internal Audit are set by the Remuneration Commission. Their total remuneration below includes employer expenses for social insurance and social benefits. They received no other salaries or benefits (e.g. fringe benefits, loans, etc.).

(CHF million)	2017	2016
Short-term employee benefits	2.9	2.9
Post-employment benefits and other long-term benefits	0.7	0.7
Total Remuneration of related parties	3.6	3.6

3D. Rentals

Lease incentives received are recognized in the consolidated statement of income as an integral part of the total lease expense.

(CHF million)	2017	2016
Premises and equipment	62.5	58.4
Transport	100.8	98.5
Sub-total Operating leases	163.3	156.9
Rentals as contributed services	2.9	3.4
Total Rentals	166.0	160.0

The ICRC committed to pay the following non-cancellable rentals in the coming years:

(CHF million)	2017	2016
Due within 12 months	12.3	10.0
Due within 2 to 5 years	15.0	17.9
Due in over 5 years	1.2	1.1
Total Non-cancellable lease payable	28.5	29.0

3E. Overheads and administrative costs

For internal reporting purposes, an additional 6.5% is added to the budget of each operation for cash and service movements as a contribution provided to headquarters. Headquarters support includes services essential to an operation's success, such as human resources, finance, logistics and IT. In internal and donor reporting, the re-measurement of pension gains and losses (IAS 19 effect on pension plans) is presented separately.

a. Overheads

The following analysis reconciles these audited financial statements with the appeals for the past two years:

2017 (CHF million)	Field	Headquarters	Innovation	Funds and Foundations	IAS 19 effect	Total 2017
Consolidated contributions	1,641.1	151.8	2.0	4.5	-	1,799.0
Less funds and foundations	-	-	-	-4.5	-	-4.5
Internal allocation from field budget	-	99.6	-	-	-	99.6
Income as per appeals	1,641.1	251.4	2.0	-	-	1,894.5
Consolidated operating expenditure	-1,537.6	-214.4	-0.1	-5.7	7.7	-1,750.0
Less funds and foundations	-	-	-	5.7	-	5.7
Less IAS 19 effect on pension plans	-	-	-	-	-7.7	-7.7
Internal allocation to headquarters budget	-99.6	-	-	-	-	-99.6
Expenditure as per appeals	-1,637.2	-214.4	-0.1	-	-	-1,851.7

2016 (CHF million)	Field	Headquarters	Innovation	Funds and Foundations	IAS 19 effect	Total 2016
Consolidated contributions	1,508.8	147.2	-	4.4	-	1,661.0
Less funds and foundations	-	-	-	-4.4	-	-4.4
Internal allocation from field budget	-	89.0	-	-	-	89.0
Income as per appeals	1,508.8	236.2	-	-	-	1,745.0
Consolidated operating expenditure	-1,373.0	-203.7	-	-4.8	18.8	-1,563.0
Less funds and foundations	-	-	-	4.8	-	4.8
Less IAS 19 effect on pension plans	-	-	-	-	-18.8	-18.8
Internal allocation to headquarters budget	-89.0	-	-	-	-	-89.0
Expenditure as per appeals	-1,462.0	-203.7	-	-	-	-1,665.7

b. Administrative costs

The following cost centres at headquarters are classified as administrative rather than direct programme-oriented expenses:

- ▶ The president's office, the directorate and management
- ▶ Finance and administration
- ▶ Human resources
- ▶ Fundraising
- ▶ Information systems and archives

Their total administrative cost in 2017 amounts to CHF 140.8 million, which represents 8.0% of the ICRC's operating expenses (2016: CHF 135.8 million or 8.6%).

3F. Inventories

- ▶ Inventories held at headquarters, at the principal regional distribution centres in Nairobi (Kenya), Abidjan (Ivory Coast) and Amman (Jordan), and in the main warehouses in Afghanistan, Beijing, Cameroon, Colombia, the Democratic Republic of Congo, Iraq, Israel and the occupied territories, Lebanon, Pakistan, the Philippines, Russia and Ukraine were considered uncommitted inventories at 31 December 2017. The expense is recognized at the moment such inventories are delivered or consumed.
- ▶ Inventories are recorded at cost and include expenses incurred in acquiring the inventories and bringing them to their present location and condition. The ICRC periodically reviews its inventory for excess, obsolescence and declines in market value below cost, and records an allowance against the inventory balance for any such declines. Obsolete inventories are written off.
- ▶ In various delegations, certain inventories are held on behalf of beneficiaries for operational reasons. These are considered committed and are included in expenses owing to the nature of ICRC operations. Committed goods in the field are not recorded in inventory unless they have not yet been designated.

(CHF million)	2017	2016
Medical and physical rehabilitation	49.1	27.1
Relief	30.5	32.2
Water and habitat	8.2	8.5
Other inventories, net of allowances for obsolete inventories	1.5	5.5
Total Inventories	89.0	73.0

The allowance for obsolete inventories at 31 December 2017 was CHF 10.9 million (2016: CHF 7.3 million).

3G. Tangible and intangible assets

- ▶ Tangible assets are measured on initial recognition at cost.
- ▶ Contributed assets are either assets funded by contributions in cash for assets, or assets donated in kind, which are recognized at their fair value.
- ▶ Subsequent expenses are capitalized only when they increase the future economic benefits embodied in the item of property and equipment and are otherwise recognized in the consolidated statement of income.

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

- ▶ Intangible assets acquired separately are measured on initial recognition at cost.
- ▶ Internally generated intangible assets are not capitalized when the expenses attributable to the asset cannot be reliably measured; they are therefore reflected in the consolidated statement of income in the year in which the expense is incurred.
- ▶ Depreciation and amortization of tangible and intangible assets with finite useful lives is calculated using the “straight line” method so as to depreciate/amortize the acquisition cost over the asset’s estimated useful life, which is as follows:

Tangible assets	Useful life
Buildings and land improvements – Switzerland	20 to 70 years
Buildings – other countries	3 to 20 years
Fixed installations	10 years
Equipment and vehicles	5 to 8 years
Hardware (IT equipment)	3 years
Land	Not depreciated
Intangible assets	
Software	5 years

- ▶ Tangible and intangible assets with finite useful lives are assessed for impairment whenever there is an indication that the asset may be impaired. The amortization period and method are reviewed at least at each financial year-end.
- ▶ Intangible assets with indefinite useful lives are tested for impairment annually. Such intangibles are not amortized. The useful life of an intangible asset with an indefinite life is reviewed annually to determine whether the indefinite life assessment continues to be supportable. If not, the change in the useful life assessment from indefinite to finite is made on a prospective basis.

2017 (CHF million)	Land, buildings and fixed installations	Equipment	Vehicles	Total Tangible assets	Total Intangible assets
Net carrying value 1 January 2017	145.8	8.9	43.9	199.0	60.0
Additions	19.3	4.4	17.0	40.7	23.9
Disposals	-	-	-1.0	-1.0	-
Depreciation charge for the year	-10.1	-3.3	-15.2	-28.6	-15.5
Net carrying value 31 December 2017	155.0	9.9	44.7	210.0	68.0
Gross value	246.9	35.6	113.3	395.8	120.0
Accumulated depreciation	-91.9	-25.7	-68.6	-186.2	-51.9
Net carrying value 31 December 2017	155.0	9.9	44.7	210.0	68.0

2016 (CHF million)	Land, buildings and fixed installations	Equipment	Vehicles	Total Tangible assets	Total Intangible assets
Net carrying value 1 January 2016	147.8	9.2	46.2	203.0	51.0
Additions	7.4	2.7	13.1	23.2	19.3
Disposals	-	-0.1	-0.6	-0.7	-
Depreciation charge for the year	-9.4	-3.0	-14.7	-27.1	-10.9
Net carrying value 31 December 2016	145.8	8.9	43.9	199.0	60.0
Gross value	227.6	35.0	107.3	369.9	112.6
Accumulated depreciation	-81.8	-26.1	-63.4	-171.3	-52.9
Net carrying value 31 December 2016	145.8	8.9	43.9	199.0	60.0

A majority of the land, buildings and fixed installations are located in Switzerland, with a gross value of CHF 205.6 million (2016: CHF 195.5 million).

At 31 December 2017, tangible assets included work in progress for CHF 7.7 million, for construction and renovation of buildings (2016: CHF 2.7 million).

Intangible assets included CHF 20.8 million for software in development acquired externally (2016: CHF 23.1 million). The ICRC still uses some fully amortized software with a gross value of CHF 20.3 million.

3H. Commitments

Capital and contractual commitments

(CHF million)	2017	2016
Commitments for vehicle purchases and building renovations	13.5	7.7
Commitments toward IT projects	2.1	2.9
Total Capital commitments	15.6	10.6
Open purchase orders	64.9	62.9
Total Contractual commitments	64.9	62.9

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

3I. Contingent liabilities

The ICRC has operational claims that are principally legal in nature (for example local employment and rental contracts), the definite amount and exact timing of each claim being subject to various legal proceedings in the country in which it has arisen. Those items that management considers will probably be paid have been recorded as provisions and the balance, deemed to be contingent liabilities, amounts to CHF 9.7 million (2016: CHF 4.5 million).

4. MANAGEMENT OF FUNDS

4A. Cash and cash equivalents

- ▶ The ICRC considers cash on hand, cash at banks and short-term deposits with an original maturity of three months or less to be *Cash and cash equivalents*. Term deposits with an original maturity of over three months are classified as current and/or non-current investments (refer to Note [4C]).
- ▶ Cash at banks earns interest at floating rates based on prevailing bank rates.
- ▶ Bank overdrafts that are repayable on demand and form an integral part of the ICRC's cash management are included as a component of cash and cash equivalents in the consolidated statement of cash-flows.

(CHF million)	2017	2016
Cash at banks and on hand, net of overdrafts	211.0	218.5
Short-term deposits	89.7	71.3
Total Cash and cash equivalents	301.0	290.0

At 31 December 2017, the ICRC could draw on CHF 150.0 million (2016: CHF 155.0 million) of undrawn committed borrowing facilities in respect of which all prior conditions had been met.

4B. Loans and borrowings

All loans are recorded at fair value at initial recognition, which is the present value of expected future cash-flows, discounted using a market interest rate. The difference between the cost and the fair value at initial recognition is recognized as deferred income in Note [2C]. The deferred income is subsequently recognized over the loan period.

a. Loans from the Foundation for Buildings for International Organizations (FIPOI)

At 31 December 2017, there were two interest-free loans related to buildings, both granted by a governmental body. The nominal values of these unsecured loans were:

- ▶ CHF 9.8 million (2016: CHF 9.8 million) for the training centre in Ecogia, Geneva (final repayment in 2049); and
- ▶ CHF 26.0 million (2016: CHF 26.0 million) for the logistics building in Geneva (final repayment in 2060).

In 2017, the FIPOI granted a loan of CHF 9.9 million towards the cost of the renovation of the main Carlton building in Geneva, Switzerland, of which CHF 3.7 million was received in 2017. The FIPOI will provide the remaining funds in two instalments over the period 2018 to 2019. This loan will be repaid over 30 years (final repayment in 2047) and bears interest of 0.5%.

b. Loans for the Programme for Humanitarian Impact Investment ("PHII")

In July 2017, loans were provided by private and corporate investors to finance the PHII focused on the construction and operation of physical rehabilitation centers in the Democratic Republic of the Congo, Mali and Nigeria. These loans totalling CHF 19.6 million are payable by the lenders in two equal instalments. The first instalment of CHF 9.8 million was received in August 2017. The final instalment of CHF 9.8 million is due in July 2018. The loans are repayable in one instalment in 2022. Depending on the achievement of certain staff efficiency ratio (SER) performance levels, the principal amount repayable ranges between CHF 10.4 million and CHF 25.0 million. The loans bear interest of 2.0% for each of the first four years 2018 to 2021. The interest for the fifth year 2022 is embedded in the variable principal amount repayable. These loans will be funded by correlated amounts from donors participating in the programme. The correlated pledges are recognized as long-term receivables in the financial statements.

There is a risk, currently evaluated by management to be remote, that the SER will deteriorate between the inception and the end of the programme. In this case, ICRC would have to contribute 10% of the expenditure budget, equivalent to CHF 2.0 million at reporting date exchange rates, and the lenders would lose some of their principal i.e. part of the ICRC's liability would be converted to a donation.

c. Loan repayment terms

The terms of all loan repayments are as follows:

(CHF million)	2017	2016
Due within 12 months	0.6	0.6
Due within 2 to 5 years	13.0	2.3
Due in over 5 years	17.7	15.7
Total Unsecured loans	31.3	18.6

4C. Investments

In accordance with its documented investment management policy, the ICRC classifies its investments in two categories:

a. At fair value through profit or loss

- ▶ Financial assets at fair value through profit or loss are financial assets held-for-trading. A financial asset is classified in this category if acquired principally for the purpose of selling in the short term and presented within current assets.
- ▶ Held-for-trading investments are recognized and derecognized on the trade date that the ICRC, or the portfolio manager acting on behalf of the ICRC, commits to purchasing or selling them.
- ▶ The financial assets held-for-trading are measured at fair value through profit or loss (Refer to Note [4E]).
- ▶ Fair value gains or losses, and dividend and interest income, are recognized in the consolidated statement of income. Transaction costs are also recognized in the consolidated statement of income as incurred.

b. Held-to-maturity

- ▶ When the ICRC has the positive intent and ability to hold debt securities to maturity, such financial assets are classified as held-to-maturity. Bonds in this category are classified as current investments if expected to be settled within 12 months; otherwise, they are classified as non-current assets.
- ▶ Held-to-maturity investments are recognized initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, held-to-maturity investments are measured at amortized cost using the effective interest rate, less any impairment losses.
- ▶ At the end of each reporting period, the ICRC assesses whether there is objective evidence that a debt security measured at amortized cost is impaired. If there is objective evidence that an impairment loss on financial assets measured at amortized cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash-flows (excluding future credit losses that have not been incurred), discounted at the financial asset's original effective interest rate.
- ▶ If, in a subsequent year, the amount of the estimated impairment loss increases or decreases because of an event occurring after the impairment was recognized, the previously recognized impairment loss is increased or reduced by adjusting the bond's carrying amount. Any reversal is limited to the extent that the new carrying amount does not exceed the amortized cost that would have been reached in the absence of impairment.

(CHF million)	Note	2017	2016
Investments at fair value through profit or loss			
- Short-term deposits with an original maturity over three months	[4A]	4.3	3.6
- Quoted debt securities		74.4	74.8
- Quoted high yield debt funds		10.0	-
- Quoted equity securities		106.2	92.2
Investments held-to-maturity			
- Quoted debt securities with a maturity below 12 months		35.8	30.2
Sub-total Current investments		231.0	201.0
Investments held-to-maturity			
- Quoted debt securities with a maturity over 12 months, net		92.0	103.0
Sub-total Non-current investments		92.0	103.0
Total Investments		323.0	304.0

4D. Financial risk management objectives and policies

The ICRC has various financial assets, such as cash and cash equivalents, investments, other financial assets and accounts receivable. The main financial liabilities comprise loans, accounts payable and accrued expenses.

The main risks arising from these financial assets and liabilities are market risk and its subsets (foreign currency and interest rate risks, as well as equity price risk), credit/counterparty risk and liquidity risk, which are summarized below.

These risks are managed through several treasury policies. Compliance with these policies is monitored by the Treasury Committee, which is composed of the director of financial resources and logistics, the head of finance, the head of accounting and the treasurer. These financial risk management policies in force have been approved by the Assembly Council. These various policies are submitted by the Treasury Committee to the Assembly Council for adoption.

a. Foreign currency exposure and risks

The foreign currency risk is the risk that the financial statements for a particular period or as at a certain date may be affected by changes in the value of transactions executed in foreign currencies owing to fluctuations.

Exposure to fluctuations in foreign exchange (FX) rates arises from transactions denominated in currencies other than the Swiss franc. For instance, the ICRC is exposed to currency risk through contribution pledges and PHII loans denominated in foreign currencies.

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

In addition, exchange rate fluctuations can have a significant impact on the consolidated statement of income. The currencies giving rise to this risk are primarily the euro, the pound sterling and the US, Australian and Canadian dollars. The FX exposure on the long-term receivables in foreign currencies is offset by the FX exposure on the related deferred income liability. No hedge accounting is applied.

Forward foreign currency contracts

At year-end, the following positions of forward foreign currency contracts were open:

(CHF million)	2017	2016
Purchase of foreign currencies	0.2	6.5
Sale of foreign currencies	-29.1	-47.3

These contracts have a maturity of less than one year.

Exposure management

The ICRC uses derivative financial instruments – spots, forward contracts and swaps – to hedge its exposure to foreign currency risks. The forward foreign currency contracts have maturities of less than 12 months after the reporting date. Where necessary, the contracts are swapped at maturity. In accordance with its treasury policies, the ICRC uses derivative instruments exclusively for hedging purposes.

Such derivative financial instruments are recognized at fair value, initially on the date on which a derivative contract is entered into and subsequently at each reporting date. Derivatives are carried as assets when the fair value is positive and as liabilities when the fair value is negative. Any gains or losses arising from changes in fair value on derivatives during the year are recognized immediately.

With respect to other monetary assets and liabilities held in foreign currencies, the ICRC ensures that its exposure is kept to an acceptable level. In addition, the ICRC is buying or selling foreign currencies when necessary.

To limit exposure from investments, the ICRC's investment management policy defines which currencies may be used for investments. At 31 December 2017, all investments were denominated in Swiss francs, with the exception of CHF 101.5 million (2016: CHF 93.8 million).

To limit exposure from the PHII programme, the foreign-denominated receivables from the donors reasonably closely match the corresponding liabilities to the private and corporate investors by currency.

Exposure measurement

The ICRC uses a Value at Risk (VaR) computation to estimate the potential annual loss in the fair value of its financial assets and liabilities denominated in foreign currency.

The VaR estimates are made assuming normal market conditions, using a 95% confidence interval over a 15-day period. The ICRC cannot predict actual future movements of exchange rates. Therefore, the VaR numbers below do not represent actual losses or consider the effects of favourable movements in underlying variables. Accordingly, these VaR numbers are indicative of future movements over a one-year time horizon, and are based on historical data to best estimate future movements.

The estimated potential annual loss from the ICRC's foreign currency exposure is as follows:

(CHF million)	2017	2016
On income	-5.2	-6.0
On expenses	-10.9	-5.9
On investment portfolios	-7.7	-8.0
Value at Risk - Potential loss on foreign currencies	-23.8	-19.9

b. Equity price and interest rate risks

Investments in equity securities are exposed to equity price risk.

The ICRC is exposed to interest rate risks through its investments in debt securities, term deposits and other funds. These financial assets, except for a large portion of the debt securities that are held-to-maturity, are stated at fair value and are thus affected by interest rate changes. In addition, interest income recognized on floating-rate debt securities changes in response to movements in interest rates.

Sensitivity analysis for quoted equity securities at fair value through profit or loss

The ICRC's investments in the equity of other entities that are publicly traded are generally included in one of the following two equity indexes: the Swiss Performance Index (SPI) for Swiss shares and MSCI World for non-Swiss shares.

The table below summarizes the impact of increases/decreases in the two equity indexes on the ICRC's surplus for the year. The analysis is based on the assumption that the equity indexes have increased/decreased by 5% with all other variables – particularly foreign currency rates – held constant and that all the equity instruments moved according to the historical correlation with the index:

(CHF million)	Impact on ICRC's surplus/(deficit)	
	2017	2016
Equity index	+/-5%	+/-5%
SPI	+/-2.1	+/-1.9
MSCI World	+/-3.2	+/-2.7

Sensitivity analysis for quoted debt securities at fair value through profit or loss

A change of 100 basis points in interest rates at the end of the year – assuming that all other variables, particularly foreign currency rates, remain constant – would not have a material impact on ICRC's surplus/(deficit).

To limit this market exposure, the ICRC's Investment and Treasury Committees have clarified the organization's tolerance for risk and volatility in investment guidelines based on investment management policy. Portfolio managers are required to trade all investments at stock exchanges handling large volumes and with market makers. All selected financial assets must meet specific criteria defined in the policy, such as quality and negotiability of securities, minimum counterparty ratings, maximum percentages of total invested fund, etc. The Investment Committee – which consists of the director of financial resources and logistics, the head of finance and two external members – manages the market and interest rate risks.

The ICRC has also allowed portfolio managers to use futures contracts to hedge exposure to market risk. The futures contracts have maturities of less than 12 months after the reporting date.

c. Credit/counterparty risk

The ICRC's treasury policies focus on security of cash and cash equivalents. At headquarters, these positions are held in banks regulated by the Swiss National Bank (SNB) or by the central banks of any EU member states with a long-term rating of at least A-/A3 (Standard & Poor's and Moody's). In 2017, the number of bank counterparties did not change. For field positions, there is no significant exposure to banks in risky countries.

ICRC receivables are mostly with governments and government agencies, where credit risk is considered to be low. In addition, the ICRC has a relatively broad government donor base. The largest donor contributed 23% of overall income (2016: 25%) and the top five donors contributed 63% (2016: 63%).

Investments are allowed only in liquid securities and only with counterparties that have a high credit rating. The ICRC's investment policy defines the maximum exposure to a single counterparty in order to ensure diversification of investments.

Accounts receivable are offset against accounts payable only if the offsetting criteria are met. At the reporting date, there were no significant concentrations of credit risk. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the consolidated statement of financial position.

d. Liquidity risk

The ICRC maintains a secure level of working capital at all times. This is reassessed and quantified periodically, based on cash-flow forecasts. The ICRC's objective is to strike a balance between funding continuity and flexibility by maintaining sufficient funds in the form of cash in hand, cash at banks or deposits with initial maturities of three months or less, to meet short-term liabilities. Interest-bearing loans and borrowings, which are debt requiring servicing costs, are kept to a minimum.

In addition, the ICRC has liquidity risk associated with forward foreign currency cover. Funds in the appropriate foreign currency are retained to settle forward contracts when they become due, or the contract is swapped forward until sufficient foreign currency is available.

With regard to the PHII programme, the liquidity risk is minimal as the funds to cover operational costs are being received before the costs are incurred. Furthermore, the pledges from the donors are due on the same day as the loan repayments. The ICRC will cover cash shortfalls, if any.

The table below summarizes the maturity profile of the ICRC's financial liabilities.

2017 (CHF million)	Note	Total 2017	< 1 year	2 – 5 years	> 5 years
Accounts payable and accrued expenses		67.0	67.0	-	-
Loans and borrowings	[4B]	32.0	0.6	13.0	17.7
Total 2017 financial liabilities		99.0	67.6	13.0	17.7

2016 (CHF million)	Note	Total 2016	< 1 year	2 – 5 years	> 5 years
Accounts payable and accrued expenses		69.0	69.0	-	-
Loans and borrowings	[4B]	19.0	0.6	2.3	15.7
Total 2016 financial liabilities		88.0	69.6	2.3	15.7

e. Capital management

By its nature, the ICRC does not have “capital”. Rather, it views the reserves as a proxy for capital in terms of IAS 1. The target and position of the various reserves are indicated in Note [2D]. There were no changes in the organization's approach to reserves management during the year under review. The Assembly policy is to maintain a strong level of reserves so as to maintain stakeholder and donor confidence and to sustain future development of operations.

4E. Fair value

A number of the ICRC's accounting policies and disclosures require the determination of fair value, both for financial and non-financial assets and liabilities. Fair value has been determined for measurement and/or disclosure purposes based on the methods outlined below.

a. Fair value measurement

- ▶ Fair value estimates are made at a specific point in time, based on market conditions and information about the financial instruments concerned. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and therefore cannot be determined with precision. Changes in assumptions could significantly affect estimates.
- ▶ The fair values of cash and cash equivalents, accounts receivable, bank overdrafts, accounts payable and accrued expenses are not materially different from the carrying amounts.
- ▶ The fair value of equity and debt securities is determined by reference to their quoted closing price at the reporting date, or, if unquoted, using a valuation technique. The valuation techniques employed include market multiple and discounted cash-flow analysis using expected future cash-flows and a market interest rate.
- ▶ In accordance with the ICRC's investment strategy, investments held-for-trading are measured at fair value through profit or loss, because their performance is actively monitored and they are managed on a fair value basis. The debt securities held-to-maturity are measured at amortized cost. Their fair value is determined for impairment testing and disclosed in the table below.
- ▶ All loans are recorded at fair value on initial recognition, which is the present value of the expected future cash-flows, discounted using a market interest rate. The involvement of arms-length parties from the corporate, financial and government sector in the Programme for Humanitarian Impact Investment ensured that the PHII loans were valued at market at the inception. As the PHII was recently launched, management has assumed that the fair value of these loans has not substantially changed up to the reporting date.
- ▶ Derivative financial instruments are stated at fair value. The net result of marking derivative financial instruments at the reporting date was a gain of CHF 0.0 million (2016: gain of CHF 0.1 million). The fair value of forward currency contracts is calculated by reference to current forward foreign currency rates for contracts with similar maturity profiles. The fair value of futures exchange contracts is their market price at the reporting date.

b. Fair value hierarchy

Set out below is a comparison by class of the carrying amounts and fair values of the ICRC's financial assets and liabilities and their corresponding fair value measurement levels. The ICRC determines the fair value of financial instruments on the basis of the following hierarchy:

- ▶ **Level 1:** The fair value of financial instruments quoted in active markets is based on their quoted closing price at the reporting date.
- ▶ **Level 2:** The fair value of financial instruments that are not traded in an active market is determined by using valuation techniques based on observable market data.
- ▶ **Level 3:** This level includes instruments where one or more of the significant inputs are not based on observable market data.

There was no transfer between the fair value measurement levels during the reporting periods ended 31 December 2016 and 31 December 2017.

2017 (CHF million)	Note	Carrying value	Fair value	Fair value hierarchy		
				Level 1	Level 2	Level 3
Financial assets						
- Investments at fair value through profit or loss	[4C]	194.9	194.9	194.9	-	-
- Investments held-to-maturity	[4C]	127.8	128.6	128.6	-	-
Financial liabilities						
- Unsecured loans from FIPOI	[4Ba]	-21.5	-30.3	-	-30.3	-
- Unsecured loans from PHII social investors	[4Bb]	-9.8	-9.8	-	-	-9.8

2016 (CHF million)	Note	Carrying value	Fair value	Fair value hierarchy		
				Level 1	Level 2	Level 3
Financial assets						
- Investments at fair value through profit or loss	[4C]	170.6	170.6	170.6	-	-
- Investments held-to-maturity	[4C]	133.2	135.4	135.4	-	-
Financial liabilities						
- Unsecured loans from FIPOI	[4Ba]	-18.6	-27.5	-	-27.5	-

4F. Employee benefit liabilities

a. Description of the ICRC's post-employment defined benefit plans

The ICRC operates three post-employment plans which are treated as defined benefit plans for IAS 19 purposes. All plans are administered separately.

Pension plan

- ▶ The pension plan is an independent pension foundation called the ICRC Pension Fund. This separate legal entity is registered with the Swiss supervisory authority in the canton of Geneva. As such, it must comply with the compulsory insurance requirements set out in the Swiss Federal Law on Occupational Retirement, Survivors' and Disability Pension Funds (LPP/BVG in the French/German acronym). The fund undertakes to respect at least the minimum requirements imposed by the LPP/BVG and its ordinances.
- ▶ The pension plan covers all staff working at headquarters or in the field and hired in Geneva (mobile staff); it is the ICRC's most significant post-employment benefit plan.
- ▶ The pension plan is a funded plan providing retirement benefits as well as benefits on death and disability.
- ▶ The ICRC Pension Fund Board is responsible for the fund's management. The board consists of six representatives appointed by the ICRC and six representatives elected by the pension plan participants.
- ▶ In general, the ICRC must make contributions to the ICRC Pension Fund for each plan participant covered and as defined in the fund's regulations, i.e. it must contribute 2% of pensionable salary up to 1 January following a participant's 24th birthday and 17% of pensionable salary thereafter. Should the ICRC Pension Fund become underfunded (from a Swiss legal funding perspective), then the ICRC could be required to make additional contributions. While the ICRC has the option to contribute in excess of the amounts specified in the fund's regulations, it usually makes contributions as per the regulations.
- ▶ The ICRC Pension Fund Board decided to switch from a defined benefit plan to a defined contribution scheme in accordance with Swiss law starting on 1 January 2014. However, under the IFRS, the plan remains classified as a defined benefit plan.

Early retirement plan

- ▶ The ICRC has a plan that offers all staff working at headquarters and mobile staff the possibility of taking early retirement from the age of 58. The plan covers the period from the date of ICRC retirement up to the date of retirement under Swiss law for those staff.
- ▶ The early retirement plan is an unfunded plan providing retirement benefits that are generally based on a maximum annual social security pension for single participants under certain conditions. The amounts that the ICRC must contribute in any given year are equal to the amounts of benefits that are due for that year.
- ▶ This unfunded plan is not subject to any minimum funding requirements. Allocations made to cover the cost of future early retirements are included in the human resources reserves (Refer to Note [2D] on *Reserves*). Future financial commitments arising from early retirement benefits are borne by the ICRC. A commission on enhanced old-age security (*Prévoyance Vieillesse Améliorée*) ensures compliance with the rules. The Collective Staff Agreement is reviewed every three years and may change the benefits provided under the plan in the future.

End-of-service plan

- ▶ The ICRC has agreed to provide post-employment benefits to local staff hired/working in the field (resident staff) in accordance with the legislation of the countries concerned and the local collective staff agreements. The benefits are based on one month of compensation for every year of service up to a maximum of 12 months, except in countries where local regulations require otherwise (Kenya, Pakistan, the Philippines and Sudan).
- ▶ The end-of-service plan is an unfunded plan.
- ▶ The present value of future financial commitments due for end-of-service indemnities (e.g. end of employment, retirement, severance pay, etc.) is borne by the ICRC. As there is only a lump-sum benefit at the end of service, there are no pensioners.
- ▶ The Human Resources Department is in charge of the plan's governance. Potential risk exposure is derived from future changes to local regulations on post-employment benefits or to local collective staff agreements.

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

b. Disclosures for the post-employment benefit plans

- ▶ The net obligation in respect of defined benefit plans is calculated separately for each plan by estimating the amount of future benefits that employees have earned in return for their service in the current and prior periods. That benefit is discounted to determine its present value. The fair value of the pension plan assets is deducted.
- ▶ When the calculation results in a benefit to the organization, the recognized asset is limited to benefits available in the form of refunds from the plan or reductions in future contributions to the plan.

The ICRC's total non-current employee benefit liabilities at the reporting date are as follows:

(CHF million)	Note	2017	2016
Pension plan			
- Present value of defined benefit obligation		1,549.9	1,576.8
- Fair value of plan assets		-1,391.4	-1,274.1
Under-coverage of pension plan		158.5	302.7
End-of-service plan		82.0	75.1
Early retirement plan		44.0	40.0
Unfunded plans		126.0	115.1
Defined contribution plans	[3B]	41.3	35.8
Total Non-current employee benefit liabilities		326.0	454.0

The following tables summarize the components of net benefit expense recognized in the consolidated statement of income:

Components of defined benefit expense

(CHF million)	Note	2017	2016
Interest expense on defined benefit obligation		13.7	14.9
Interest income on plan assets		-8.3	-10.0
Net interest on net defined benefit obligation		5.4	4.9
Total Service cost		60.5	49.4
Administration costs, excluding costs for managing plan assets		1.5	1.4
Expense recognized within staff costs	[3B]	62.0	50.8
Total Defined benefit expense		67.4	55.7

Re-measurements of net defined benefit liability recognized in other comprehensive income

(CHF million)	2017	2016
Actuarial gains/(losses):		
- Due to changes in financial assumptions	40.7	0.7
- Due to changes in demographic assumptions	44.9	-50.9
- Due to experience adjustments	-37.9	-66.3
Actuarial losses on defined benefit obligation	47.7	-116.5
Foreign currency adjustment on defined benefit obligation	3.1	-1.1
Excess/(Insufficient) return on plan assets, excluding amounts in net interest	88.8	37.1
Total Re-measurement losses recognized in other comprehensive income	140.0	-80.0

Changes in the present value of defined benefit obligation

The following table summarizes the movements in the defined benefit obligation. As the pension plan is the most significant post-employment benefit plan, information is provided separately for this plan.

(CHF million)	Pension plan	Unfunded Plans	Total 2017	Pension plan	Unfunded Plans	Total 2016
Defined benefit obligation at 1 January	1,576.8	115.1	1,691.9	1,458.2	100.5	1,558.7
Current service cost	45.9	14.6	60.5	36.5	12.9	49.4
Interest expense	10.1	3.6	13.7	11.7	3.3	15.0
Employee contributions	24.0	-	24.0	22.7	-	22.7
Net benefits paid	-52.9	-10.5	-63.4	-62.2	-9.3	-71.5
Actuarial losses/(gains)	-54.0	6.3	-47.7	109.9	6.6	116.5
Foreign exchange adjustment	-	-3.1	-3.1	-	1.1	1.1
Defined benefit obligation at 31 December	1,549.9	126.0	1,675.9	1,576.8	115.1	1,691.9

Changes in the fair value of the assets owned by the ICRC Pension Fund

(CHF million)	2017	2016
Fair value of pension plan assets at 1 January	1,274.1	1,220.0
Employer contributions	50.6	47.9
Employee contributions	24.0	22.7
Net benefits paid	-52.9	-62.2
Interest income on plan assets	8.3	10.0
Excess return on plan assets	88.8	37.1
Actual administration costs paid, excluding costs for managing plan assets	-1.5	-1.4
Fair value of pension plan assets at 31 December	1,391.4	1,274.1

Fair values of pension plan assets by asset category

(CHF million)	2017	2016
Cash and cash equivalents	63.9	71.8
Gold	17.7	8.9
Equities:		
- Domestic (Swiss) equities	227.0	204.2
- Foreign equities	333.2	288.8
Bonds:		
- Domestic (Swiss) bonds	240.7	339.2
- Foreign bonds	238.4	107.0
Properties:		
- Domestic (Swiss) direct investments in properties	157.7	149.7
- Foreign direct investments in properties	-	2.3
- Domestic (Swiss) property funds	64.5	59.4
- Foreign property funds	48.3	42.8
Total Pension plan assets at 31 December	1,391.4	1,274.1

All plan assets, except direct investments in properties and cash and cash equivalents, are listed. The assessment of the market values of the direct investments in properties led to a revaluation of the related plan assets by + CHF 28.3 million in December 2015 (+ CHF 14.9 million in December 2012). The next appraisal by an independent real estate appraiser will be carried out in 2018, unless significant market changes occur before then.

No pension plan assets are occupied or used by the ICRC.

The ICRC Pension Fund performs periodic asset-liability studies, *inter alia*, to assess its risk capacity and help ensure that it has the right asset strategy to achieve the required rate of return. In addition, stop-loss insurance was contracted to limit the fund's exposure to disability and death risks.

Actuarial assumptions

The actuarial valuations involve making assumptions about discount rates, interest crediting rates, future salary increases, mortality rates, employee turnover and future pension increases. Due to the complexity of the valuation and the determination of the assumptions to be used, and the long-term nature of these plans, these estimates are sensitive to changes in assumptions. All assumptions are reviewed at each reporting date.

For the pension plan and early retirement plan:

- ▶ In determining the appropriate discount rate, management considers the yield at the reporting date on corporate bonds in Switzerland with at least an AA rating that have maturity dates approximating the terms of the ICRC's obligations and that are denominated in the functional currency.
- ▶ Future salary and pension increases are based on expected future inflation rates for Switzerland.
- ▶ Expected reduction of the conversion factors and increase to the saving credits are reflected as a change in assumptions. These measures are not yet voted or decided. However the Pension Fund Board has taken them into account when ensuring the legally required financial sustainability of the plan.
- ▶ Mortality rates are based on the publicly available LPP/BVG 2015 tables projected with CMI_2016 improvement factors.

For the end-of-service plan:

- ▶ Discount rate is based on the average expected salary increase for all resident staff. These salary increase rates are expressed as a range that reflects the various material financial environments (countries) for which the obligation has been calculated.

Principal actuarial assumptions used

(CHF million)	Pension plan		Unfunded plans			
			Early retirement		End-of-service	
	2017	2016	2017	2016	2017	2016
Discount rate	0.69%	0.66%	0.51%	0.48%	5.00%	5.00%
Future salary increase rate	1.50%	1.50%	1.50%	1.50%	5.00%	5.00%
Employee rotation rate	200% x LPP 2015	17.80%	-	-	-	-

Sensitivity analysis on discount rate

The ICRC deems the discount rate to be the most significant actuarial assumption to which the pension plan defined benefit obligation is most sensitive. A decrease/increase of 25 basis points would increase/decrease the pension plan defined benefit obligation by CHF 52.7 million (2016: CHF 56.8 million).

2018 expected contribution amounts and benefit payments

(CHF million)	Pension plan	Unfunded plans	
		Early retirement	End-of-service
Expected employer contributions for 2018	48.4	4.4	7.4
Expected employee contributions for 2018	22.8	-	-
Expected benefits payments for 2018	-100.0	-4.4	-7.4
Expected duration for the obligation at 31 December 2017	13.7 years	5.8 years	-

To the Assembly of
The International Committee of the Red Cross, Geneva

Lancy, 12 April 2018

Statutory auditor's report on the audit of the consolidated financial statements



Opinion

We have audited the consolidated financial statements of The International Committee of the Red Cross (ICRC), which comprise the consolidated statement of financial position as at 31 December 2017 and the consolidated statement of comprehensive income, consolidated statement of changes in reserves and consolidated statement of cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies on pages 515 to 535.

In our opinion the accompanying consolidated financial statements give a true and fair view of the consolidated financial position as at 31 December 2017, and its consolidated financial performance and its consolidated cash flows for the year then ended in accordance with International Financial Reporting Standards (IFRS) and comply with Swiss law.



Basis for opinion

We conducted our audit in accordance with Swiss law, International Standards on Auditing (ISAs) and Swiss Auditing Standards. Our responsibilities under those provisions and standards are further described in the *Auditor's responsibilities for the audit of the consolidated financial statements* section of our report.

We are independent of The International Committee of the Red Cross in accordance with the provisions of Swiss law and the requirements of the Swiss audit profession, as well as the IESBA Code of Ethics for Professional Accountants, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.



Other information in the annual report

The Directorate is responsible for the other information in the annual report. The other information comprises all information included in the annual report, but does not include the consolidated financial statements, the stand-alone financial statements and our auditor's reports thereon.

Our opinion on the consolidated financial statements does not cover the other information in the annual report and we do not express any form of assurance conclusion thereon.

In connection with our audit of the consolidated financial statements, our responsibility is to read the other information in the annual report and, in doing so, consider whether the other information is materially inconsistent with the consolidated financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on

the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.



Responsibility of the Directorate for the consolidated financial statements

The Directorate is responsible for the preparation of the consolidated financial statements that give a true and fair view in accordance with IFRS and the provisions of Swiss law, and for such internal control as the Directorate determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, the Directorate is responsible for assessing The International Committee of the Red Cross' ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directorate either intends to liquidate the Group or to cease operations, or has no realistic alternative but to do so.



Auditor's responsibilities for the audit of the consolidated financial statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Swiss law, ISAs and Swiss Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

A further description of our responsibilities for the audit of the consolidated financial statements is located at the website of EXPERTsuisse: <http://www.expertsuisse.ch/en/audit-report-for-public-companies>. This description forms part of our auditor's report.



Report on other legal and regulatory requirements

In accordance with article 69b CC in relation to article 728a para. 1 item 3 CO and the Swiss Auditing Standard 890, we confirm that an internal control system exists, which has been designed for the preparation of consolidated financial statements according to the instructions of the Directorate.

We recommend that the consolidated financial statements submitted to you be approved.

Ernst & Young Ltd



Laurent Bludzien
Licensed audit expert
(Auditor in charge)



Paul Geiger
Licensed audit expert

Enclosure

- ▶ Consolidated financial statements (consolidated statement of income, consolidated statement of other comprehensive income, consolidated statement of financial position, consolidated statement of cash flows, consolidated statement of changes in reserves and notes)

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A. INCOME AND EXPENDITURE RELATED TO THE 2017 APPEALS (in KCHF)

	BUDGET			EXPENDITURE (Cash, kind and services)							2017 Total Expenditure	Overheads (already included in the total expenditure)
	2017 Initial budget	Amendments	2017 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General				
1. Appeals 2017: Operations												
Africa	648,870	63,844	712,713	93,781	480,606	58,132	39,918	4,590	677,027	41,095		
Americas	83,670	1,527	85,198	24,480	29,228	19,393	7,730	1,323	82,155	5,014		
Asia and the Pacific	245,952	25,088	271,040	41,575	131,813	36,618	16,746	3,897	230,649	13,989		
Europe and Central Asia	134,719		134,719	30,401	65,222	19,042	9,277	970	124,913	7,600		
Near and Middle East	498,866	65,278	564,144	59,302	402,967	30,725	26,693	2,718	522,405	31,862		
Stock in kind												
Total Appeals 2017: Operations (field)	1,612,078	155,737	1,767,815	249,539	1,109,837	163,911	100,364	13,498	1,637,149	99,560		
2. Appeals 2017: Headquarters												
Headquarters general												
Governing and Controlling Bodies	8,521	2,715	11,236					10,447	10,447			
Office of the Director-General	11,806	1,765	13,571					14,315	14,315			
Operations	52,352	2,323	54,676					54,285	54,285			
International Law and Policy	18,118	125	18,243					17,454	17,454			
Communication and Information	39,349	110	39,459					38,864	38,864			
Human Resources	29,142	144	29,287					29,909	29,909			
Financial Resources and Logistics	47,379	2,869	50,248					49,119	49,119			
Total Appeals 2017: Headquarters	206,668	10,051	216,719						214,394			
3. ICRC Innovation Structure												
Ecosystem innovation & collaboration	2,000		2,000						177	29		
4. Total foundations and funds									6,373			
5. Operating activities-related contributions and expenditure (According to consolidated profit and loss statement)												
Total income and expenditure									1,858,093			
Deduction of field non-operating income												
Deduction of headquarters non-operating income												
Field out of period income												
Headquarters out of period income												
Deduction of overheads									-99,589			
Deduction of cross-charging (foundations and funds)									-671			
Reconciliation with IFRS requirements (IAS 19)									-7,700			
Donation of Carlton building*												
Total operating activities related contributions and expenditure									1,750,132			

* In 2017, the canton of Geneva formally gave to the ICRC the main building named Carlton, which has been the seat of the ICRC since 1946. It has been recognized as a building fully depreciated, hence with a value of zero in the financial statements.

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

INCOME (Cash, kind and services)						FUNDING OF OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Overheads	Kind contributions	Services contributions	2017 Total Income	2016 Donors' restricted contributions brought forward	2016 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2017 Donors' restricted contributions	2017 Field operations with temporary deficit financing	
714,316	667		2,966	1,733	719,682	15,145	-16,755	111	56,471	-15,314	
71,283	324			20	71,628		-6,812		82	-17,421	
237,909	356		1,522	637	240,424	100	-16,834		7,958	-14,917	
91,521	47		59	338	91,965	4,873	-1,608			-29,683	
515,218	1,496		1,064	2,288	520,066	68,532	-8,029	96	66,894	-8,633	
						121			121		
1,630,247	2,890		5,610	5,017	1,643,764	88,772	-50,037	207	131,525	-85,968	
142,442	1,375	99,560	26,500	2,576	272,453						
363				177	540	110					
157	157				314						
1,512	68			280	1,860	42			44		
996	21				1,017	148			88		
	16				16						
2,000	1				2,001						
1,040	65				1,105				177		
148,510	1,703	99,560	26,500	3,033	279,306	300			309		
2,000		29			2,029						
5,138					5,138						
1,785,895	4,593	99,589	32,110	8,050	1,930,237	89,072	-50,037	207	131,834	-85,968	
	-2,890				-2,890						
	-1,703				-1,703						
	252				252						
	270				270						
		-99,589			-99,589						
-671					-671						
			-26,500		-26,500						
1,785,224	521		5,610	8,050	1,799,405	89,072	-50,037	207	131,834	-85,968	

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE APPEALS 2017: OPERATIONS (in KCHF)

	BUDGET			EXPENDITURE BY PROGRAMME (Cash, kind and services)							2017 Total Expenditure	Overheads (already included in the total expenditure)
	2017 Initial budget	Amendments	2017 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General				
AFRICA												
Algeria	3,162		3,162	1,359	323	767	421	35	2,905	177		
Burundi	10,589		10,589	2,970	5,243	1,058	583	110	9,964	608		
Central African Republic	45,442		45,442	4,399	34,138	2,773	1,560	332	43,201	2,631		
Chad	10,565	592	11,157	2,732	5,861	1,595	751	80	11,018	672		
Congo, Democratic Republic of the	68,564		68,564	15,437	43,985	4,600	2,368	404	66,793	4,030		
Eritrea	5,123		5,123	913	2,549	347	378	55	4,242	259		
Ethiopia	19,837		19,837	4,254	10,523	2,774	1,051	220	18,822	1,149		
Guinea	4,967		4,967	1,902	1,234	799	943	92	4,969	303		
Liberia	3,254		3,254	581	277	886	1,252	55	3,052	186		
Libya	22,309	10,509	32,819	2,822	25,185	3,033	2,476	43	33,559	2,048		
Mali	43,425		43,425	4,450	30,788	3,168	1,391	293	40,090	2,447		
Mauritania	4,229		4,229	1,201	1,647	624	467	67	4,007	245		
Morocco	2,010		2,010	562	371	588	254	28	1,804	110		
Niger	32,088	1,268	33,356	2,870	25,348	1,671	1,045	243	31,176	1,919		
Nigeria	81,653	23,194	104,846	7,737	76,618	4,075	6,604	386	95,419	5,725		
Rwanda	5,693		5,693	2,589	1,486	789	498	55	5,417	330		
Somalia	72,533	21,241	93,774	4,012	82,655	3,510	2,442	275	92,895	5,659		
South Sudan	125,996		125,996	9,664	91,720	8,324	5,925	494	116,128	7,009		
Sudan	9,801		9,801	2,370	2,878	2,039	1,410	110	8,807	538		
Uganda	4,399		4,399	2,997		505	509	73	4,085	249		
Abidjan (regional)	10,876		10,876	2,537	3,772	2,223	1,690	145	10,367	633		
Antananarivo (regional)	3,480		3,480	1,059	1,848	389	295	55	3,646	223		
Dakar (regional)	8,443		8,443	1,735	3,326	1,889	996	157	8,103	495		
Harare (regional)	7,420		7,420	1,590	2,340	1,310	652	73	5,966	364		
Nairobi (regional)	11,203		11,203	3,913	4,264	3,006	1,044	434	12,661	773		
Pretoria (regional)	3,006	4,968	7,975	1,512	4,084	1,726	895	55	8,272	505		
Tunis (regional)	6,296		6,296	1,686	2,544	978	410	63	5,680	347		
Yaoundé (regional)	22,505	2,072	24,577	3,926	15,601	2,685	1,611	158	23,981	1,464		
TOTAL AFRICA	648,870	63,844	712,713	93,781	480,606	58,132	39,918	4,590	677,027	41,095		
AMERICAS												
Colombia	28,364		28,364	9,100	13,681	3,281	1,852	673	28,587	1,745		
Haiti	1,607		1,607	473	207	266	507	18	1,471	90		
Brasília (regional)	8,162	1,527	9,689	2,370	2,965	2,993	1,460	95	9,883	603		
Caracas (regional)	6,229		6,229	1,761	539	847	1,079	52	4,277	261		
Lima (regional)	5,668		5,668	1,989	816	1,741	875	89	5,509	336		
Mexico City (regional)	22,910		22,910	6,580	10,816	3,171	1,338	359	22,263	1,359		
Washington (regional)	7,675		7,675	2,207	206	4,060	620	36	7,129	435		
New York	3,056		3,056			3,035			3,035	185		
TOTAL AMERICAS	83,670	1,527	85,198	24,480	29,228	19,393	7,730	1,323	82,155	5,014		

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

INCOME (Cash, kind and services)					FUNDING OF OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	2017 Total income	2016 Donors' restricted contributions brought forward	2016 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2017 Donors' restricted contributions	2017 Field operations with temporary deficit financing	
										AFRICA
2,836	1			2,837		-483			-551	Algeria
10,081	3			10,083		-972			-852	Burundi
44,249	27	73		44,349		-2,717	89		-1,480	Central African Republic
9,901	2	35		9,938					-1,080	Chad
71,585	46	826	113	72,571		-1,159		4,620		Congo, Democratic Republic of the
4,571	1			4,571		-771			-441	Eritrea
18,166	61			18,227		-1,412			-2,007	Ethiopia
4,967	2			4,969						Guinea
3,042	9			3,052						Liberia
26,903	20		102	27,025	3,971				-2,564	Libya
40,413	41		47	40,502		-1,389	22		-955	Mali
4,006	1			4,007						Mauritania
1,794	9			1,804						Morocco
29,019	38		103	29,160					-2,016	Niger
101,939	12	1,611	392	103,953	10,536			19,070		Nigeria
5,403	1	13		5,417						Rwanda
108,876	6	182	51	109,115		-1,940		14,281		Somalia
136,668	166	222	692	137,747		-3,119		18,500		South Sudan
9,878	24			9,902		-1,095				Sudan
4,064	6		15	4,085						Uganda
10,230	38			10,268		-1,331			-1,430	Abidjan (regional)
3,197	1		114	3,312		-367			-701	Antananarivo (regional)
7,405	15			7,420					-682	Dakar (regional)
5,409	3			5,412	638		-638		-554	Harare (regional)
12,542	119			12,661						Nairobi (regional)
7,630	3			7,633			638			Pretoria (regional)
5,675	5			5,680						Tunis (regional)
23,867	5	3	106	23,981						Yaoundé (regional)
714,316	667	2,966	1,733	719,682	15,145	-16,755	111	56,471	-15,314	TOTAL AFRICA
										AMERICAS
25,468	15			25,483		-2,614			-5,718	Colombia
1,246	225			1,471						Haiti
8,788	59			8,847		-1,034			-2,069	Brasilia (regional)
3,978	1			3,979		-687			-985	Caracas (regional)
5,504	6			5,509						Lima (regional)
17,815	17		20	17,852		-2,477			-6,888	Mexico City (regional)
5,991	1			5,992				82	-1,218	Washington (regional)
2,493	0			2,494					-542	New York
71,283	324		20	71,628		-6,812		82	-17,421	TOTAL AMERICAS

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE APPEALS 2017: OPERATIONS (CONT.) (in KCHF)

	BUDGET			EXPENDITURE BY PROGRAMME (Cash, kind and services)							2017 Total Expenditure	Overheads (already included in the total expenditure)
	2017 Initial budget	Amendments	2017 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General				
ASIA AND THE PACIFIC												
Afghanistan	93,433		93,433	13,492	54,042	4,652	1,860	1,055	75,102	4,584		
Bangladesh	9,419	8,025	17,444	2,538	9,380	1,235	656	155	13,964	852		
Myanmar	33,857	17,063	50,920	6,253	26,110	2,812	3,835	472	39,482	2,321		
Pakistan	17,084		17,084	1,514	9,206	3,496	2,139	224	16,579	1,012		
Philippines	17,311		17,311	4,166	9,006	2,715	1,133	322	17,342	1,058		
Sri Lanka	9,599		9,599	3,680	3,855	746	312	131	8,724	532		
Bangkok (regional)	13,945		13,945	2,983	5,104	3,335	1,169	527	13,119	801		
Beijing (regional)	16,154		16,154	190	6,733	5,165	1,506	94	13,689	835		
Jakarta (regional)	4,360		4,360	478	398	2,700	820	56	4,452	272		
Kuala Lumpur (regional)	6,687		6,687	1,658	868	3,210	614	152	6,501	397		
New Delhi (regional)	14,697		14,697	2,386	4,939	3,717	1,200	559	12,801	781		
Suva (regional)	9,407		9,407	2,236	2,172	2,835	1,501	150	8,894	543		
TOTAL ASIA AND THE PACIFIC	245,952	25,088	271,040	41,575	131,813	36,618	16,746	3,897	230,649	13,989		
EUROPE AND CENTRAL ASIA												
Armenia	3,376		3,376	773	1,313	501	658	73	3,318	202		
Azerbaijan	10,647		10,647	2,847	5,477	809	560	75	9,769	596		
Georgia	8,200		8,200	2,305	3,811	880	297	75	7,368	450		
Ukraine	60,241		60,241	6,199	40,638	3,369	2,582	275	53,063	3,215		
Balkans (regional)	5,646		5,646	4,013	277	714	619	114	5,737	350		
Moscow (regional)	14,882		14,882	2,716	6,938	3,744	1,695	88	15,180	927		
Paris (regional)	10,912		10,912	5,920	1,099	2,497	909	48	10,473	639		
Tashkent (regional)	12,993		12,993	3,372	5,670	2,216	1,231	157	12,646	772		
Brussels	3,535		3,535	170		2,994	245	15	3,424	209		
London	4,287		4,287	2,085		1,318	481	50	3,934	240		
TOTAL EUROPE AND CENTRAL ASIA	134,719		134,719	30,401	65,222	19,042	9,277	970	124,913	7,600		
NEAR AND MIDDLE EAST												
Egypt	3,734		3,734	467	1,313	1,100	1,267	47	4,193	256		
Iran, Islamic Republic of	5,541		5,541	1,325	1,285	1,779	356	73	4,817	294		
Iraq	124,997	22,856	147,853	18,809	96,878	7,464	4,408	470	128,029	7,814		
Israel and the Occupied Territories	49,682		49,682	16,980	22,972	6,224	3,079	282	49,538	3,023		
Jordan	33,756		33,756	3,325	21,938	2,761	1,238	615	29,877	1,823		
Lebanon	48,206		48,206	4,803	33,318	2,181	3,210	321	43,832	2,675		
Syrian Arab Republic	178,104		178,104	4,150	163,687	3,251	6,323	347	177,758	10,834		
Yemen	48,490	42,422	90,912	7,136	61,090	3,549	5,886	236	77,897	4,748		
Kuwait (regional)	6,356		6,356	2,308	487	2,416	928	325	6,464	395		
TOTAL NEAR AND MIDDLE EAST	498,866	65,278	564,144	59,302	402,967	30,725	26,693	2,718	522,405	31,862		
STOCK IN KIND												
TOTAL FIELD	1,612,078	155,737	1,767,815	249,539	1,109,837	163,911	100,364	13,498	1,637,149	99,560		

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

INCOME (Cash, kind and services)					FUNDING OF OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	2017 Total Income	2016 Donors' restricted contributions brought forward	2016 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2017 Donors' restricted contributions	2017 Field operations with temporary deficit financing	
ASIA AND THE PACIFIC										
75,195	48	73	437	75,753		-1,719			-1,068	Afghanistan
15,358	4		18	15,380		-952		464		Bangladesh
49,193	51	1,449	153	50,846		-3,870		7,494		Myanmar
15,214	43			15,257		-2,543			-3,864	Pakistan
17,064	36		9	17,108		-3,262			-3,495	Philippines
8,198	4			8,202		-364			-886	Sri Lanka
12,479	4			12,483	100				-536	Bangkok (regional)
12,666	83		21	12,770		-1,690			-2,610	Beijing (regional)
4,028	2			4,030					-422	Jakarta (regional)
6,567	45			6,612		-699			-588	Kuala Lumpur (regional)
13,098	33			13,131		-1,292			-962	New Delhi (regional)
8,850	3			8,853		-442			-484	Suva (regional)
237,909	356	1,522	637	240,424	100	-16,834		7,958	-14,917	TOTAL ASIA AND THE PACIFIC
EUROPE AND CENTRAL ASIA										
2,648	2		32	2,682					-636	Armenia
9,177	2		8	9,187					-582	Azerbaijan
6,519	6			6,525					-844	Georgia
36,753	31	59	298	37,141	4,873				-11,049	Ukraine
5,226	1			5,227					-510	Balkans (regional)
8,005	-1			8,004					-7,176	Moscow (regional)
9,619	1			9,620					-853	Paris (regional)
7,594	4			7,598		-1,608			-6,656	Tashkent (regional)
2,792	0			2,792					-632	Brussels
3,188	0			3,189					-745	London
91,521	47	59	338	91,965	4,873	-1,608			-29,683	TOTAL EUROPE AND CENTRAL ASIA
NEAR AND MIDDLE EAST										
4,493	0			4,494		-783			-483	Egypt
4,362	5		8	4,375					-442	Iran, Islamic Republic of
106,951	784	567	1,266	109,567	36,108		27	17,673		Iraq
49,413	149		365	49,927		-7,246	26		-6,830	Israel and the Occupied Territories
33,241	13			33,253				3,376		Jordan
40,307	36		286	40,629	3,161		42			Lebanon
167,987	222	254	170	168,632	24,097			14,971		Syrian Arab Republic
102,881	286	243	193	103,603	5,167			30,873		Yemen
5,584	1			5,585					-878	Kuwait (regional)
515,218	1,496	1,064	2,288	520,066	68,532	-8,029	96	66,894	-8,633	TOTAL NEAR AND MIDDLE EAST
					121			121		STOCK IN KIND
1,630,247	2,890	5,610	5,017	1,643,764	88,772	-50,037	207	131,525	-85,968	TOTAL FIELD

C. CONTRIBUTIONS IN 2017

SUMMARY OF ALL CONTRIBUTIONS (in CHF)

	Appeals 2017: Headquarters	Appeals 2017: Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
1. Governments	140,881,621	1,353,456,247		8,948	1,494,346,816	1,391,184	555,089	1,496,293,088
2. European Commission ¹		166,166,163			166,166,163			166,166,163
3. Supranational and international organizations		19,801,331			19,801,331	4,047,157	117,000	23,965,488
4. National Societies	2,657,902	45,064,721		33,239	47,755,862		4,763,870	52,519,731
5. Public sources		4,704,560			4,704,560	26,500,000	2,417,681	33,622,241
6. Private sources	4,935,000	41,051,690	2,000,000	- 3,971	47,982,719	171,918	196,246	48,350,883
Grand total	148,474,522	1,630,244,711	2,000,000	38,216	1,780,757,450	32,110,259	8,049,886	1,820,917,595

1. Member of the Donor Support Group

Reconciliation between the 2017 consolidated contributions and the summary of all contributions to the ICRC (see above)

Total consolidated contributions to the ICRC	1,820,917,595
Donation of Carlton building*	-26,500,000
Contributions received from funds and foundations consolidated in ICRC accounts	
The ICRC MoveAbility Foundation (formerly Special Fund for the Disabled)	5,137,571
Elimination of the contributions provided by funds and foundations to the ICRC actions	-671,492
International conference fees and miscellaneous income	521,362
Total contributions to the ICRC as disclosed in the consolidated accounts (see A. Income and expenditure related to the 2017 Appeals above)	1,799,405,036

* In 2017, the canton of Geneva formally gave to the ICRC the main building named Carlton, which has been the seat of the ICRC since 1946. It has been recognized as a building fully depreciated, hence with a value of zero in the financial statements.

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

1. GOVERNMENTS (in CHF)

	Appeals 2017: Headquarters	Appeals 2017: Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Afghanistan	12,400				12,400		288,431	300,831
Algeria	37,526				37,526			37,526
Andorra	10,675	32,025			42,700			42,700
Argentina	195,891	774,719			970,610			970,610
Armenia	12,400				12,400			12,400
Australia ¹	3,041,363	43,820,523			46,861,885			46,861,885
Austria ²	644,040	11,244,951			11,888,991			11,888,991
Azerbaijan	20,000				20,000			20,000
Bahamas	28,934				28,934			28,934
Belarus						45,444		45,444
Belgium ¹	901,827	25,010,186			25,912,013			25,912,013
Brunei Darussalam	50,000				50,000			50,000
Bulgaria	93,001	54,180			147,181			147,181
Canada ¹		65,271,905			65,271,905			65,271,905
Chile	40,096	150,360			190,456			190,456
China	670,000	1,966,200			2,636,200			2,636,200
Costa Rica	29,507				29,507			29,507
Cuba	1,964				1,964			1,964
Cyprus	21,322				21,322			21,322
Czech Republic	710,939	429,896			1,140,835			1,140,835
Denmark ¹	2,887,360	29,956,831			32,844,191			32,844,191
Ecuador	134,708				134,708			134,708
Estonia	89,110	470,681			559,791			559,791
Fiji	5,717				5,717			5,717
Finland ¹	1,141,200	10,648,520			11,789,720	1,061,082		12,850,802
France ¹		19,348,130			19,348,130			19,348,130
Georgia	16,533				16,533			16,533
Germany ¹	1,863,750	193,723,564			195,587,314			195,587,314
Greece	56,095				56,095			56,095
Guyana	1,182				1,182			1,182
Holy See	2,986	16,918			19,904			19,904
Hungary		56,870			56,870			56,870
Iceland	93,850	670,450			764,300			764,300

1. GOVERNMENTS (CONT.) (in CHF)

	Appeals 2017: Headquarters	Appeals 2017: Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Iran, Islamic Republic of	48,648				48,648			48,648
Iraq	24,690				24,690		87,858	112,548
Ireland ¹		14,241,104			14,241,104			14,241,104
Israel	109,054				109,054			109,054
Italy ¹	3,516,305	13,204,676			16,720,981			16,720,981
Japan ¹		41,165,630			41,165,630			41,165,630
Kazakhstan	14,516	100,000			114,516			114,516
Korea, Republic of	303,202	4,436,370			4,739,572			4,739,572
Kuwait	502,700	6,366,476			6,869,176			6,869,176
Liechtenstein	200,000	500,000			700,000			700,000
Lithuania	10,702	64,566			75,268			75,268
Luxembourg ¹	1,066,700	9,159,995			10,226,695			10,226,695
Malta		28,483			28,483			28,483
Mauritius	15,917				15,917			15,917
Mexico		1,072,599			1,072,599			1,072,599
Monaco	97,119	75,880			172,999			172,999
Myanmar	20,667			19,654	40,321			40,321
Netherlands ¹	6,432,000	45,605,300			52,037,300			52,037,300
New Zealand ²		10,304,850			10,304,850			10,304,850
Nicaragua	4,011				4,011			4,011
Norway ¹	2,295,580	67,686,739			69,982,319	185,952		70,168,271
Pakistan	4,072				4,072			4,072
Panama	27,666				27,666			27,666
Philippines				20,002	20,002			20,002
Poland		1,117,421			1,117,421			1,117,421
Portugal		117,070			117,070			117,070
San Marino	20,000				20,000			20,000
Saudi Arabia	198,820				198,820			198,820
Serbia	5,080				5,080			5,080
Seychelles	2,067			1,965	4,032			4,032
Singapore	64,974				64,974			64,974
Slovakia	35,000	887,693			922,693			922,693
Slovenia	48,015	74,932			122,947			122,947
South Africa	231,125				231,125			231,125
Spain		8,937,840			8,937,840			8,937,840
Sweden ¹	12,134,280	55,010,325			67,144,605			67,144,605
Switzerland ¹	80,448,743	69,462,313		-17,878	149,893,177	98,707	178,800	150,170,684
Tajikistan	4,839				4,839			4,839
Thailand	99,601	294,897			394,498			394,498
Tunisia	4,314			5,205	9,519			9,519
United Arab Emirates	96,600			-20,000	76,600			76,600
United Kingdom of Great Britain and Northern Ireland ¹	111,989	212,849,857			212,961,847			212,961,847
United States of America ¹	19,868,250	387,044,323			406,912,573			406,912,573
Total from governments	140,881,621	1,353,456,247		8,948	1,494,346,816	1,391,184	555,089	1,496,293,088

1. Member of the Donor Support Group

2. Member of the Donor Support Group as of 2018

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

2. EUROPEAN COMMISSION¹ (in CHF)

	Appeals 2017: Headquarters	Appeals 2017: Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Directorate General Development and Cooperation (EuropeAid)		1,608,000			1,608,000			1,608,000
Directorate General Humanitarian Aid (ECHO)		164,558,163			164,558,163			164,558,163
Total from European Commission		166,166,163			166,166,163			166,166,163

1. Member of the Donor Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

3. SUPRANATIONAL ORGANIZATIONS AND INTERNATIONAL INSTITUTIONS (in CHF)

	Appeals 2017: Headquarters	Appeals 2017: Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Food and Agriculture Organization						42,334		42,334
Médecins Sans Frontières						44,165		44,165
World Food Programme						3,809,703		3,809,703
World Bank ¹		19,801,331			19,801,331			19,801,331
Various UN agencies						1,220	117,000	118,220
Various supranational organizations						149,736		149,736
Total from supranational organizations		19,801,331			19,801,331	4,047,157	117,000	23,965,488

1. Member of the Donor Support Group as of 2018

4. NATIONAL SOCIETIES (in CHF)

	Appeals 2017: Headquarters	Appeals 2017: Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Albania		10,798			10,798			10,798
Andorra		1,065			1,065			1,065
Australia		522,500			522,500			522,500
Austria		922,038			922,038			922,038
Azerbaijan		6,911			6,911			6,911
Belgium		2,337,800			2,337,800			2,337,800
Bulgaria		2,900			2,900			2,900
Cabo Verde				3,596	3,596			3,596
Cambodia	3,456				3,456			3,456
Canada	234,150	970,533			1,204,683		222,592	1,427,275
China		475,238			475,238			475,238
China/Hong Kong		549,189			549,189			549,189
Cook Islands		539			539			539
Costa Rica		4,932			4,932			4,932
Croatia	5,000				5,000			5,000
Czech Republic		8,879			8,879			8,879
Denmark		4,696,146			4,696,146		327,191	5,023,337
Dominica		168			168			168
Estonia		9,821			9,821			9,821
Finland	207,883	225,317			433,200		899,516	1,332,716
Germany	933,220	100,883			1,034,102		258,497	1,292,599
Iceland		858,400			858,400		36,346	894,746
Iran, Islamic Republic of		90,000			90,000			90,000
Ireland		141,869			141,869			141,869
Italy	133,004				133,004			133,004
Japan	682,110	1,295,005			1,977,115		451,769	2,428,884
Korea, Republic of		459,052			459,052			459,052
Latvia		18,546			18,546			18,546
Liechtenstein	3,000	375,140			378,140			378,140
Lithuania		25,650			25,650			25,650
Luxembourg		990,761			990,761			990,761
Maldives		193			193			193
Malta				6,636	6,636			6,636
Micronesia, Federated States of		182			182			182
Monaco		89,697			89,697			89,697
Mongolia		2,001			2,001			2,001
Morocco		1,496			1,496			1,496
Netherlands		4,827,865		42,736	4,870,601		144,680	5,015,281
New Zealand		105,487			105,487		251,205	356,692
Norway		13,730,541			13,730,541		369,945	14,100,487
Philippines		9,792			9,792			9,792
Romania		27,827			27,827			27,827
Senegal		2,438			2,438			2,438
Serbia	1,000				1,000			1,000
Singapore		393,456			393,456			393,456
Sweden		1,145,215		-19,729	1,125,486		1,313,914	2,439,400

4. NATIONAL SOCIETIES (CONT.) (in CHF)

	Appeals 2017: Headquarters	Appeals 2017: Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Switzerland		199,407			199,407		141,825	341,232
Thailand		38,194			38,194			38,194
Timor-Leste		545			545			545
Togo	268				268			268
Tonga		182			182			182
United Kingdom of Great Britain and Northern Ireland	298,200	9,139,666			9,437,866		346,390	9,784,257
United States of America		249,525			249,525			249,525
Vanuatu		392			392			392
Zambia		541			541			541
International Federation of Red Cross and Red Crescent Societies	156,611				156,611			156,611
Total from National Societies	2,657,902	45,064,721		33,239	47,755,862		4,763,870	52,519,731

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5. PUBLIC SOURCES (in CHF)

	Appeals 2017: Headquarters	Appeals 2017: Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Bellinzona, City of		5,200			5,200			5,200
Biel		20,000			20,000			20,000
Buchs, City of		1,000			1,000			1,000
Cologne		20,000			20,000			20,000
Echandens		5,000			5,000			5,000
Fribourg, Canton of		30,000			30,000			30,000
Geneva, Canton of *		4,500,250			4,500,250	26,500,000	2,052,785	33,053,035
Geneva, City of		51,500			51,500			51,500
Grand-Saconnex, City of		20,500			20,500			20,500
Laconnex		1,000			1,000			1,000
Pully		2,000			2,000			2,000
Romanshorn, City of		3,000			3,000			3,000
Rüschlikon		2,000			2,000			2,000
Taiwan Red Cross Organisation		30,120			30,120			30,120
Versoix, City of							364,896	364,896
Wallisellen		5,000			5,000			5,000
Others and less than CHF 1,000		7,990			7,990			7,990
Total from public sources		4,704,560			4,704,560	26,500,000	2,417,681	33,622,241

* In 2017, the canton of Geneva formally gave to the ICRC the main building named Carlton, which has been the seat of the ICRC since 1946. It has been recognized as a building fully depreciated, hence with a value of zero in the financial statements.

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

6. PRIVATE SOURCES (in CHF)

	Appeals 2017: Headquarters	Appeals 2017: Operations	Innovation Structure	Adjustments on previous years	Total cash	Total kind & assets	Total services	Grand total
Direct mail fundraising campaigns		13,773,524		- 3,285	13,770,239			13,770,239
Online donations		1,318,387		- 686	1,317,701			1,317,701
Spontaneous donations from private individuals		1,807,153			1,807,153		38,130	1,845,283
Donations from foundations/funds								
Chaîne Du Bonheur		2,000,000			2,000,000			2,000,000
Fondation de bienfaisance du groupe Pictet		150,000			150,000			150,000
Fondation des immeubles pour les organisations internationales (FIPOI)							133,116	133,116
Fondation Johann et Luzia Grässli		20,000			20,000			20,000
Fondation Lombard Odier ¹	250,000	322,392			572,392			572,392
Fondation Lumen Spei		50,000			50,000			50,000
Fondation Philanthropique Famille Firmenich		50,000			50,000			50,000
Fondation pour le Comité international de la Croix Rouge	835,000				835,000			835,000
Georg Fischer Clean Water Stiftung		100,000			100,000			100,000
Kantonale St. Gallische Winkelriedstiftung		15,000			15,000			15,000
La Caixa Banking Foundation		182,955			182,955			182,955
Link Foundation		34,510			34,510			34,510
MINE-EX Stiftung		800,000			800,000			800,000
Promotor Stiftung		20,000			20,000			20,000
Swiss Re Foundation ¹		500,000			500,000			500,000
The Adecco Group Foundation ¹		250,000			250,000			250,000
The OPEC Fund for International Development		389,440			389,440			389,440
The Philips Foundation ¹		721,075			721,075			721,075
Others and less than CHF 10,000	3,600,000	9,464,003	2,000,000		15,064,003	13,020		15,077,023
Total donations from foundations/funds	4,685,000	15,069,375	2,000,000		21,754,375	13,020	133,116	21,900,511
1. Member of the Corporate Support Group								
Legacies		2,692,685			2,692,685			2,692,685
Donations from private companies								
ABB Asea Brown Boveri Ltd ¹		500,000			500,000			500,000
Crédit Suisse Group ¹	250,000	250,000			500,000			500,000
F. Hoffmann La Roche Ltd ¹		600,000			600,000			600,000
Novartis International AG ¹		626,330			626,330			626,330
Zurich Insurance Group ¹		500,000			500,000			500,000
Other private companies		1,640,787			1,640,787	13,470	25,000	1,679,257
Total donations from private companies	250,000	4,117,117			4,367,117	13,470	25,000	4,405,587
Donations from associations and service clubs								
UEFA		106,530			106,530			106,530
Other associations and service clubs		266,919			266,919	142,500		409,419
Total donations from associations and service clubs		373,449			373,449	142,500		515,949
Various donors		1,900,000			1,900,000	2,928		1,902,928
Total from private sources	4,935,000	41,051,690	2,000,000	- 3,971	47,982,719	171,918	196,246	48,350,883
1. Member of the Corporate Support Group								

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

D. CONTRIBUTIONS IN KIND, IN SERVICES AND TO INTEGRATED PROJECTS (IPs) 2017 (in CHF)

	Donations in kind (excluding IPs)		Donations in services (excluding IPs)		Donations for IPs				Grand total		Number of days of employee service
	Headquarters	Field	Headquarters	Field	Kind	Services	Cash	Total IPs	Total kind	Total services	
National societies											
Canada				222,592						222,592	627
Denmark				327,191						327,191	1,119
Finland				899,516						899,516	3,173
Germany				258,497						258,497	776
Iceland				36,346						36,346	150
Japan				451,769						451,769	1,541
Netherlands				144,680						144,680	475
New Zealand			51,152	200,053						251,205	857
Norway			110,365	259,580			2,522,995	2,522,995		369,945	1,221
Sweden				1,313,914			569,266	569,266		1,313,914	4,889
Switzerland				55,225		86,600	199,407	286,007		141,825	517
United Kingdom of Great Britain and Northern Ireland				346,390						346,390	1,132
Subtotal			161,517	4,515,753		86,600	3,291,668	3,378,268		4,763,870	16,477
Governments											
Afghanistan				288,431						288,431	
Belarus		45,444							45,444		
Finland ¹		1,061,082							1,061,082		
Iraq				87,858						87,858	
Norway ¹		185,952							185,952		
Switzerland ¹		98,707	178,800						98,707	178,800	516
Subtotal		1,391,184	178,800	376,289					1,391,184	555,089	516
Supranational organizations and international institutions											
Food and Agriculture Organization		42,334							42,334		
Médecins Sans Frontières		44,165							44,165		
World Food Programme		3,809,703							3,809,703		
Various UN agencies		1,220	117,000						1,220	117,000	275
Various supranational organizations		149,736							149,736		
Subtotal		4,047,157	117,000						4,047,157	117,000	275
Public sources											
Geneva, Canton of			2,052,785							2,052,785	
Versoix, City of			364,896							364,896	
Subtotal			2,417,681							2,417,681	
Private sources											
Spontaneous donations from private individuals				38,130						38,130	
Fondation des immeubles pour les organisations internationales (FIPOI)			133,116							133,116	
Other foundations, funds		13,020							13,020		
Other private companies		13,470	25,000						13,470	25,000	
Other associations and service clubs		142,500							142,500		
Various donors		2,928							2,928		
Subtotal		171,918	158,116	38,130					171,918	196,246	
Grand total		5,610,259	3,033,114	4,930,172		86,600	3,291,668	3,378,268	5,610,259	8,049,886	17,268

1. Member of the Corporate Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

E. COMPARATIVE BALANCE SHEET AND STATEMENT OF INCOME FOR THE LAST FIVE YEARS (in KCHF)

	2017	2016	2015	2014	2013
Balance Sheet					
Current assets	937,268	787,173	613,220	669,667	750,097
Non-current assets	658,747	409,878	442,810	400,481	451,768
Total Assets	1,596,015	1,197,051	1,056,030	1,070,148	1,201,865
Liabilities	-1,039,565	-843,283	-729,094	-733,988	-717,891
Total Net Assets	556,450	353,768	326,936	336,160	483,974
Restricted reserves for funds and foundations	38,512	37,838	37,183	38,029	36,946
Restricted reserves for funding of current operations	47,689	39,036	-12,194	21,428	37,191
Unrestricted reserves designated by the Assembly	470,249	276,894	301,947	276,703	409,837
Total Reserves	556,450	353,768	326,936	336,160	483,974
Statement of Income					
Contributions	1,799,405	1,660,556	1,502,354	1,343,455	1,223,635
Operating expenditure	-1,750,132	-1,562,700	-1,488,710	-1,312,674	-1,143,430
Net result of operating activities	49,273	97,856	13,644	30,781	80,205
Net result of non-operating activities	13,831	9,446	-16,082	15,421	12,755
Net result for the year	63,104	107,302	-2,438	46,202	92,960
Administrative costs	140,792	135,756	135,529	130,322	120,881
Ratios					
Reserves in % of total assets	34.9%	29.6%	31.0%	31.4%	40.3%
Assets-to-reserves ratio	2.9	3.4	3.2	3.2	2.5
Administrative costs in % of operating expenditure	8.0%	8.7%	9.1%	9.9%	10.6%

F. ASSISTANCE ITEMS FIGURES

The statistical data in the following tables can be summarized as follows.

RECEIPT OF ASSISTANCE ITEMS BY CONTRIBUTIONS IN KIND, CASH FOR KIND AND PURCHASES IN 2017

all assistance items received as contributions in kind or purchased by the ICRC and inventoried in the context of reception between 1 January and 31 December 2017. The figures for contributions in kind cover all material support received as a gift but do not include any services received, such as the provision of human resources and/or logistical means. The figures for assistance item purchases comprise all procurements carried out both with non-earmarked and with earmarked financial contributions ("cash for kind"). The grand total is CHF 334,019,974.

DELIVERY OF ASSISTANCE ITEMS IN 2017

All assistance items delivered by the ICRC in the field between 1 January and 31 December 2017. These goods were either purchased or received in kind during 2017 or taken from stock already constituted at the end of 2016.

RECEIPT OF ASSISTANCE ITEMS BY CONTRIBUTIONS IN KIND AND PURCHASES IN 2017

(by donor and purchase, according to stock reception date. Includes items in transit.)

Donors	Food	Relief kits	Blanket	Economic security*	Medical	Physical rehabilitation	Water and habitat	Grand total
	(Kg)	(each)	(each)	(CHF)	(CHF)	(CHF)	(CHF)	(CHF)
Governments	412,000		67,440	725,955	566,506		98,706	1,391,166
Belarus	12,000			45,444				45,444
Finland	400,000		67,440	680,511	380,554			1,061,065
Norway					185,952			185,952
Switzerland							98,706	98,706
Various donors	7,131,131	40,000		4,189,192	16,680		13,020	4,218,892
Action contre la Faim		40,000		149,736				149,736
Food and Agriculture Organization				42,334				42,334
Médecins Sans Frontières	6,281			41,991	2,174			44,165
Oman Charitable Organisation	500,000			142,500				142,500
Other Foundations & Funds							13,020	13,020
UNICEF					1,233			1,233
World Food Program	6,624,850			3,809,703				3,809,703
Other Private Company				2,928	13,273			16,201
Total contributions in kind	7,543,131	40,000	67,440	4,915,147	583,185		111,726	5,610,058
National societies	10,772,322	70,444	19,840	9,760,564	831,259			10,591,823
Austria		28,255	19,840	780,463				780,463
Belgium	1,742,063			1,692,697				1,692,697
Denmark	2,165,317	36,621		2,537,216	334,445			2,871,661
Luxembourg	203,824			105,824				105,824
Netherlands	2,582,212	5,568		1,997,225	496,814			2,494,039
Sweden	34,399			100,616				100,616
United Kingdom of Great Britain and Northern Ireland	4,044,507			2,546,523				2,546,523
Governments	2,232,413	24,414		3,183,362				3,183,362
Austria	274,493			275,513				275,513
France	1,957,921	24,414		2,907,849				2,907,849
Various donors		28,945	3,440	397,544			48,220	445,764
International Islamic Charitable Organiz							48,220	48,220
LG Electronics Inc.		15,554		199,055				199,055
The OPEC Fund for International Development		13,391	3,440	198,489				198,489
Total contributions in cash for kind	13,004,735	123,803	23,280	13,341,470	831,259		48,220	14,220,948
ICRC								
ICRC purchases	122,864,733	4,062,024	2,253,231	214,159,131	52,976,966	5,947,041	41,105,830	314,188,968
Total ICRC	122,864,733	4,062,024	2,253,231	214,159,131	52,976,966	5,947,041	41,105,830	314,188,968
Grand total	143,412,599	4,225,827	2,343,951	232,415,748	54,391,410	5,947,041	41,265,776	334,019,974

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

DELIVERY OF ASSISTANCE ITEMS IN 2017

Context	Economic security*		Medical	Physical rehabilitation	Water and habitat	Total
	(CHF)	(Kg)	(CHF)	(CHF)	(CHF)	(CHF)
AFRICA	86,751,930	84,119,582	13,939,581	2,028,104	11,715,721	114,435,336
Burkina Faso	11,010	2,768	3,940			14,950
Burundi	468,963	352,358	87,884	242	215,745	772,834
Cameroon	4,278,846	4,969,931	168,852	346	143,813	4,591,857
Central African Republic	2,883,490	1,244,487	1,125,788	47,275	1,593,807	5,650,360
Chad	1,437,249	1,019,483	382,351	293	111,479	1,931,372
Congo, Democratic Republic of the	5,489,457	3,036,493	1,007,047	176,232	792,731	7,465,467
Côte d'Ivoire	205,425	77,038	64,196		8,382	278,003
Eritrea	260,546	15,211	473		232,322	493,341
Ethiopia	1,890,238	671,580	323,454	449,705	274,640	2,938,037
Guinea	98,293	10,236	19,511		5,950	123,754
Guinea-Bissau	112	2	22,266	38,566	651	61,595
Kenya	319,123	200,639	3,083		21,794	344,000
Liberia	71,807	9,792	61,621		71,140	204,568
Libya	8,616,648	3,153,345	1,523,384	419,819	134,506	10,694,357
Madagascar	116,036	42,579	13,514		19,717	149,267
Mali	3,884,628	4,277,540	847,695	138,029	623,854	5,494,206
Mauritania	85,868	10,032	10,056		9,843	105,767
Mozambique	1,497,411	552,095			39,035	1,536,446
Niger	8,838,140	15,197,947	383,237	54,095	233,966	9,509,438
Nigeria	24,938,348	28,715,217	2,521,981	104,870	4,006,163	31,571,362
Rwanda	77,658	27,848	20,781		153,550	251,989
Senegal	180,262	1,392,587	13,873		315,934	510,069
Somalia	11,586,873	9,945,926	2,876,856	5,626	1,387,805	15,857,160
South Africa	3,434	170				3,434
South Sudan	8,877,534	9,075,047	2,364,110	215,669	1,148,895	12,606,208
Sudan	178,731	39,329	22,194	307,910	72,275	581,110
Tunisia	30,974	52	9,156		3,761	43,891
Uganda	67,473	7,983	1,542	14	10,146	79,175
Western Sahara	1,176	35	53,719	69,371	472	124,738
Zimbabwe	356,177	71,832	7,017	42	83,345	446,581
AMERICAS	812,276	85,674	381,661	88,492	868,997	2,151,426
Bolivia, Plurinational State of	23,160			3,020		26,180
Brazil	60,732	727	50,702	1,944	40,242	153,620
Colombia	478,770	80,836	49,785	66,249	677,933	1,272,737
Ecuador	2,879					2,879
Haiti	41,656	3,616	24,842	287	43,120	109,905
Mexico	79,856	114	104,575	16,992	94,865	296,288
Peru	92,223	1	995		1,463	94,681
Venezuela, Bolivarian Republic of	33,000	380	150,762		11,374	195,136
ASIA AND THE PACIFIC	10,135,128	7,908,227	7,073,491	4,033,488	4,650,165	25,892,272
Afghanistan	3,357,494	1,899,318	5,104,559	1,286,375	1,484,836	11,233,264
Bangladesh	1,904,581	2,191,697	41,540	254,014	421,927	2,622,062
Cambodia	91,486	14,830	150,696	164,980	129,172	536,334
China	26,772	1	3,828	37,758	109	68,467
Fiji	2				181,440	181,442
India	42,768	6,603	36,517	92,080	11,354	182,719
Korea, Democratic People's Republic of	215,263	265	508,857	444,269	789,868	1,958,257
Korea, Republic of	7,902					7,902
Lao People's Democratic Republic	2,639	33				2,639
Malaysia	10,096	1,586	7,950		553	18,599
Myanmar	2,908,376	3,186,838	350,872	224,665	633,113	4,117,026
Nepal	1,357	15	4,604	4,502	580	11,043
Pakistan	155,832	5,742	453,516	1,497,351	125,303	2,232,002
Papua New Guinea	261,690	37,144	35,542	68	11,027	308,327
Philippines	1,114,109	563,958	351,414	27,426	549,864	2,042,813
Sri Lanka	24,817	197	23,596		311,019	359,432
Thailand	9,944					9,944

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

DELIVERY OF ASSISTANCE ITEMS IN 2017 (CONT.)

Context	Economic security*		Medical	Physical rehabilitation	Water and habitat	Total
	(CHF)	(Kg)	(CHF)	(CHF)	(CHF)	(CHF)
EUROPE AND CENTRAL ASIA	14,799,414	7,604,973	3,383,947	138,982	3,011,115	21,333,458
Armenia	109,352	33,137	20,989	18,833	121,943	271,117
Azerbaijan	130,165	75,545	19,445	22	144,307	293,939
France	25,201	1	3,500			28,701
Georgia	139,920	69,738	21,941	6,478	1,488	169,827
Greece	340,950	3,323	4,074	202	215	345,441
Russian Federation	1,229,002	368,070				1,229,002
Ukraine	12,642,447	7,026,203	3,047,322	113,234	2,673,129	18,476,132
Uzbekistan	182,377	28,956	266,676	213	70,033	519,299
NEAR AND MIDDLE EAST	133,992,875	109,008,413	15,874,665	1,338,466	15,802,983	167,008,989
Egypt	141,505	1,324,800	35,168		4,678	181,351
Iran, Islamic Republic of	65,477	22	16,872			82,349
Iraq	26,943,537	21,174,142	1,471,591	548,388	650,365	29,613,881
Israel and the occupied territories	1,173,785	163,439	576,772	161,874	1,083,180	2,995,611
Jordan	1,548,013	409,369	237,695	212	228,917	2,014,837
Lebanon	1,058,909	367,938	2,044,381	47,139	370,359	3,520,788
Syrian Arab Republic	92,009,370	78,853,951	5,468,415	228,270	12,057,987	109,764,042
Yemen	11,052,279	6,714,752	6,023,771	352,583	1,407,497	18,836,130
Grand total	246,491,623	208,726,869	40,653,345	7,627,532	36,048,981	330,821,481

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

FUNDS AND FOUNDATIONS

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Augusta Fund
Clare Benedict Fund
Maurice De Madre French Fund
Omar El Mukhtar Fund
Florence Nightingale Medal Fund
Jean Pictet Fund
Paul Reuter Fund

STATUTORY FINANCIAL STATEMENTS OF THE ICRC MOVEABILITY FOUNDATION

STATEMENT OF INCOME

FOR THE YEAR ENDED 31 DECEMBER

(CHF thousands)	Note	2017	2016
Contributions	[6]	5,138	5,024
Staff costs		-2,602	-2,057
Mission costs		-486	-407
Rentals		-91	-117
Sub-contracted maintenance		-39	-151
Purchase of goods and materials		-120	-160
Financial assistance		-1,829	-1,505
General expenditure		-313	-246
Depreciation		-35	-37
Operating expenses	[7]	-5,515	-4,680
Net (deficit)/surplus of operating activities		-377	344
Foreign exchange result, net		-120	54
Financial income, net	[4]	277	25
Net surplus of non-operating activities		157	79
(Deficit)/surplus for the year		-220	423
Allocation from/(to) Temporarily restricted reserves		377	-344
Allocation to Unrestricted reserves designated by the Board		-	-79
Allocation to Other unrestricted reserves		-157	-
Result for the year after allocation from/(to) reserves		-	-

STATEMENT OF CHANGES IN RESERVES

(CHF thousands)	Restricted reserves		Unrestricted reserves		Total Reserves
	Temporarily restricted	Designated by the Board	Other reserves		
Note	[5]				
Balance at 1 January 2017	-60	2,863	786		3,589
(Deficit)/surplus for the year	-377	-	157		-220
Balance at 31 December 2017	-437	2,863	943		3,369
Balance at 1 January 2016	-404	2,785	786		3,166
Surplus for the year	344	79	-		423
Balance at 31 December 2016	-60	2,863	786		3,589

STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER

(CHF thousands)	Note	2017	2016
Cash and cash equivalents		401	128
Investments	[4]	3,222	4,905
Accounts receivable		1,382	3,084
Current assets		5,005	8,117
Accounts receivable		615	543
Non-current assets		615	543
Assets		5,620	8,660
Accounts payable and accrued expenses	[8]	687	1,938
Deferred income		949	2,590
Current liabilities		1,636	4,528
Deferred income		615	543
Non-current liabilities		615	543
Liabilities		2,251	5,071
Temporarily restricted reserves for the funding of operations	[5]	-437	-60
Restricted reserves		-437	-60
Unrestricted reserves designated by the Board		2,863	2,863
Other unrestricted reserves		943	786
Unrestricted reserves		3,806	3,649
Reserves		3,369	3,589
Liabilities and reserves		5,620	8,660

NOTES TO THE FINANCIAL STATEMENTS

AS AT 31 DECEMBER 2017

1. ACTIVITIES

The year 1981 was declared by the United Nations to be the “International Year for Disabled Persons”. In the same year, when it was convened in Manila, Philippines, the 24th International Conference of the Red Cross and Red Crescent adopted a resolution recommending that “a special fund be formed for the benefit of the disabled and to promote the implementation of durable projects to aid disabled persons”. Pursuant to the ICRC Assembly’s decision No. 2 of 19–20 October 1983, the Special Fund for the Disabled (SFD) was subsequently established. Its objectives were twofold:

- ▶ to help finance long-term projects for disabled persons, in particular, the creation of workshops for the production of artificial limbs and orthotic appliances, and centres for rehabilitation and occupational retraining; and
- ▶ to participate not only in ICRC and National Society projects, but also in those of other humanitarian bodies working in accordance with ICRC criteria.

In January 2001, the ICRC Assembly converted the SFD into an independent foundation based in Geneva, Switzerland, under Swiss law. The primary objective of the “ICRC Special Fund for the Disabled” remained, to a large extent, unchanged, i.e. to support physical rehabilitation services in low-income countries, with priority given to former projects of the ICRC. The statutes of the foundation allows the opening of its board to members of other organizations, and the SFD has developed its own independent fundraising and financial management structure.

In 1983, the ICRC donated an initial one million Swiss francs to set up the SFD. Since then, the SFD has received various forms of support from certain governments, National Red Cross and Red Crescent Societies, foundations and other public sources.

In 2017, the name Special Fund for the Disabled (SFD) was changed to the ICRC MoveAbility Foundation (MoveAbility).

The Board is composed of 11 people, six of whom are ICRC representatives.

The ICRC MoveAbility Foundation is controlled by the ICRC and therefore is consolidated into the ICRC’s consolidated financial statements in conformity with the IFRS.

2. BASIS OF PREPARATION

These statutory financial statements were prepared in compliance with Swiss law and are presented in accordance with the ICRC MoveAbility Foundation's Statutes. They were prepared in conformity with regulations of the Swiss law on commercial accounting and financial reporting (Swiss Code of Obligations Art. 957–963).

The financial statements were prepared using the historical cost convention, except for the investments which are recorded at fair market value.

All financial information presented in Swiss francs has been rounded to the nearest CHF thousands, except when otherwise indicated.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

3.1 Accounts receivable

Receivables are stated at their cost net of an allowance on outstanding amounts to cover the risk of non-payment. The main pledge receivables positions are recognized at the moment of written confirmation, except for pledges falling due after five years, which are considered contingent assets only and are not recognized owing to uncertainties associated with their receipt; the organization recognizes this revenue when the written confirmation includes a clear and firm commitment from the donor and the realization of the income is virtually certain.

The organization maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make the required payments.

3.2 Unrealized foreign exchange gains

Unrealized foreign exchange gains in respect of foreign denominated non-current assets and liabilities are reported as current liabilities.

3.3 Reserves

– TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

Refer to note 5.

– UNRESTRICTED RESERVES DESIGNATED BY THE BOARD

These reserves are not subject to any legal or third-party restriction and can be applied as the Board sees fit. They include initial capital, as well as general reserves. These general reserves are the accumulation of excess funds set aside with no specific reservation or restriction and may be designated for specific purposes to meet future obligations or risks.

– OTHER UNRESTRICTED RESERVES

These other unrestricted reserves relate to the unrealized gains or losses on the investment portfolio of the organization.

4. INVESTMENTS AND FINANCIAL INCOME, NET

In accordance with its documented investment management policy, the organization recognizes its investments at fair market value. Financial assets at fair market value are financial assets with an observable market price. A financial asset is classified under this category if acquired principally for the purpose of selling in the short term. All assets in this category are classified as current assets, as they are expected to be settled within 12 months.

Investments (CHF thousands)	2017	
	Cost value	Fair market value
Quoted equity securities	753	890
Quoted debt securities	2,327	2,332
Total Current investments	3,080	3,222

Investments (CHF thousands)	2016	
	Cost value	Fair market value
Quoted equity securities	1,293	1,413
Quoted debt securities	3,506	3,492
Total Current investments	4,799	4,905

Investments at fair value (CHF thousands)	2017	2016
Realized portfolio result, net	112	-2
Unrealized portfolio result, net	157	5
Securities income, net	8	22
Total Financial income, net	277	25

5. TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

These temporarily restricted reserves include the following:

- ▶ Donors' restricted contributions: Some contributions received by the organization are earmarked for specific uses. At the end of the financial year, any such funds which have not been spent are recorded under this heading. In cases where the funds cannot be used, the foundation either obtains agreement for reallocation for a different use or reimburses the funds to the donor, in which case they are recognized as a liability once the obligation to pay is established.
- ▶ Field operations with temporary deficit financing: This position relates to expenses which had not been financed by contributions received or pledged at 31 December.

(CHF thousands)	At 31 December 2015	Increase/ (decrease)	At 31 December 2016	Increase/ (decrease)	At 31 December 2017
Donors' restricted contributions	-	-	-	-	-
Field operations with temporary deficit funding	-404	344	-60	-377	-437
Total Restricted reserves for the funding of operations	-404	344	-60	-377	-437

The funding of operations reserves are allocated by region, as follows:

(CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total
Field operations with temporary deficit funding					
Balance at 31 December 2015	-74	-70	-210	-50	-404
Use of temporary deficit for operations	-	-	-	-	-
Allocation to reserve	74	70	150	50	344
Balance at 31 December 2016	-	-	-60	-	-60
Use of temporary deficit for operations	-455	-	-	-	-455
Allocation to reserve	-	-	66	12	78
Balance at 31 December 2017	-455	-	6	12	-437

6. CONTRIBUTIONS

- ▶ Contributions, designated for general use by the foundation, are recognized as revenue upon receipt of a written confirmation from the donor. In the absence of such a confirmation, the contribution is recognized upon receipt of cash.
- ▶ Contributions received after the reporting date, but designated for use in the reporting period, are recognized as revenue in the reporting period.
- ▶ Contributions designated for use after the reporting date are reported as deferred income in the consolidated statement of financial position and recognized as revenue in the year designated by the donor.
- ▶ Contributions restricted to no other purpose than general field operations are considered non-earmarked.
- ▶ Contributions restricted to a given region, country or programme (worldwide) are considered loosely earmarked.
- ▶ Contributions restricted to a country are considered country-earmarked.
- ▶ Contributions restricted to a project or sub-programme are considered tightly earmarked.

The contributions are either earmarked by region or not earmarked, and were allocated by region as follows:

2017 (CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2017
Australia	140	230	50	20	440
Italy	224	30	26	4	284
Liechtenstein	30	-	20	-	50
Monaco	23	-	-	-	23
Norway	779	90	462	128	1,459
Switzerland	100	150	20	30	300
United States	640	420	458	316	1,834
Governments	1,936	920	1,036	498	4,390
Liechtenstein	40	-	-	-	40
Monaco	5	-	-	-	5
Norway	99	-	51	-	150
National Societies	144	-	51	-	195
Geneva, Canton of	150	-	-	-	150
Public sources	150	-	-	-	150
Medicor Foundation	-	-	100	-	100
OPEC Fund for International Development	219	-	75	-	294
Other private companies	5	-	-	-	5
Other Foundations, Funds	2	-	-	-	2
Spontaneous donations from private individuals	1	-	-	-	1
Private sources	227	-	175	-	402
Total Contributions	2,457	920	1,262	498	5,138

2016 (CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2016
Australia	71	367	73	-	511
Italy	196	-	-	-	196
Liechtenstein	50	-	-	-	50
Monaco	5	-	-	-	5
Norway	501	158	473	-	1,132
Switzerland	100	100	100	-	300
United States	804	301	296	558	1,959
Governments	1,727	926	942	558	4,153
Liechtenstein	10	-	-	-	10
Monaco	5	-	-	-	5
Norway	-	12	119	-	131
National Societies	15	12	119	-	146
Geneva, Canton of	150	-	-	-	150
Geneva, City of	60	-	-	-	60
Public sources	210	-	-	-	210
Medicor Foundation	-	-	100	-	100
Other associations & service clubs	10	-	-	-	10
OPEC Fund for International Development	400	-	-	-	400
Other private companies	5	-	-	-	5
Private sources	415	-	100	-	515
Total Contributions	2,367	938	1,161	558	5,024

7. OPERATING EXPENSES

The operating expenses are allocated by region, as follows:

2017 (CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2017
Staff costs	1,440	410	395	357	2,602
Mission costs	196	57	196	37	486
Rentals	37	5	34	15	91
Sub-contracted maintenance	34	-	3	2	39
Purchase of goods and materials	47	5	22	46	120
Financial assistance	1,032	364	423	10	1,829
General expenditure	103	79	118	13	313
Depreciation	24	-	5	6	35
Total Operating expenses	2,913	920	1,196	486	5,515

2016 (CHF thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2016
Staff costs	985	369	348	355	2,057
Mission costs	185	62	122	38	407
Rentals	60	11	28	18	117
Sub-contracted maintenance	134	-	5	12	151
Purchase of goods and materials	75	26	17	42	160
Financial assistance	759	369	356	21	1,505
General expenditure	74	32	130	10	246
Depreciation	21	-	5	11	37
Total Operating expenses	2,293	869	1,011	507	4,680

The staff working for the foundation are employed by the ICRC but are permanently seconded to and financed by the ICRC MoveAbility Foundation. On the average, there are no more than 20 of these full-time positions every year.

8. RELATED PARTIES

8.1 Accounting support provided by the ICRC

The ICRC has been providing support to the ICRC MoveAbility Foundation over the years, both at headquarters and in the field. This support includes logistical services, such as supply chain and transport, and administrative services, including bookkeeping, treasury, human resources and management. The value of these pro bono services is estimated as follows:

(CHF thousands)	2017	2016
Estimated value of the pro bono services provided to the ICRC MoveAbility Foundation	708	658

8.2 Current account with the ICRC

The balance of the current account with the ICRC is as follows:

(CHF thousands)	2017	2016
Balance due to the International Committee of the Red Cross	687	1'938

STATUTORY FINANCIAL STATEMENTS OF THE FOUNDATION FOR THE ICRC

STATEMENT OF INCOME

FOR THE YEAR ENDED 31 DECEMBER

(CHF thousands)	Note	2017	2016
Contributions		-	-
Legal and external counsel		-7	-13
Operating expenses		-7	-13
Net deficit of operating activities		-7	-13
Foreign exchange result, net		-23	71
Financial income, net	[4]	1,227	668
Net surplus of non-operating activities		1,204	739
Surplus for the year, before contributions to the ICRC		1,197	726
Contributions to the ICRC		-659	-589
Surplus for the year		538	137
Allocation from/(to) Unrestricted reserves designated by the Board		326	-137
Allocation to Other unrestricted reserves		-864	-
Result for the year after allocation from/(to) reserves		-	-

STATEMENT OF CHANGES IN RESERVES

(CHF thousands)	Restricted reserves		Unrestricted reserves		Total Reserves
	Permanently restricted	Designated by the Board	Other reserves		
Balance at 1 January 2017	1,000	20,231	3,068		24,299
(Deficit)/surplus for the year	-	-326	864		538
Balance at 31 December 2017	1,000	19,905	3,932		24,837
Balance at 1 January 2016	1,000	20,094	3,068		24,162
Surplus for the year	-	137	-		137
Balance at 31 December 2016	1,000	20,231	3,068		24,299

STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER

(CHF thousands)	Note	2017	2016
Cash and cash equivalents		874	607
Investments	[4]	24,464	23,645
Accounts receivable		166	105
Current assets		25,504	24,357
Assets		25,504	24,357
Accounts payable and accrued expenses	[6]	667	58
Current liabilities		667	58
Liabilities		667	58
Permanently restricted reserves		1,000	1,000
Restricted reserves		1,000	1,000
Unrestricted reserves designated by the Board		19,905	20,231
Other unrestricted reserves		3,932	3,068
Unrestricted reserves		23,837	23,299
Reserves		24,837	24,299
Liabilities and reserves		25,504	24,357

NOTES TO THE FINANCIAL STATEMENTS

AS AT 31 DECEMBER 2017

1. ACTIVITIES

The Foundation for the International Committee of the Red Cross (FICRC) was created on 1 May 1931 in Geneva, Switzerland. Its statutes and objectives were revised on 25 October 2012.

The Foundation strives to secure long-term support for the ICRC by establishing a substantial endowment fund income, most of which will be freely available to the organization.

The Foundation Board is made up of representatives of business and political circles and of the ICRC:

- ▶ one representative of the Swiss Confederation; and
- ▶ three members appointed by the ICRC.

FICRC is controlled by the ICRC and therefore is consolidated into the ICRC's consolidated financial statements in conformity with the IFRS.

2. BASIS OF PREPARATION

The statutory financial statements were prepared in compliance with Swiss law and are presented in accordance with the FICRC's Statutes. They were prepared in conformity with regulations of the Swiss law on commercial accounting and financial reporting (Swiss Code of Obligations Art. 957–963).

The financial statements were prepared using the historical cost convention, except for the investments which are recorded at fair market value.

All financial information presented in Swiss francs has been rounded to the nearest CHF thousands, except when otherwise indicated.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

3.1 Accounts receivable

Receivables are stated at their cost net of an allowance on outstanding amounts to cover the risk of non-payment. The main pledge receivables positions are recognized at the moment of a written confirmation, except for pledges falling due after five years, which are considered contingent assets only and are not recognized owing to uncertainties associated with their receipt; the organization recognizes this revenue when the written confirmation includes a clear and firm commitment from the donor, and the realization of the income is virtually certain.

The organization maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make the required payments.

3.2 Unrealized foreign exchange gains

Unrealized foreign exchange gains in respect of foreign denominated non-current assets and liabilities are reported as current liabilities.

3.3 Reserves

Reserves are classified as either restricted or unrestricted reserves.

– PERMANENTLY RESTRICTED RESERVES

The permanently restricted reserves are composed of inalienable capital.

– UNRESTRICTED RESERVES DESIGNATED BY THE BOARD

These are not subject to any legal or third-party restriction and can be applied as the Board sees fit. These general reserves are the accumulation of excess funds set aside with no specific reservation or restriction, and may be designated for specific purposes to meet future obligations or risks.

– OTHER UNRESTRICTED RESERVES

These other unrestricted reserves relate to the unrealized gains or losses on the investment portfolio of the organization.

3.4 Revenue recognition

- ▶ Contributions, designated for general use by the FICRC, are recognized as revenue upon receipt of a written confirmation from the donor. In the absence of such a confirmation, the contribution is recognized upon receipt of cash.
- ▶ Contributions received after the reporting date, but designated for use in the reporting period, are recognized as revenue in the reporting period.

- ▶ Contributions designated for use after the reporting date are reported as deferred income in the consolidated statement of financial position and recognized as revenue in the year designated by the donor.
- ▶ Contributions restricted to no other purpose than general field operations are considered non-earmarked.
- ▶ Contributions to a given region, country or programme (worldwide) are considered loosely earmarked.
- ▶ Contributions restricted to a country are considered country-earmarked.
- ▶ Contributions restricted to a project or sub-programme are considered tightly earmarked.

4. INVESTMENTS AND FINANCIAL INCOME, NET

In accordance with its documented investment management policy, the organization recognizes its investments at fair market value. Financial assets at fair market value are financial assets with an observable market price. A financial asset is classified under this category if acquired principally for the purpose of selling in the short term. All assets in this category are classified as current assets, as they are expected to be settled within 12 months.

Investments (CHF thousands)	2017	
	Cost value	Fair market value
Quoted equity securities	6,765	8,623
Quoted debt securities	15,761	15,841
Total Current investments	22,526	24,464

Investments (CHF thousands)	2016	
	Cost value	Fair market value
Quoted equity securities	6,422	7,396
Quoted debt securities	16,059	16,249
Total Current investments	22,481	23,645

Investments at fair value (CHF thousands)	2017	2016
Realized portfolio result, net	-20	134
Unrealized portfolio result, net	864	234
Securities income, net	383	300
Total Financial income, net	1,227	668

5. STAFF COSTS

The organization has no employees.

6. RELATED PARTIES

The balance of the current account with the ICRC is as follows:

(CHF thousands)	2017	2016
Balance due to the International Committee of the Red Cross	667	58

7. SUBSEQUENT EVENT

The Foundation Board made a commitment to pay contributions to the ICRC for a total of CHF 635 thousand in 2018.

CONDENSED FINANCIAL STATEMENTS FOR THE FUNDS MANAGED BY THE ICRC

<p>The investments of these funds (seven in 2016 and six in 2017) are managed in two global portfolios by external asset managers in order to optimize returns, risk management and bank charges.</p> <p>The portfolios are held jointly by the funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.</p>	<p>The Augusta Fund (est. 1890) was established to commemorate the services rendered to the Red Cross by the German Empress Augusta and liquidated in 2017. Its net assets were transferred to the Florence Nightingale Medal Fund.</p>	<p>The income of the Clare Benedict Fund (est. 1968) is used for assistance activities for victims of armed conflict, in accordance with Miss Benedict's wishes.</p>	<p>The purpose of the Maurice de Madre French Fund (est. 1974) is to assist first-aid workers, delegates and nurses, of international or national Red Cross or Red Crescent institutions, who have suffered injury and find themselves in straitened circumstances or in reduced health.</p>
<p>The income of the Omar El Mukhtar Fund (est. 1980) is made up of one or more donations by the authorities of Libya and is used to finance the ICRC's general assistance activities.</p>	<p>The income of the Florence Nightingale Medal Fund (est. 1907) is used to award a medal to honor Florence Nightingale. The medal may be awarded to Red Cross and Red Crescent nurses and voluntary aides who have distinguished themselves by their service to sick and wounded people in time of peace or war. The medal is awarded every two years.</p>	<p>The purpose of the Jean Pictet Fund (est. 1985) is to encourage and promote knowledge and dissemination of international humanitarian law, giving priority to co-financing the annual "Jean Pictet competition on IHL".</p>	<p>The initial capital of the Paul Reuter Fund (est. 1983) was donated by Professor Paul Reuter (the amount of his Balzan Prize). The purpose of the fund is to encourage and promote knowledge and dissemination of international humanitarian law. To that end, the fund awards a prize every two years.</p>

STATEMENTS OF INCOME

(CHF thousands)	2017							2016 Total funds
	Clare Benedict Fund	Maurice De Madre French Fund	Omar El Mukhtar Fund	Florence Nightingale Medal Fund	Jean Pictet Fund	Paul Reuter Fund	Total funds	
Contributions	-	-	-	-	-	-	-	-
Purchase of goods and materials	-	-	-	-10	-	-	-10	-
Financial assistance	-	-119	-	-	-20	-	-139	-81
Legal and external counsel	-1	-1	-1	-1	-1	-1	-6	-8
Other expenses	-	-	-	-1	-	-	-1	-
Operating expenses	-1	-120	-1	-12	-21	-1	-156	-89
Net deficit of operating activities	-1	-120	-1	-12	-21	-1	-156	-89
Financial income, net	33	75	15	10	10	10	153	122
Net surplus of non-operating activities	33	75	15	10	10	10	153	122
Surplus/(deficit) for the year before contributions to the ICRC	32	-45	14	-2	-11	9	-3	33
Contributions to the ICRC	-25	-	-11	-	-	-	-36	-35
Surplus/(deficit) for the year	7	-45	3	-2	-11	9	-39	-2
Allocation from/(to) Unrestricted reserves designated by the Board	-7	45	-3	2	11	-9	39	2
Allocation from Other unrestricted reserves	-	-	-	-	-	-	-	-
Result for the year after allocation from/(to) reserves	-	-	-	-	-	-	-	-

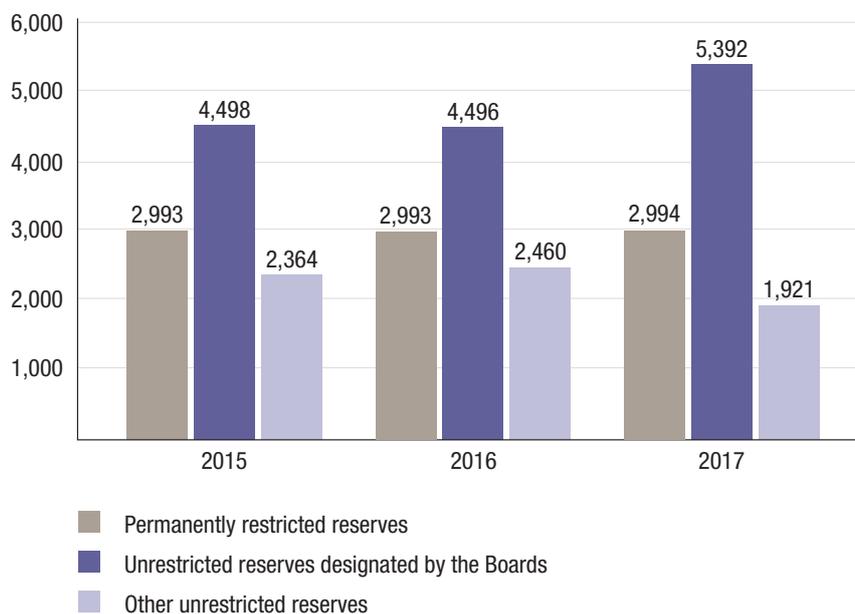
STATEMENTS OF CHANGES IN RESERVES

(CHF thousands)	Augusta Fund*	Clare Benedict Fund	Maurice De Madre French Fund	Omar El Mukhtar Fund	Florence Nightingale Medal Fund	Jean Pictet Fund	Paul Reuter Fund	Total funds
Balance at 1 January 2017	146	2,176	4,773	1,011	554	638	652	9,950
Net surplus/(deficit) for the year	-	7	-45	3	-2	-11	9	-39
Net allocation of unrealized portfolio result	-	85	194	39	27	25	26	396
Transfer of Augusta Fund reserves	-146	-	-	-	146	-	-	-
Balance at 31 December 2017	-	2,268	4,922	1,053	725	652	687	10,307
Balance at 1 January 2016	144	2,156	4,726	1,001	544	644	639	9,854
Net surplus/(deficit) for the year	-	-	-1	-	4	-10	5	-2
Net allocation of unrealized portfolio result	2	20	48	10	6	4	8	98
Balance at 31 December 2016	146	2,176	4,773	1,011	554	638	652	9,950

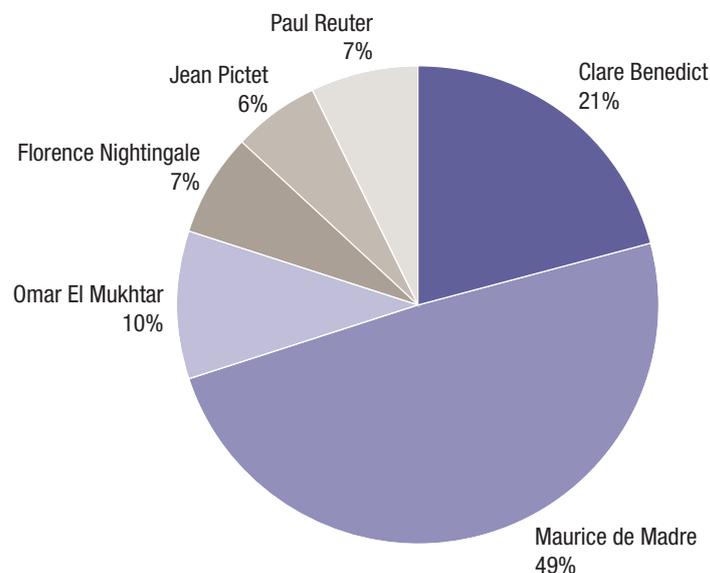
* Liquidated in 2017

(CHF thousands)

Breakdown of reserves by nature



Breakdown of investments by fund



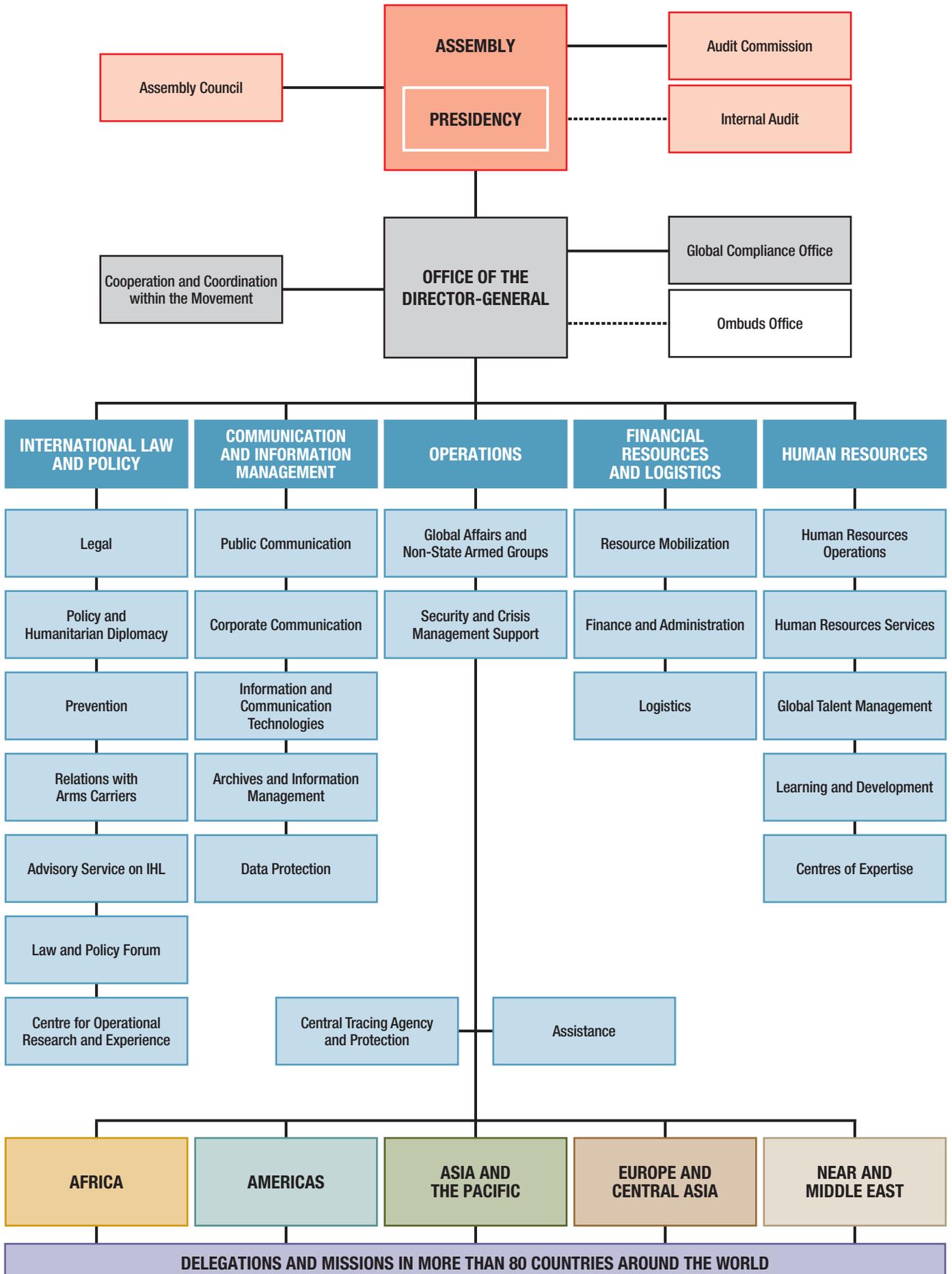
STATEMENTS OF FINANCIAL POSITION

(CHF thousands)	2017							2016 Total funds
	Clare Benedict Fund	Maurice De Madre French Fund	Omar El Mukhtar Fund	Florence Nightingale Medal Fund	Jean Pictet Fund	Paul Reuter Fund	Total funds	
Investments	2,269	5,186	1,054	701	673	688	10,571	10,157
Inventories	-	-	-	26	-	-	26	35
Current assets	2,269	5,186	1,054	727	673	688	10,597	10,192
Assets	2,269	5,186	1,054	727	673	688	10,597	10,192
Accounts payable and accrued expenses	1	264	1	2	21	1	290	243
Current liabilities	1	264	1	2	21	1	290	243
Liabilities	1	264	1	2	21	1	290	243
Permanently restricted reserves	1,633	-	761	100	500	-	2,994	2,993
Restricted reserves	1,633	-	761	100	500	-	2,994	2,993
Unrestricted reserves designated by the Boards	223	3,979	101	498	28	563	5,392	4,496
Other unrestricted reserves	412	943	191	127	124	124	1,921	2,460
Unrestricted reserves	635	4,922	292	625	152	687	7,313	6,956
Reserves	2,268	4,922	1,053	725	652	687	10,307	9,949
Liabilities and reserves	2,269	5,186	1,054	727	673	688	10,597	10,192

The statutory financial statements of these funds are available upon request through the accounting department of the ICRC.

ANNEXES

ICRC ORGANIZATIONAL CHART



ICRC DECISION-MAKING STRUCTURES¹

ASSEMBLY

The Assembly is the supreme governing body of the ICRC and oversees all its activities. It defines general objectives and institutional strategy, adopts policy, approves the budget and accounts, and appoints the directors and the head of Internal Audit. Composed of between 15 and 25 co-opted ICRC members of Swiss nationality, the Assembly is collegial in character. The Recruitment and Remuneration Commission, which is made up of members of the Assembly, handles matters relating to the Assembly's composition and submits proposals to the Assembly for the co-optation of new members. The Assembly's president and vice-president are the president and vice-president of the ICRC. The Assembly convenes six times a year in ordinary session and can decide to hold an extraordinary session at any time.

Mr Peter Maurer, president, PhD in contemporary history from the University of Bern, former ambassador and permanent representative of Switzerland to the UN in New York (United States of America), former secretary of State for foreign affairs in Bern (Switzerland), ICRC president since 1 July 2012

Ms Christine Beerli, vice-president, lawyer, former director of the School of Engineering and Information Technology at Bern University of Applied Sciences, former member of the Swiss parliament, chairwoman of Swissmedic Agency Council, ICRC vice-president since 1 January 2008

Mr Mauro Arrigoni, PhD in mathematics from the University of Zurich, author of numerous scientific papers on mathematical models in biology, founder of the scientific journal *Il Volteriano*, dean of a high school in Mendrisio (Switzerland)

Mr Hugo Bänziger, PhD in banking history from the University of Bern, managing partner at the private bank Lombard Odier & Cie, former chief risk officer of Deutsche Bank, member of the European Union's High-level Expert Group on structural reforms in the banking sector, chairman of the Eurex Group, lecturer on finance at the Universities of Chicago and London

Mr François Bugnion, PhD in political science, independent consultant in the fields of IHL and humanitarian action, author of numerous books and articles, former ICRC delegate and director

Mr Jacques Chapuis, psychiatric nurse, anaesthesia and resuscitation specialist, vice-president of the international secretariat of nurses in the French-speaking world (SIDIEF), director of La Source Institute and Faculty of Applied Health Sciences, former ICRC delegate

Mr Gilles Carbonnier, doctor in economics from the University of Neuchâtel, professor of development economics at the Graduate Institute of International and Development Studies, where he is also director of studies, due to serve as the ICRC's vice-president as of April 2018

Mr Melchior de Muralt, PhD in political science from the University of Lausanne, partner in the asset management firm Pury Pictet Turrettini & Cie, president of Cadmos Fund

Management and Guilé Engagement Funds, vice-chairman of BlueOrchard Finance

Mr Christoph Franz, PhD in political science from Darmstadt Technical University, chairman of the board of directors of Roche Holding AG. Member of the boards of Stadler Rail AG and Zurich Insurance Company Ltd. Member of the board of trustees of Ernst Göhner Foundation and of the advisory board of University of St. Gallen (HSG)

Ms Maya Hertig Randall, PhD in law from the University of Fribourg and Master of Laws from Cambridge University, professor of constitutional law and co-director of the Certificate of Advanced Studies in Human Rights at the University of Geneva, member of the Swiss Federal Commission against Racism

Mr Alexis Keller, professor, PhD in political science from the University of Geneva, former fellow of the Carr Center for Human Rights Policy at Harvard University, former Swiss special representative for the Middle East peace process, professor at the Universities of Geneva and Paris (Sciences Po)

Mr Jürg Kesselring, physician, head of the Department of Neurorehabilitation at the Valens Rehabilitation Centre, professor of clinical neurology and neurorehabilitation at the Universities of Bern and Zurich, chairman of the Swiss Multiple Sclerosis Society and of the Swiss Brain Council, former ICRC delegate

Mr Thierry Lombard, private banker, former managing partner at Lombard Odier & Cie, chairman of the board of the Family Business Network International

Ms Doris Schopper, professor, PhD in public health from Harvard University, former president of Médecins Sans Frontières (MSF) Switzerland and of the MSF International Council, professor at the University of Geneva and director of the Centre for Education and Research in Humanitarian Action, chair of MSF's ethics review board

Mr Rolf Soiron, PhD from Harvard Business School, chairman of the boards of Holcim, Lonza and Nobel Biocare, former member of the Riehen Communal Council and of the State Council of the Canton of Basel-City, former chairman of the Council of Basel University

Ms Béatrice Speiser, PhD in law from the University of St Gallen, attended the Advanced Management Program at the University of Pennsylvania's Wharton School and the European Institute of Business Administration in France, founding president and executive director of Crescenda (a Swiss organization providing professional development opportunities for migrant women), independent lawyer and substitute judge at the Basel Civil Court

Mr Bruno Staffelbach, professor, PhD in business administration from the University of Zurich, professor at the Universities of Fribourg, Lucerne and Zurich, former Swiss army brigadier-general, former chairman of the Council of the University of Lucerne

1. As at 31 December 2017

Ms Heidi Tagliavini, studied philology in Geneva and Moscow, two honorary doctorates from the Universities of Basel and Bern, former Swiss ambassador having served mainly in conflict resolution (Georgia, 2008), peacekeeping (Georgia, 2002–2006) and electoral observation missions (Ukraine, 2009, Russian Federation, 2011, and Armenia, 2013)

Ms Barbara Wildhaber, graduated from the University of Zurich with a federal diploma in medicine in 1994 and with a doctorate in 1995, specialist paediatric surgeon specializing in paediatric hepatobiliary surgery, professor within the faculty of medicine at the University of Geneva and head of paediatric surgery at Geneva University Hospitals

Honorary members: Mr Jean Abt, Mr Peter Arbenz, Mr Jean-Philippe Assal, Mr Jean-François Aubert, Ms Christiane Augsburg, Mr Paolo Bernasconi, Mr Ernst Brugger, Ms Suzy Brusweiler, Mr Jean de Courten, Mr Georges-André Cuendet, Mr Max Daetwyler, Mr Bernard G.R. Daniel, Mr Josef Feldmann, Mr Jacques Forster, Ms Paola Ghillani, Ms Renée Guisan, Mr Rodolphe de Haller, Mr Jakob Kellenberger, Mr Pierre Keller, Ms Liselotte Kraus-Gurny, Mr Pierre Languetin, Ms Claude Le Coultré, Mr Jacques Moreillon, Ms Gabrielle Nanchen, Mr Jakob Nüesch, Ms Anne Petitpierre, Ms Francesca Pometta, Mr Eric Roethlisberger, Mr Yves Sandoz, Mr Dietrich Schindler, Mr Cornelio Sommaruga, Mr Jenö Staehelin, M. Daniel Thürer, Mr Olivier Vodoz, Mr André von Moos

ASSEMBLY COUNCIL

The Assembly Council is a subsidiary body of the Assembly and comprises the president, the vice-president and three members elected by the Assembly. The Assembly Council oversees the ICRC's functioning, ensuring that institutional risks and finances are properly managed and monitoring the development of key institutional projects. It facilitates the Assembly's work by holding initial discussions of key topics and adopting budget extensions when needed. Its members are in regular contact with the members of the Directorate. The Assembly Council convenes on a monthly basis in ordinary session.

- ▶ **Mr Peter Maurer, president**
- ▶ **Ms Christine Beerli, vice-president**
- ▶ **Mr Rolf Soiron, member of the ICRC**
- ▶ **Mr Bruno Staffelbach, member of the ICRC**
- ▶ **Ms Heidi Tagliavini, member of the ICRC**

PRESIDENCY

The Presidency is composed of the president and the vice-president. The president of the ICRC has primary responsibility for the organization's external relations. As president of the Assembly and of the Assembly Council, he ensures that the spheres of competence of these two bodies are safeguarded and leads their work. The president engages in ongoing dialogue with the Directorate on all activities conducted by the ICRC and can take appropriate measures in cases of extreme urgency.

OVERSIGHT MECHANISMS

Data Protection Independent Control Commission

The Data Protection Independent Control Commission is responsible for checking, independently of other ICRC bodies and the administration, that the ICRC's processing of personal data complies with its Rules on Personal Data Protection and other applicable regulations. It is also tasked with ruling on the rights of individuals when their cases or other data-protection cases are referred to it.

Audit Commission

The Audit Commission is composed of five members of the Assembly who are not members of the Assembly Council. It helps the Assembly oversee the work of the organization. It controls the implementation of Assembly decisions, ensures that ICRC activities are conducted efficiently, reviews the reports of the external and internal auditors, and monitors the implementation of audit recommendations. It meets six times a year.

Internal Audit

Internal Audit helps the ICRC to accomplish its objectives, using a systematic and disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. It reports its findings directly to the president and the Audit Commission, and issues recommendations to management. The head of Internal Audit is appointed by the Assembly.

External audit

The Assembly appoints the external auditors for the ICRC's financial statements. The external auditors report their audit opinion to the Assembly and prepare a management letter addressed to the Directorate. Since 2007, the external audit has been carried out by Ernst & Young.

DIRECTORATE

The Directorate is the executive body of the ICRC and is in charge of ensuring that the general objectives and institutional strategy established by the Assembly or the Assembly Council are fulfilled and implemented. The Directorate is also responsible for the smooth running of the ICRC and for the efficiency of its staff as a whole.

The director-general sets the administration's general priorities, directs the decision-making process and supervises implementation of the decisions taken. The director-general is accountable to the Presidency and the Assembly as regards the Directorate's objectives and activities, and the results achieved.

- ▶ **Mr Yves Daccord, director-general**
- ▶ **Mr Nicola Busino, director of financial resources and logistics ad interim (as of October 2017), replacing Ms Helen Alderson**
- ▶ **Mr Dominik Stillhart, director of operations**
- ▶ **Ms Charlotte Lindsey Curtet, director of communication and information management**
- ▶ **Ms Helen Durham, director of international law and policy**
- ▶ **Mr Gherardo Pontrandolfi, director of human resources**

ICRC STRATEGY 2015–2018

INTRODUCTION

The purpose of the ICRC's Institutional Strategy 2015–2018 is to inform and guide the work of the organization over the next four years. It was developed on the basis of consultations with major stakeholders in ICRC action, including National Red Cross and Red Crescent Societies and major donors, ICRC staff at headquarters and in the field, as well as various professional circles engaged in humanitarian action. The ICRC's supreme governing body, the Assembly, adopts the Strategy.

Building on an analysis of the operational and policy challenges facing the ICRC, the Strategy presents a selection of orientations and objectives for the period 2015–2018 designed to assist in the elaboration of ICRC programmes and activities over the coming years. It provides a framework to support ICRC decision-makers in setting operational and thematic priorities in addressing challenges, as they emerge. It further situates the ICRC's actions within the larger international humanitarian response to armed conflicts and other situations of violence, particularly in relation to the International Red Cross and Red Crescent Movement, United Nations agencies, and international non-governmental organizations (INGOs). The results of these actions and the relevance of these programmes to the ICRC's mission will be regularly monitored through concrete indicators and progress reports.

ICRC VISION FOR 2015–2018

The ICRC's overarching goal is to address the needs and vulnerabilities of people affected by armed conflicts and other situations of violence – in all their many dimensions – in line with the core principles of its action: humanity, neutrality, impartiality, and independence. At the centre of its action is the commitment to protect and assist victims, based on the applicable international legal frameworks and through a sustained dialogue with all the parties concerned.

In striving to reach this goal, the ICRC rises to the challenge and harnesses the opportunities of an increasingly complex operational and policy environment, finding ways to seek the acceptance and broad-based support of all stakeholders. The ICRC is committed to building its capacity to respond to increasing needs, to addressing evolving legal and policy challenges, and to continuously reviewing its performance in order to bolster the relevance of its action. Supported by recent innovations, it connects more effectively with the beneficiaries of its programmes, integrating them into the assessment of their needs and the formulation of a relevant response, including through the use of new information and communication technologies. It contributes to the design and coordination of international, regional, and national humanitarian responses, drawing from its specific operational and legal experience. Building on a growth strategy linked to greater needs and an expanding international response, the ICRC seeks cooperation with other components of the Movement, as well as the broader humanitarian community including the specialized UN agencies and INGOs, national and local organizations, government agencies and professional associations involved in responding to humanitarian crises. It aims to distinguish itself by the collaborative and innovative nature of its work at field level as well as within legal and policy circles.

ASSESSING THE OPERATING ENVIRONMENT OF THE ICRC

A changing global political environment

The ICRC has observed a definite shift, in recent years, in the dynamic of international relations. While humanitarian operations have expanded steadily over recent decades in parallel with an increasingly active debate on humanitarian policies and standards, these operations are taking place in a considerably more fluid multipolar world. On the one hand, there is a more diverse set of security and political agendas shaping current debates – especially among emerging powers – triggering exchanges on response strategies at the national and regional levels. In some contexts, these exchanges have called into question the prevalence of traditional principles and methods, such as the impartial and secular character of emergency aid or the distinction between humanitarian and development programming, in light of differentiated humanitarian values and practices.

On the other hand, national governments affected by armed conflict or other situations of violence are taking a more active role in designing humanitarian response strategies and coordinating relief efforts, questioning at times the relevance of independent humanitarian action. The growing role of national governments has had a definite impact on the structure and chain of command of international organizations, requiring increasing the autonomy of field representatives and an improved capacity to engage in policy and operational dialogue, particularly within regional humanitarian hubs. The regionalization of policy debates has, in turn, contributed to the emergence of regional humanitarian response models dealing, for example, with the impact of forced migration, gender-based violence, and the resilience of communities.

Attempts to maintain the integrity of internationally accepted procedures and to mitigate the effects of this ongoing decentralization have yielded limited results so far. Despite their best efforts to connect with local communities and maintain a sense of overall coherence, many international humanitarian organizations are perceived by national governments as foreign entities guided by international political and security agendas, often acting as a substitute or, in some cases, a catalyst, for greater security interventions by Western-led intergovernmental organizations. Emerging regional powers from the Global South remain guarded in their relationship with humanitarian actors and reluctant to participate in protection initiatives that put pressure on States and non-State actors to respect the rules of international humanitarian law (IHL), preferring less intrusive informal bilateral dialogue and common standard-setting approaches.

Consequently, the ICRC is confronted with increasingly divergent and dispersed views as to how humanitarian operations should be conducted and how to mobilize governments to respect and to ensure respect for IHL. Whereas some governments have explicitly questioned the core principles of international humanitarian action in times of crisis, others have been openly politicizing humanitarian operations and access to require more robust and direct interventions in the domestic affairs of particular States.

An increasingly complex operational environment

The ICRC is working in conflict environments that are increasingly fragmented and volatile, where unexpected emergencies unfold

alongside protracted and complex armed conflicts; where violence and instability are both causes and consequences of recurring conflict and suffering; and where natural disasters, environmental problems, urbanization, migration, and socio-economic crises exacerbate situations of chronic hardship. Non-State armed groups are no longer clearly defined entities with distinct political and security agendas similar to those in the late 20th century. Rather, they often operate in the vacuum left by increasingly fragile States, composed of varying combinations of formal and informal armed elements animated by a mixture of motives, including control over natural resources, conduct of criminal activities, and predatory intentions towards the local population. Most current conflicts are not conducted along delineated front lines either. They take place in a multitude of locations with a multitude of evolving actors and alliances, and without a clear end in sight, as the legal and institutional configurations needed to restore a minimum of stability and respect for law and order are often absent. Ensuring respect for IHL and other legal norms by all parties to a conflict – States and non-State armed groups alike – is a perennial challenge.

Further difficulties have arisen with the intensification and diversification of counter-terrorism efforts that amalgamate law enforcement activities and the conduct of hostilities, question the relevance of clearly established legal frameworks applicable to these situations, and project military power across sensitive political and security borders. While “terrorism” undermines the very roots of humanitarian principles, the fast-evolving weapons technology used in counter-terrorism operations, such as combat drones, poses new challenges to respecting IHL and international human rights law. Legal and administrative restrictions imposed on the delivery of humanitarian assistance in these contexts have already seriously impacted the ability of major agencies to respond to specific crises. This politicization of humanitarian programmes has also led, in certain contexts, to the militarization of essential public services such as health care and electricity and water networks – including the use of siege warfare tactics and direct attacks – depriving entire populations of the necessary means of survival in times of crisis.

As a result of these developments, many armed conflicts are becoming long-lasting affairs, because the parties and the international community are unable to address the root causes of the conflict, and humanitarian action is unable to mitigate the impact of hostilities on the population. The protracted character of these conflicts gives rise to long-term needs in terms of education, health care, food security, water, electricity, law and order, etc. The multiple origins of violence (conflict-related, criminal, inter-communal) and its long-term impact on public infrastructure and the economy have become significant sources of internal displacement and refugee flows, spilling over borders and further destabilizing neighbouring countries and regions. The collapse of health, water or educational systems in conflict environments reverberates across entire regions, as populations seek essential services abroad, overloading public and private infrastructure in neighbouring countries and causing regional and even at times global challenges. These movements also serve as channels for human trafficking, child labour, and other severe abuses, as criminal groups take advantage of the vulnerabilities of these populations that are in flux.

A widening international humanitarian response

Since the adoption of the United Nations General Assembly Resolution 46/182 in 1991, which established the UN Guiding

Principles for strengthening the coordination of emergency humanitarian assistance in the UN system, UN agencies, INGOs, and major donors have contributed to establishing a cogent international humanitarian response that has grown considerably over recent years. It currently accounts for between 80 and 90% of all international humanitarian assistance in armed conflict and natural disasters. This response is centred on the recognition of common standards of practice among humanitarian organizations, and on the need to ensure effective coordination of humanitarian operations, as exemplified by the Cluster Approach, the main outcome of the 2005 UN humanitarian reform. While contributing to exchanges on increased effectiveness of humanitarian operations, the ICRC has generally kept some distance between its sphere of operations and the UN-based response system so as to maintain its specific neutral and independent approach. This distance has allowed the ICRC to safeguard its autonomy in view of the perceived increasing politicization of some UN-led humanitarian operations and their integration into political and peacekeeping efforts. It has also facilitated the maintenance of the ICRC’s distinct multidisciplinary approach to the needs of populations affected by armed conflict and other situations of violence from and alongside specialized UN agencies and INGOs, as well as its direct contacts with these populations and communities. Ultimately, it has allowed the ICRC to retain its focus on the essential needs of populations affected by armed conflicts and other situations of violence, distinct from the growing movement to address the demands of people under a more transformative “rights-based” agenda and from discussions associated with this effort.

Despite the ICRC’s efforts to keep its distance from such debates, its access to populations affected is not immune to the overall politicization of humanitarian assistance. It is particularly vulnerable to the confusion arising from UN agencies and INGOs referring to the same principles of humanity, impartiality, and neutrality contained in both General Assembly Resolution 46/182 and the Fundamental Principles of the Movement. As the ICRC often works alongside these organizations, confronting the same operational challenges and cooperating substantially at the field level in building the resilience of communities affected, it is becoming increasingly difficult to demonstrate unambiguously the distinctly independent character of the ICRC within the larger humanitarian response. Such confusion may increase as UN-led response to conflict situations is foreseen as an area of priority concern in the post-2015 Millennium Development Goals. This evolution will parallel the growing tendency to integrate humanitarian objectives with political resolutions of the UN Security Council, the UN Human Rights Council’s more assertive reviews of the implementation of IHL obligations by States in accordance with human rights concerns, and the provision of specific mandates to UN peacekeeping forces to use military force to protect civilians from attacks, hence taking an active part in armed hostilities as part of an overall international “humanitarian” response.

Finally, a critical factor impacting the ICRC’s operations and perception in some contexts is the need for components of the Movement as a whole to work according to their distinct roles and in adherence with the Fundamental Principles. This is particularly important in times of armed conflict and other situations of violence. Contexts in which National Societies are directed by governments or used as implementing partners by UN agencies can present a major perception risk and thus impede the capacity to respond.

ADDRESSING THE CHALLENGES

A number of dilemmas and tensions arise as the ICRC considers ways to improve the impact of its operations on the vulnerabilities of populations affected by armed conflicts and other situations of violence. Identifying the main issues confronting the ICRC in the implementation of its mission is a first step towards developing the strategic orientations and objectives of the organization for the coming years.

Throughout its history, the ICRC has been at the centre of numerous processes aimed at developing, clarifying and interpreting IHL in order to address new and evolving protection, prevention and assistance challenges. In recent times, the trend appears to have accelerated owing to the emergence of new technology in the battlefield, the diversification of actors in conflict, and the spread of violence targeting civilians.

Not only does the ICRC lead a variety of initiatives to ensure that the law remains relevant, it also has to face rising difficulties in terms of compliance. Indeed, State and non-State actors alike flout basic rules of IHL with negative repercussions on the protection of civilians in armed conflicts and other situations of violence. How should the ICRC, in such circumstances, adapt and make use of IHL to ensure stronger protection? How far should the ICRC join other humanitarian actors in mobilizing attention to the violations of IHL in some of the most desperate situations? These questions embody the most difficult and recurring dilemmas encountered by the ICRC in its protection activities.

Paradoxically, these vexing issues arise in the context of the growing engagement of international humanitarian and human rights organizations in the protection of civilians. The protection of civilians has now become a priority goal of the UN system as well as many INGOs, increasingly blurring the distinct historic character of the ICRC's mission within the overall international response. Underpinning these developments, international human rights law is also becoming a major framework of reference in assessing the legality of the conduct of parties to armed conflict and other situations of violence, along with IHL. Human rights institutions, such as the Human Rights Council and its review and monitoring mechanisms as well as ad hoc bodies, are taking an increasingly important role in assessing compliance with the rules of IHL and international human rights law. This concurrence of approaches can be mutually reinforcing and result in better protection; conversely, the mixing of legal frameworks may create confusion or ambiguities when international human rights law and IHL take distinct perspectives, supporting differing actions by States or humanitarian organizations.

In this regard, the ICRC will continue to invest significant intellectual energy, diplomatic skills, operational capacities and resources to support the enhancement of respect for and implementation of IHL, international human rights law and other relevant norms, with a view to asserting the organization's distinctive pragmatic and experiential perspective on the protection of people and communities affected by armed conflicts and other situations of violence. Overall, the ICRC will focus its energies on affirming a critical role in the orientation of the international humanitarian response dealing with the protection of civilians. While doing so the ICRC will continue to promote and broaden quality exchanges amongst professionals on IHL, stimulating rigorous, evidence-based reflections and promoting nuanced and sophisticated perspectives on the development and implementation of IHL.

A growing challenge facing the ICRC remains its ability to work in close proximity with populations affected, and continuing to operate in line with the Fundamental Principles, where few other actors can. Proximity is a distinct feature of the organization that is necessary for understanding people's needs and influencing relevant actors and stakeholders. In many cases, this proximity facilitates harnessing the necessary security guarantees from local actors. It also involves a greater exposure to security risks that need to be mitigated. To maintain its presence and approach, the ICRC must mobilize the necessary human resources and skills to negotiate with all relevant stakeholders, particularly at field level. This requires the sharing of experience among senior negotiators and learning from institutional best practices. Also, proximity to victims, their community, and the ongoing humanitarian response will require definite efforts to devolve responsibility to the level closest to implementation and to simplify the operational planning and reporting processes of the ICRC.

A further challenge in this regard is to see how protection strategies can be integrated practically across the various aspects of ICRC operations: health care, food security, water, detention activities and family reunification, as well as outreach, public communication, fundraising and cooperation with National Societies. At the same time, new technology and regulatory developments will present both challenges and opportunities for the ICRC, including in terms of how it interacts with beneficiaries, gathers and shares information and protects data, as well as with regard to its ability to analyse 'big data' to strengthen its response to humanitarian needs. The overall impact of the ICRC's efforts to prioritize protection will depend on the extent to which experts and managers communicate with each other on protection matters and build synergies in their activities, in particular between prevention, assistance and protection programming.

Finally, the ICRC will remain focused on its core humanitarian objectives, i.e. addressing the protection and assistance needs of populations affected by violence, while building bridges with other specialized agencies that could enhance its impact on the longer term needs of populations affected – in terms of development, health, education, economic security, environmental preservation, etc. In doing so, the ICRC will consider ways of scaling up its operational capacities through new partnerships with National Societies, and pragmatic cooperation with specialized UN agencies, NGOs and the private sector, while preserving the integrity of the Fundamental Principles of its action.

The ICRC's relationship and cooperation with the other components of the Movement will remain paramount to its operational approaches, but with the understanding that National Societies are increasingly confronted with more assertive governments, increasing competition for funding from humanitarian agencies and NGOs, as well as shifting political environments at the national and international levels. The ICRC will need to engage in a pragmatic dialogue with all National Societies on how it can support these organizations in fulfilling their humanitarian mission and identify operational synergies while, at the same time, being ready to maintain some distance from those who opt to participate in integrated responses impacting on the protection needs of populations affected. In taking a more assertive coordination role within the Movement during armed conflict and other situations of violence and, as appropriate, in major emergencies, the ICRC will offer donors a more direct way of financing principled humanitarian assistance through the Movement.

The ICRC's humanitarian diplomacy has relied on interactions with States, international organizations and non-State actors to build a consensus on negotiating access to vulnerable groups and compliance

with IHL. These confidential and pragmatic interactions have been a distinctive asset of the ICRC that should continue to be nurtured in terms of engagement with actors of influence. Yet, the increasing fluidity and diversity of agendas in the international system explain in part the growing obstacles to effective humanitarian diplomacy. To address these obstacles, the ICRC will continue to develop its political understanding of the current global environment and connect with emerging actors and networks of influence, while maintaining an independent needs-based approach. It will invest in relationships with world religious and social leaders, approach business leaders and philanthropists, particularly in the Global South, and engage with global academic and policy hubs to mobilize their efforts in support of humanitarian action. It should maintain these efforts while preserving a strong focus on its overall protection mission.

In this regard, its capacity to work beyond national programmes and contacts is likely to acquire a strategic importance for the whole organization. The ICRC will need to strengthen the policy and planning capacity of its operations beyond national contexts to respond to the increasingly transnational impact of crisis situations, with the goal of participating and engaging more actively in professional and diplomatic exchanges on emerging challenges in major regional humanitarian hubs including Geneva, Amman, Nairobi, Bangkok, and New York. Such regional capacities of the ICRC's planning and coordination role should also allow exploring new partnerships with local, national, and regional organizations, particularly within the Movement.

At headquarters, the ICRC should expand its policy anchoring within Geneva's political, social and scientific networks to support its research and development initiatives, building on its historic roots in Geneva as well as among Geneva-based humanitarian agencies and policy centres.

Over the past decade, the ICRC has maintained a steady level of operational activity while most major humanitarian agencies and INGOs have significantly expanded their operational engagements, investing heavily in national partnerships. In view of the multiplicity of UN agencies and INGOs active in armed conflicts and other situations of violence, and the relative decrease in the ICRC's share of the international humanitarian response, the ICRC's reputation as a leading actor in humanitarian action has been facing some challenges. Overcoming such challenges will require a more ambitious footprint that builds on the ICRC's unique features as a distinct independent, impartial and neutral actor, its relevance in a host of very different contexts, and consistent excellence in the field of protection and assistance.

In this regard, the ICRC will continue to explore new avenues of humanitarian engagement to respond to existing needs in traditional armed conflicts, as well as multiple sources of violence in hazardous environments, such as violence against conflict migrants, urban violence, sexual violence and the humanitarian consequences of the collapse of health-care systems in times of crisis. To do so will require resources, strategic vision, and renewed operational engagement to learn from experience and take controlled risks in expanding the scope and outreach of operations. It is crucial in this regard that the ICRC consider ways to mobilize the required human, financial and operational resources it needs to expand its operations. This mobilization will entail an expansion of its own capacity to operate, as well as the crafting of new arrangements with other humanitarian actors. In particular, it will need to connect and cooperate more effectively

with local organizations so as to achieve maximum impact in addressing humanitarian needs.

By doing so, the ICRC will ensure a broader funding basis, while preserving the commitment of traditional donors. It will also enhance its personnel, financial, organizational, communication and information management capacities, as well as its technological capacities, with a view to becoming a larger, more global, more diverse and more connected ICRC. It will develop a definite growth strategy, aimed at increasing the relevance of its action in both qualitative and quantitative terms, especially as needs continue to grow.

Key to achieving all aspects of the ICRC's ambitions and priorities are the organization's 13,000 staff members. It is essential that the ICRC continue to capitalize on its rich and increasingly diverse human resources through improved people management policies and programmes, with the goal of strengthening and empowering a global workforce. It will invest proactively in the development of field competencies, support exchanges with professional circles inside and outside the organization, and seek to attract the best minds and most committed professionals.

To do so, it will need to offer career prospects that value individual aspirations and allow for lateral progression. It will enforce a strict policy of field and headquarter rotation as a means of exposing staff to the various and changing realities of operations in all their aspects. The ICRC will continue the devolution of responsibilities from its centre to the field, at the national level and in the regional humanitarian hubs, where a larger number of staff can develop their skills and bring their experience to bear on ICRC standards and methods. The ICRC must also continue to look to the future and further develop its information management capacity and systems, including better incorporation of the use of new technologies, to facilitate informed decision-making in order to adapt its humanitarian response to constantly changing situations.

DEFINING THE ICRC'S STRATEGIC ORIENTATIONS AND OBJECTIVES

In order to realize its vision in such a complex and dynamic environment, with such wide-ranging humanitarian needs, the ICRC needs to make bold, progressive choices in the face of some fundamental dilemmas. It must build on existing strengths and find new ways to overcome challenges and constraints to its mission. This section presents the strategic orientations of the organization to respond to the challenges identified above:

1. Strengthen the ICRC's capacity to protect through law, operations and policy
2. Enhance the ICRC's distinctive response to growing needs
3. Secure the widest possible support for ICRC action
4. Contribute to a more significant response by the Movement to large-scale emergencies
5. Adapt and strengthen organizational capacities to sustain growth and the continued relevance of ICRC action

This section details how these strategic orientations are translated into strategic objectives.

1. Strengthen the ICRC's capacity to protect through law, operations and policy

- Align the ICRC's initiatives and contributions in terms of IHL development, clarification and implementation with a focus on overcoming protection challenges.

- ▶ Strengthen and systematize protection dimensions in assistance and prevention activities, and build synergies around priority themes across the ICRC's programmes.
- ▶ Strengthen capabilities to use a range of legal frameworks and methods – including international human rights law and refugee law, along with IHL – in operational, legal and policy activities.
- ▶ Further develop methods and tools for engaging non-State armed groups, in particular relating to their compliance with IHL.
- ▶ Contribute to the development of IHL monitoring and compliance mechanisms.
- ▶ Enhance the ICRC's capacity to conduct evidence-based analysis on legal and policy challenges to reinforce its protection work, respecting state-of-the-art standards of professional scrutiny and research.
- ▶ Improve the ICRC's ability to inform policy debates on key humanitarian issues, such as the protection of civilians, in relevant international fora.
- ▶ Influence and ensure compliance with emerging data protection regulatory developments given their direct or potential impact on the ICRC's continued ability to fulfil its mandate and to carry out its humanitarian activities.

2. Enhance the ICRC's distinctive response to growing needs

- ▶ Enhance humanitarian access and proximity of the ICRC's operations through local partnerships and collaboration.
- ▶ Strengthen the ICRC's crisis management and security capacity.
- ▶ Increase the response to health needs, particularly surgical care for wounded persons, health care in detention and the rehabilitation of persons with disabilities.
- ▶ Consolidate and expand the ICRC's focus on preventing and responding to sexual violence by gaining a better understanding of the phenomenon, developing comprehensive, multidisciplinary responses, and sharing good practices and lessons learnt.
- ▶ Consolidate and reinforce the ICRC's approach to addressing the humanitarian needs of internally displaced persons, refugees, populations affected by urban violence and vulnerable migrants, in order to bridge identified protection and assistance gaps and position the organization's operational response across the various international agendas addressing such needs.
- ▶ Support development and analysis of the ICRC's negotiation experience as a policy tool to improve the ability of staff throughout the organization to negotiate and persuade at field and headquarters levels.
- ▶ Engage in a more structured and systematic way with beneficiaries, with a view to better involving them in the assessment of their needs and in the determination of adequate responses.

3. Secure the widest possible support for ICRC action

- ▶ Develop and strengthen the ICRC's humanitarian diplomacy to respond to an increasingly diverse, multifaceted and dynamic environment and organize the organization's external relations accordingly; consider evolving interests and concerns of emerging powers as well as regional and sub-regional organizations.
- ▶ Enhance the capacities of ICRC delegations to engage in humanitarian policy and diplomacy, in particular at national and regional levels.
- ▶ Strengthen and expand the ICRC's donor base by continued engagement with its traditional donors and greater engagement with emerging powers, private donors, global philanthropy and the corporate sector.
- ▶ Strengthen the ICRC's reputation, positioning and support

base, particularly in strategic contexts and with key actors of influence, including civil society actors and the general public, notably through social media.

- ▶ Improve synergies between resource-mobilization and public communication content and tools, notably through continued investment in digital fundraising.
- ▶ Identify and seize opportunities for building stronger relationships within the ICRC's political, social and scientific environment in Geneva.

4. Contribute to a more significant response by the Movement to large-scale emergencies

- ▶ Enhance joint planning between the ICRC, National Societies and the International Federation of Red Cross and Red Crescent Societies for humanitarian response.
- ▶ Provide support to National Societies in the fields of capacity building, security management, communication and fundraising to enhance the planning, coordination and management of humanitarian operations in accordance with Movement decisions.
- ▶ Strengthen partnerships with selected National Societies in line with the ICRC's mission.
- ▶ Engage with all the components of the Movement to establish a pragmatic dialogue and cooperation on Red Cross and Red Crescent issues, capitalizing on the ICRC's specific international mandate.

5. Adapt and strengthen organizational capacities to sustain growth and the continued relevance of ICRC action

- ▶ Review work streams within the ICRC in order to promote lean and efficient processes, strengthen responsible leadership and devolve planning, decision-making and reporting responsibilities to the level closest to implementation.
- ▶ Complete the implementation of the People Management Programme, with a view to strengthening and empowering a global workforce; develop leadership capabilities at all levels through the ICRC's Humanitarian Leadership and Management School.
- ▶ Improve collaboration and mobility throughout the organization and with partners by reinforcing the systems and tools for information management and exchange.
- ▶ Identify key domains for investment in new technologies to reinforce the ICRC's humanitarian response and communication capabilities.
- ▶ Develop the ICRC's ability to capitalize on available information in order to make appropriate and timely management decisions, and rationalize reporting requirements by refining how data is gathered, used and shared.
- ▶ Revamp the management and delivery of the organization's corporate services in order to enhance their efficiency and effectiveness.

The Strategy will be put into practice by ICRC staff members around the world, in accordance with clearly defined management priorities. Indicators will be developed to monitor results, and progress reports prepared at regular intervals.

THE ICRC AND ITS WORK WITH OTHER COMPONENTS OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

The Movement is made up of the National Societies, their International Federation and the ICRC. Although each of the Movement's components engages in different activities, they are all united by the same mission: to alleviate human suffering, protect life and health, and uphold human dignity, especially during armed conflicts and other emergencies. Moreover, they share the same Fundamental Principles: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

As the founding institution of the Movement, the ICRC has certain statutory roles and responsibilities towards the other components. In particular, it is responsible under the Statutes of the Movement for maintaining and disseminating the Fundamental Principles, recognizing newly established National Societies that meet the requisite conditions, and discharging the mandates entrusted to it by the International Conference. The ICRC is actively involved in the organization of the Council of Delegates and of the International Conference, which are unique global forums bringing together the States Parties to the Geneva Conventions and the International Red Cross and Red Crescent Movement.

National Societies in their respective countries and the ICRC both have the mandate to assist those affected by armed conflict and other situations of violence. National Societies are the primary partners of the ICRC, particularly in the fields of medical and relief assistance and restoring family links. Efforts to strengthen partnerships between National Societies and the ICRC contribute to a more effective Movement, optimizing each component's ability to fulfil their common mission.

Complementing the efforts of the International Federation in the area of organizational development generally, the ICRC contributes to the strengthening of National Societies' capacities primarily in the following fields:

- ▶ disseminating knowledge of IHL and promoting the Fundamental Principles
- ▶ taking measures to ensure the implementation of IHL
- ▶ preparing for activities in the event of armed conflict and other situations of violence, particularly in fields such as the evacuation of the wounded, pre-hospital care and relief assistance
- ▶ restoring family links
- ▶ responding to weapon contamination, including risk reduction and victim assistance
- ▶ supporting the authorities in efforts to ensure the well-being of detained migrants

In addition, the ICRC helps National Societies build a strong legal and organizational basis for independent action, including by:

- ▶ providing technical and legal assistance for the establishment and the recognition of new National Societies within the Movement
- ▶ together with the International Federation, helping revise and strengthen National Societies' statutory and legal base instruments in the frame of the Joint Statutes Commission
- ▶ together with the International Federation, supporting National Societies in their efforts to apply and adhere at all times to the Fundamental Principles and to the Movement's regulatory framework
- ▶ using the Safer Access Framework, advising National Societies on ways to foster acceptance for their work, increase their access to communities in need, and ensure their safety, especially in contexts affected by armed conflict and other situations of violence

Finally, the ICRC may act as the lead agency, or support the National Society of the affected country in its responsibility as the lead agency, in coordinating the international relief operations conducted by the Movement. These operations may be carried out in response to the direct consequences of armed conflicts and other situations of violence, or of situations of armed conflict that coincide with natural or technological disasters. The ICRC also coordinates activities to restore family links in all situations that require an international response.

The work of the ICRC is based on the 1949 Geneva Conventions, the 1977 Additional Protocols, Additional Protocol III, the Statutes of the International Red Cross and Red Crescent Movement, and the resolutions of the International Conferences of the Red Cross and Red Crescent. The ICRC's mission is to provide victims of armed conflict with protection and assistance. To that end, the ICRC takes direct and immediate action in response to emergency situations, while at the same time promoting preventive measures, such as dissemination and national implementation of IHL.

It was on the ICRC's initiative that States adopted the original Geneva Convention of 1864. Since then, the ICRC, with the support of the entire Movement, has put constant pressure on governments to adapt IHL to changing circumstances – in particular, to modern developments in the means and methods of warfare – so as to provide more effective protection and assistance for conflict victims.

Today, all States are bound by the 1949 Geneva Conventions, which, in times of armed conflict, protect wounded, sick and shipwrecked members of the armed forces, prisoners of war and civilians.

Over three-quarters of all States are currently party to the 1977 Additional Protocols. Additional Protocol I protects victims of international armed conflicts, while Additional Protocol II protects victims of non-international armed conflicts. These instruments have, in particular, codified the rules protecting the civilian population against the effects of hostilities.

The legal bases of any action undertaken by the ICRC may be summed up as follows:

- ▶ The 1949 Geneva Conventions and Additional Protocol I confer on the ICRC a specific mandate to act in the event of international armed conflict. In particular, the ICRC has the right to visit prisoners of war and civilian internees. The Conventions also give the ICRC a broad right of initiative.
- ▶ In situations of armed conflict that are not international in character, the ICRC enjoys a right of humanitarian initiative recognized by the international community and enshrined in Article 3 common to the 1949 Geneva Conventions.
- ▶ In the event of internal disturbances and tensions, and in any other situation that warrants humanitarian action, the ICRC also enjoys a right of initiative, which is affirmed and recognized in the Statutes of the International Red Cross and Red Crescent Movement. Thus, wherever IHL does not apply, the ICRC may offer its services to governments without that offer constituting interference in the internal affairs of the State concerned.

UNIVERSAL ACCEPTANCE OF THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

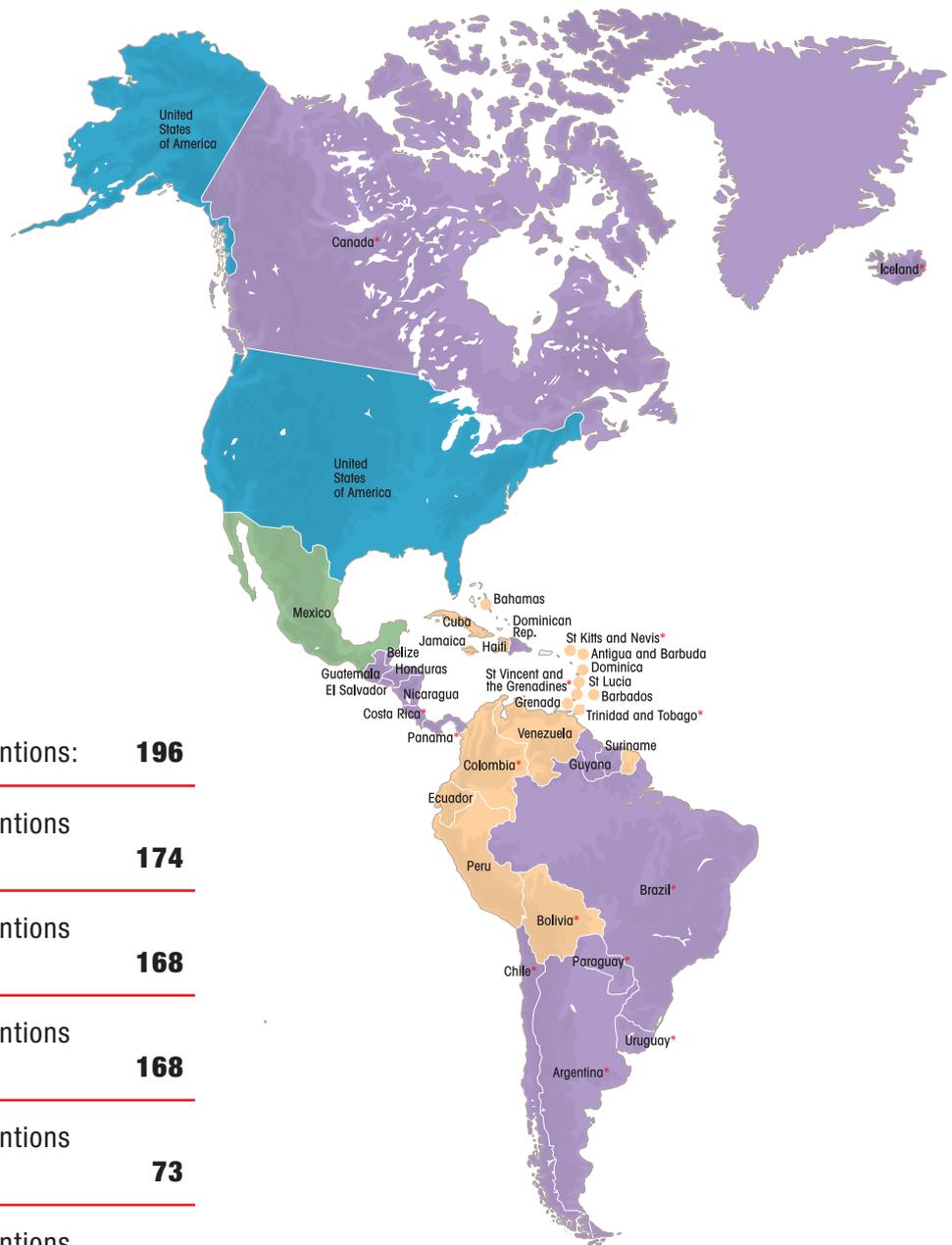
A total of 196 States are party to the 1949 Geneva Conventions. The number of States party to Additional Protocols I, II and III is 174, 168 and 73 respectively.

By 2017, 76 States have made declarations under Article 90 of Additional Protocol I, which provides for the establishment of an International Fact-Finding Commission to enquire into allegations of serious violations of humanitarian law.

STATES PARTY TO THE GENEVA CONVENTIONS

This map shows which States were party to the 1949 Geneva Conventions and to their Additional Protocols, as at 31 December 2017. It also indicates which States had made the optional declaration under Article 90 of Additional Protocol I, recognizing the competence of the International Fact-Finding Commission.

N.B. The names of the countries given on this map may differ from their official names



States party to the 1949 Geneva Conventions: **196**

States party to the 1949 Geneva Conventions and to Additional Protocol I: **174**

States party to the 1949 Geneva Conventions and to Additional Protocol II: **168**

States party to the 1949 Geneva Conventions and to both 1977 Additional Protocols: **168**

States party to the 1949 Geneva Conventions and to Additional Protocol III: **73**

States party to the 1949 Geneva Conventions, to 1977 Additional Protocols and to Additional Protocol III: **69**

States having made the declaration under Article 90 of Additional Protocol I: **76**

ABBREVIATIONS

R/A/S =

Ratification: a treaty is generally open for signature for a certain time following the conference that has adopted it. However, a signature is not binding on a State unless it has been endorsed by ratification. The time limits having elapsed, the Conventions and the Protocols are no longer open for signature. The States that have not signed them may at any time accede or, in the appropriate circumstances, succeed to them.

Accession: instead of signing and then ratifying a treaty, a State may become party to it by the single act called accession.

Succession (declaration of): a newly independent State may declare that it will abide by a treaty which was applicable to it prior to its independence. A State may also declare that it will provisionally abide by such treaties during the time it deems necessary to examine their texts carefully and to decide on accession or succession to some or all of the said treaties (declaration of provisional application of the treaties). At present no State is bound by such a declaration.

R/D = **Reservation/Declaration:** unilateral statement, however phrased or named, made by a State when ratifying, acceding or succeeding to a treaty, whereby it purports to exclude or to modify the legal effect of certain provisions of the treaty in their application to that State (provided that such reservations are not incompatible with the object and purpose of the treaty).

D90 = **Declaration** provided for under article 90 of Protocol I (prior acceptance of the competence of the International Fact-Finding Commission).

DATES

The dates indicated are those on which the Swiss Federal Department of Foreign Affairs received the official instrument from the State that was ratifying, acceding to or succeeding to the Conventions or Protocols or accepting the competence of the Commission provided for under Article 90 of Protocol I. They thus represent neither the date on which ratification, accession, succession or acceptance of the Commission was decided upon by the State concerned nor that on which the corresponding instrument was sent.

N.B.: The dates given for succession to the Geneva Conventions by **Congo, Democratic Republic of the Congo, Jamaica, Madagascar, Mauritania, Niger, Nigeria, Rwanda, Senegal, and Sierra Leone** used to be those on which the corresponding instruments had been officially adopted. They have now been replaced by the dates on which the depositary received those instruments.

ENTRY INTO FORCE

Except as mentioned in footnotes at the end of the tables, for all States the entry into force of the Conventions and of the Protocols occurs six months after the date given in the present document; for States which have made a declaration of succession, entry into force takes place retroactively, on the day of their accession to independence. The 1949 Geneva Conventions entered into force on 21 October 1950. The 1977 Additional Protocols entered into force on 7 December 1978. The 2005 Additional Protocol III entered into force on 14 January 2007.

NAMES OF COUNTRIES

The names of countries given in the following list may differ from the official names of States.

UPDATE SINCE 31.12.2017

196 States are party to the four Geneva Conventions of 1949.

Ratifications, accessions or successions to Additional Protocol I: 0

Ratifications, accessions or successions to Additional Protocol II: 0

Ratifications, accessions or successions to Additional Protocol III: 0

TOTALS:

Number of States party to the 1949 Geneva Conventions: 196

Number of States party to Additional Protocol I: 174

Number of States having made the declaration under Article 90: 76

Number of States party to Additional Protocol II: 168

Number of States party to Additional Protocol III: 73

Number of States Members of the United Nations: 193

States party to the Geneva Conventions but not members of the United Nations: **Cook Islands, Holy See and Palestine.**

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

COUNTRY	GENEVA CONVENTIONS			PROTOCOL I				PROTOCOL II			PROTOCOL III		
	R/A/S	R	R/D	R/A/S	R	R/D	D90	R/A/S	R	R/D	R/A/S	R	R/D
Afghanistan	26.09.1956	R		10.11.2009	A			10.11.2009	A				
Albania	27.05.1957	R	X	16.07.1993	A			16.07.1993	A		06.02.2008	A	
Algeria	20.06.1960	A		16.08.1989	A	X	16.08.1989	16.08.1989	A				
	03.07.1962			16.08.1989			16.08.1989	16.08.1989	A				
Andorra	17.09.1993	A											
Angola	20.09.1984	A	X	20.09.1984	A	X							
Antigua and Barbuda	06.10.1986	S		06.10.1986	A			06.10.1986	A				
Argentina	18.09.1956	R		26.11.1986	A	X	11.10.1996	26.11.1986	A	X	16.03.2011	R	X
Armenia	07.06.1993	A		07.06.1993	A			07.06.1993	A		12.08.2011	A	
Australia	14.10.1958	R	X	21.06.1991	R	X	23.09.1992	21.06.1991	R		15.07.2009	R	
Austria	27.08.1953	R		13.08.1982	R	X	13.08.1982	13.08.1982	R	X	03.06.2009	R	
Azerbaijan	01.06.1993	A											
Bahamas	11.07.1975	S		10.04.1980	A			10.04.1980	A				
Bahrain	30.11.1971	A		30.10.1986	A			30.10.1986	A				
Bangladesh	04.04.1972	S	X	08.09.1980	A			08.09.1980	A				
Barbados	10.09.1968	S	X	19.02.1990	A			19.02.1990	A				
Belarus	03.08.1954	R		23.10.1989	R		23.10.1989	23.10.1989	R		31.03.2011	A	
Belgium	03.09.1952	R		20.05.1986	R	X	27.03.1987	20.05.1986	R		12.05.2015	R	
Belize	29.06.1984	A		29.06.1984	A			29.06.1984	A		03.04.2007	A	
Benin	14.12.1961	S		28.05.1986	A			28.05.1986	A				
Bhutan	10.01.1991	A											
Bolivia, Plurinational State of	10.12.1976	R		08.12.1983	A		10.08.1992	08.12.1983	A				
Bosnia and Herzegovina	31.12.1992	S		31.12.1992	S		31.12.1992	31.12.1992	S				
Botswana	29.03.1968	A		23.05.1979	A			23.05.1979	A				
Brazil	29.06.1957	R		05.05.1992	A		23.11.1993	05.05.1992	A		28.08.2009	R	
Brunei Darussalam	14.10.1991	A		14.10.1991	A			14.10.1991	A				
Bulgaria	22.07.1954	R		26.09.1989	R		09.05.1994	26.09.1989	R		13.09.2006	R	
Burkina Faso	07.11.1961	S		20.10.1987	R		24.05.2004	20.10.1987	R		07.10.2016		
Burundi	27.12.1971	S		10.06.1993	A			10.06.1993	A				
Cabo Verde	11.05.1984	A		16.03.1995	A		16.03.1995	16.03.1995	A				
Cambodia	08.12.1958	A		14.01.1998	A			14.01.1998	A				
Cameroon	16.09.1963	S		16.03.1984	A			16.03.1984	A				
Canada	14.05.1965	R		20.11.1990	R	X	20.11.1990	20.11.1990	R	X	26.11.2007	R	X
Central African Republic	01.08.1966	S		17.07.1984	A			17.07.1984	A				
Chad	05.08.1970	A		17.01.1997	A			17.01.1997	A				
Chile	12.10.1950	R		24.04.1991	R		24.04.1991	24.04.1991	R		06.07.2009	R	
China	28.12.1956	R	X	14.09.1983	A	X		14.09.1983	A	X			
Colombia	08.11.1961	R		01.09.1993	A		17.04.1996	14.08.1995	A				
Comoros	21.11.1985	A		21.11.1985	A			21.11.1985	A				
Congo	04.02.1967	S		10.11.1983	A			10.11.1983	A				
Congo, Democratic Republic of the	24.02.1961	S		03.06.1982	A		12.12.2002	12.12.2002	A				
Cook Islands	07.05.2002	S		07.05.2002	A		07.05.2002	07.05.2002	A		07.09.2011	A	
Costa Rica	15.10.1969	A		15.12.1983	A		09.12.1999	15.12.1983	A		30.06.2008	R	
Côte d'Ivoire	28.12.1961	S		20.09.1989	R			20.09.1989	R				
Croatia	11.05.1992	S		11.05.1992	S		11.05.1992	11.05.1992	S		13.06.2007	R	
Cuba	15.04.1954	R		25.11.1982	A			23.06.1999	A				
Cyprus	23.05.1962	A		01.06.1979	R		14.10.2002	18.03.1996	A		27.11.2007	R	
Czech Republic	05.02.1993	S		05.02.1993	S		02.05.1995	05.02.1993	S		23.05.2007	R	
Denmark	27.06.1951	R		17.06.1982	R	X	17.06.1982	17.06.1982	R		25.05.2007	R	
Djibouti	06.03.1978	S		08.04.1991	A			08.04.1991	A				
Dominica	28.09.1981	S		25.04.1996	A			25.04.1996	A				
Dominican Republic	22.01.1958	A		26.05.1994	A			26.05.1994	A		01.04.2009	R	
Ecuador	11.08.1954	R		10.04.1979	R			10.04.1979	R				
Egypt	10.11.1952	R		09.10.1992	R	X		09.10.1992	R	X			
El Salvador	17.06.1953	R		23.11.1978	R			23.11.1978	R		12.09.2007	R	
Equatorial Guinea	24.07.1986	A		24.07.1986	A			24.07.1986	A				
Eritrea	14.08.2000	A											
Estonia	18.01.1993	A		18.01.1993	A		20.02.2009	18.01.1993	A		28.02.2008	R	
Ethiopia	02.10.1969	R		08.04.1994	A			08.04.1994	A				
Fiji	09.08.1971	S		30.07.2008	A			30.07.2008	A		30.07.2008	A	
Finland	22.02.1955	R		07.08.1980	R	X	07.08.1980	07.08.1980	R		14.01.2009	R	

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

COUNTRY	GENEVA CONVENTIONS			PROTOCOL I				PROTOCOL II			PROTOCOL III		
	R/A/S	R/D		R/A/S	R/D	D90	R/A/S	R/D		R/A/S	R/D		
France	28.06.1951	R		11.04.2001	A	X		24.02.1984	A	X	17.07.2009	R	
Gabon	26.02.1965	S		08.04.1980	A			08.04.1980	A				
Gambia	20.10.1966	S		12.01.1989	A			12.01.1989	A				
Georgia	14.09.1993	A		14.09.1993	A			14.09.1993	A		19.03.2007	R	
Germany	03.09.1954	A	X	14.02.1991	R	X	14.02.1991	14.02.1991	R	X	17.06.2009	R	
Ghana	02.08.1958	A		28.02.1978	R			28.02.1978	R				
Greece	05.06.1956	R		31.03.1989	R	X	04.02.1998	15.02.1993	A		26.10.2009	R	
Grenada	13.04.1981	S		23.09.1998	A			23.09.1998	A				
Guatemala	14.05.1952	R		19.10.1987	R			19.10.1987	R		14.03.2008	R	
Guinea	11.07.1984	A		11.07.1984	A		20.12.1993	11.07.1984	A				
Guinea-Bissau	21.02.1974	A	X	21.10.1986	A			21.10.1986	A				
Guyana	22.07.1968	S		18.01.1988	A			18.01.1988	A		21.09.2009	A	
Haiti	11.04.1957	A		20.12.2006	A			20.12.2006	A				
Holy See	22.02.1951	R		21.11.1985	R	X		21.11.1985	R	X			
Honduras	31.12.1965	A		16.02.1995	R			16.02.1995	R		08.12.2006	R	
Hungary	03.08.1954	R		12.04.1989	R		23.09.1991	12.04.1989	R		15.11.2006	R	
Iceland	10.08.1965	A		10.04.1987	R	X	10.04.1987	10.04.1987	R		04.08.2006	R	
India	09.11.1950	R											
Indonesia	30.09.1958	A											
Iran, Islamic Republic of	20.02.1957	R	X										
Iraq	14.02.1956	A		01.04.2010	A								
Ireland	27.09.1962	R		19.05.1999	R	X	19.05.1999	19.05.1999	R	X			
Israel	06.07.1951	R	X								22.11.2007	R	X
Italy	17.12.1951	R		27.02.1986	R	X	27.02.1986	27.02.1986	R		29.01.2009	R	
Jamaica	20.07.1964	S		29.07.1986	A			29.07.1986	A				
Japan	21.04.1953	A		31.08.2004	A	X	31.08.2004	31.08.2004	A				
Jordan	29.05.1951	A		01.05.1979	R			01.05.1979	R				
Kazakhstan	05.05.1992	S		05.05.1992	S			05.05.1992	S		24.06.2009	A	
Kenya	20.09.1966	A		23.02.1999	A			23.02.1999	A		28.10.2013	R	
Kiribati	05.01.1989	S											
Korea, Democratic People's Republic of	27.08.1957	A	X	09.03.1988	A								
Korea, Republic of	16.08.1966	A	X	15.01.1982	R	X	16.04.2004	15.01.1982	R				
Kuwait	02.09.1967	A	X	17.01.1985	A		21.06.2013	17.01.1985	A				
Kyrgyzstan	18.09.1992	S		18.09.1992	S			18.09.1992	S				
Lao People's Democratic Republic	29.10.1956	A		18.11.1980	R		30.01.1998	18.11.1980	R				
Latvia	24.12.1991	A		24.12.1991	A			24.12.1991	A		02.04.2007	R	
Lebanon	10.04.1951	R		23.07.1997	A			23.07.1997	A				
Lesotho	20.05.1968	S		20.05.1994	A		13.08.2010	20.05.1994	A				
Liberia	29.03.1954	A		30.06.1988	A			30.06.1988	A				
Libya	22.05.1956	A		07.06.1978	A			07.06.1978	A				
Liechtenstein	21.09.1950	R		10.08.1989	R	X	10.08.1989	10.08.1989	R	X	24.08.2006	R	
Lithuania	03.10.1996	A		13.07.2000	A		13.07.2000	13.07.2000	A		28.11.2007	R	
Luxembourg	01.07.1953	R		29.08.1989	R		12.05.1993	29.08.1989	R		27.01.2015	R	
Macedonia, the former Yugoslav Republic of	01.09.1993	S	X	01.09.1993	S	X		01.09.1993	S		14.10.2008	R	
Madagascar	18.07.1963	S		08.05.1992	R		27.07.1993	08.05.1992	R				
Malawi	05.01.1968	A		07.10.1991	A		10.01.2014	07.10.1991	A				
Malaysia	24.08.1962	A											
Maldives	18.06.1991	A		03.09.1991	A			03.09.1991	A				
Mali	24.05.1965	A		08.02.1989	A		09.05.2003	08.02.1989	A				
Malta	22.08.1968	S		17.04.1989	A	X	17.04.1989	17.04.1989	A	X			
Marshall Islands	01.06.2004	A											
Mauritania	30.10.1962	S		14.03.1980	A			14.03.1980	A				
Mauritius	18.08.1970	S		22.03.1982	A	X		22.03.1982	A	X			
Mexico	29.10.1952	R		10.03.1983	A						07.07.2008	R	
Micronesia, Federated States of	19.09.1995	A		19.09.1995	A			19.09.1995	A				
Moldova, Republic of	24.05.1993	A		24.05.1993	A			24.05.1993	A		19.08.2008	R	X
Monaco	05.07.1950	R		07.01.2000	A		26.10.2007	07.01.2000	A		12.03.2007	R	
Mongolia	20.12.1958	A		06.12.1995	R	X	06.12.1995	06.12.1995	R				
Montenegro	02.08.2006	A		02.08.2006	A		02.08.2006	02.08.2006	A				
Morocco	26.07.1956	A		03.06.2011	R			03.06.2011	R				
Mozambique	14.03.1983	A		14.03.1983	A			12.11.2002	A				
Myanmar	25.08.1992	A											

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

COUNTRY	GENEVA CONVENTIONS		PROTOCOL I				PROTOCOL II			PROTOCOL III		
	R/A/S	R/D	R/A/S	R/D	D90	R/A/S	R/D	R/A/S	R/D			
Namibia	22.08.1991	S	17.06.1994	A	X	21.07.1994	17.06.1994	A	X			
Nauru	27.06.2006	A	27.06.2006	A			27.06.2006	A		04.12.2012	R	
Nepal	07.02.1964	A										
Netherlands	03.08.1954	R	26.06.1987	R	X	26.06.1987	26.06.1987	R	X	13.12.2006	R	X
New Zealand	02.05.1959	R	08.02.1988	R	X	08.02.1988	08.02.1988	R	X	23.10.2013	R	
Nicaragua	17.12.1953	R	19.07.1999	R			19.07.1999	R		02.04.2009	R	
Niger	21.04.1964	S	08.06.1979	R			08.06.1979	R				
Nigeria	20.06.1961	S	10.10.1988	A			10.10.1988	A				
Norway	03.08.1951	R	14.12.1981	R		14.12.1981	14.12.1981	R		13.06.2006	R	
Oman	31.01.1974	A	29.03.1984	A	X		29.03.1984	A	X			
Pakistan	12.06.1951	R	X									
Palau	25.06.1996	A	25.06.1996	A			25.06.1996	A				
Palestine	02.04.2014	A	02.04.2014	A			04.01.2015	A		04.01.2015	A	
Panama	10.02.1956	A	18.09.1995	R		26.10.1999	18.09.1995	R		30.04.2012	R	
Papua New Guinea	26.05.1976	S										
Paraguay	23.10.1961	R	30.11.1990	A		30.01.1998	30.11.1990	A		13.10.2008	R	
Peru	15.02.1956	R	14.07.1989	R			14.07.1989	R				
Philippines	06.10.1952	R	30.03.2012	R	X		11.12.1986	A		22.08.2006	R	
Poland	26.11.1954	R	23.10.1991	R		02.10.1992	23.10.1991	R		26.10.2009	R	
Portugal	14.03.1961	R	X	27.05.1992	R	X	01.07.1994	27.05.1992	R	X	22.04.2014	R
Qatar	15.10.1975	A	05.04.1988	A	X	24.09.1991	05.01.2005	A				
Romania	01.06.1954	R	21.06.1990	R		31.05.1995	21.06.1990	R		15.05.2015	R	
Russian Federation	10.05.1954	R	X	29.09.1989	R	X	29.09.1989	29.09.1989	R	X		
Rwanda	05.05.1964	S	19.11.1984	A		08.07.1993	19.11.1984	A				
Saint Kitts and Nevis	14.02.1986	S	14.02.1986	A		17.04.2014	14.02.1986	A				
Saint Lucia	18.09.1981	S	07.10.1982	A			07.10.1982	A				
Saint Vincent and the Grenadines	01.04.1981	A	08.04.1983	A		04.11.2013	08.04.1983	A				
Samoa	23.08.1984	S	23.08.1984	A			23.08.1984	A				
San Marino	29.08.1953	A	05.04.1994	R			05.04.1994	R		22.06.2007	R	
Sao Tome and Principe	21.05.1976	A	05.07.1996	A			05.07.1996	A				
Saudi Arabia	18.05.1963	A	21.08.1987	A	X		28.11.2001	A				
Senegal	18.05.1963	S	07.05.1985	R			07.05.1985	R				
Serbia	16.10.2001	S	16.10.2001	S		16.10.2001	16.10.2001	S		18.08.2010	R	
Seychelles	08.11.1984	A	08.11.1984	A		22.05.1992	08.11.1984	A				
Sierra Leone	10.06.1965	S	21.10.1986	A			21.10.1986	A				
Singapore	27.04.1973	A								07.07.2008	R	
Slovakia	02.04.1993	S	02.04.1993	S		13.03.1995	02.04.1993	S		30.05.2007	R	
Slovenia	26.03.1992	S	26.03.1992	S		26.03.1992	26.03.1992	S		10.03.2008	R	
Solomon Islands	06.07.1981	S	19.09.1988	A			19.09.1988	A				
Somalia	12.07.1962	A										
South Africa	31.03.1952	A	21.11.1995	A			21.11.1995	A				
South Sudan	25.01.2013	A	25.01.2013	A			25.01.2013	A		25.01.2013	A	
Spain	04.08.1952	R	21.04.1989	R	X	21.04.1989	21.04.1989	R		10.12.2010	R	
Sri Lanka	28.02.1959	R										
Sudan	23.09.1957	A	07.03.2006	A			13.07.2006	A				
Suriname	13.10.1976	S	X	16.12.1985	A		16.12.1985	A		25.06.2013	A	
Swaziland	28.06.1973	A	02.11.1995	A			02.11.1995	A				
Sweden	28.12.1953	R	31.08.1979	R	X	31.08.1979	31.08.1979	R		21.08.2014	R	
Switzerland	31.03.1950	R	17.02.1982	R		17.02.1982	17.02.1982	R		14.07.2006	R	
Syrian Arab Republic	02.11.1953	R	14.11.1983	A	X							
Tajikistan	13.01.1993	S	13.01.1993	S		10.09.1997	13.01.1993	S				
Tanzania, United Republic of	12.12.1962	S	15.02.1983	A			15.02.1983	A				
Thailand	29.12.1954	A										
Timor-Leste	08.05.2003	A	12.04.2005	A			12.04.2005	A		29.07.2011	R	
Togo	06.01.1962	S	21.06.1984	R		21.11.1991	21.06.1984	R				
Tonga	13.04.1978	S	20.01.2003	A		20.01.2003	20.01.2003	A				
Trinidad and Tobago	24.09.1963	A	20.07.2001	A		20.07.2001	20.07.2001	A				
Tunisia	04.05.1957	A	09.08.1979	R			09.08.1979	R				
Turkey	10.02.1954	R										X
Turkmenistan	10.04.1992	S	10.04.1992	S			10.04.1992	S				
Tuvalu	19.02.1981	S										
Uganda	18.05.1964	A	13.03.1991	A			13.03.1991	A		21.05.2008	A	

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

COUNTRY	GENEVA CONVENTIONS			PROTOCOL I			PROTOCOL II			PROTOCOL III			
	R/A/S	R/D		R/A/S	R/D	D90	R/A/S	R/D		R/A/S	R/D		
Ukraine	03.08.1954	R		25.01.1990	R		25.01.1990	25.01.1990	R		19.01.2010	R	
United Arab Emirates	10.05.1972	A		09.03.1983	A	X	06.03.1992	09.03.1983	A	X			
United Kingdom of Great Britain and Northern Ireland	23.09.1957	R	X	28.01.1998	R	X	17.05.1999	28.01.1998	R	X	23.10.2009	R	X
United States of America	02.08.1955	R	X								08.03.2007	R	
Uruguay	05.03.1969	R	X	13.12.1985	A		17.07.1990	13.12.1985	A		19.10.2012	R	
Uzbekistan	08.10.1993	A		08.10.1993	A			08.10.1993	A				
Vanuatu	27.10.1982	A		28.02.1985	A			28.02.1985	A				
Venezuela, Bolivarian Republic of	13.02.1956	R		23.07.1998	A			23.07.1998	A				
Viet Nam	28.06.1957	A	X	19.10.1981	R								
Yemen	16.07.1970	A	X	17.04.1990	R			17.04.1990	R				
Zambia	19.10.1966	A		04.05.1995	A			04.05.1995	A				
Zimbabwe	07.03.1983	A		19.10.1992	A			19.10.1992	A				

NOTES

Djibouti

Djibouti's declaration of succession in respect of the First Geneva Convention was dated 26.01.1978.

France

On accession to Additional Protocol II, France made a communication concerning Additional Protocol I.

Ghana

Entry into force of Additional Protocols I and II on 07.12.1978.

Namibia

An instrument of accession to the Geneva Conventions and the 1977 Additional Protocols was deposited by the United Nations Council for Namibia on 18.10.1983. In an instrument deposited on 22.08.1991, Namibia declared its succession to the Geneva Conventions, which were previously applicable pursuant to South Africa's accession on 31.03.1952.

Niue

Pursuant to New Zealand law at the time of accession, and consistent with customary international law, the Geneva Conventions apply to Niue by virtue of New Zealand's accession, on 02.05.1959, to the four 1949 Geneva Conventions.

Philippines

The First Geneva Convention was ratified on 07.03.1951.

Republic of Korea

The Geneva Conventions entered into force on 23.09.1966, the Republic of Korea having invoked Art.62/61/141/157 common respectively to the First, Second, Third and Fourth Conventions (immediate effect).

Sri Lanka

Accession to the Fourth Geneva Convention on 23.02.1959 (Ceylon had signed only the First, Second, and Third Geneva Conventions).

Switzerland

Entry into force of the Geneva Conventions on 21.10.1950.

Trinidad and Tobago

Accession to the First Geneva Convention on 17.03.1963.

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



ICRC