OPERATIONS

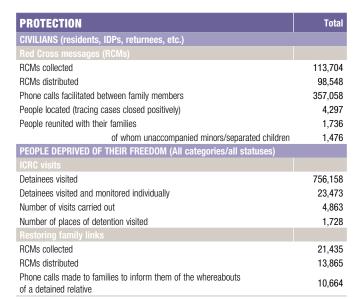
THE ICRC AROUND THE WORLD

AFRICA

ASIA AND THE PACIFIC

EUROPE AND THE AMERICAS

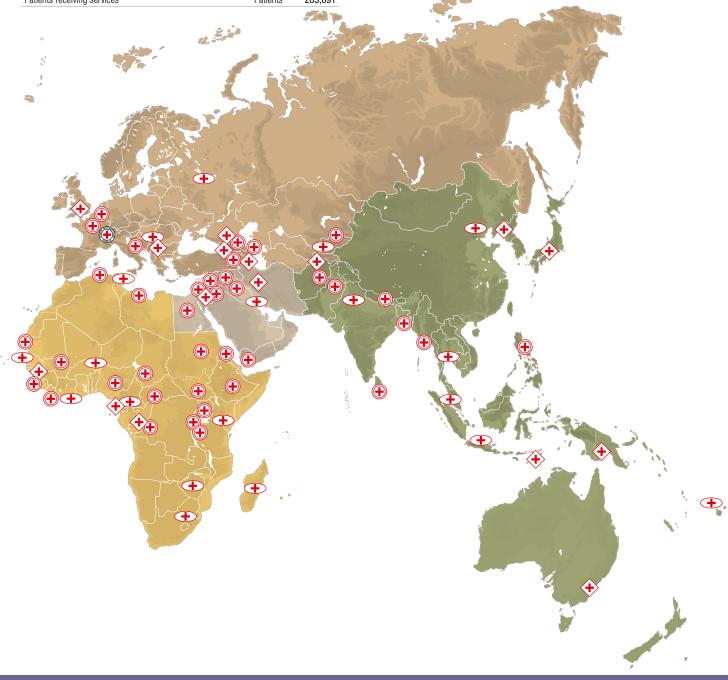
MIDDLE EAST





ASSISTANCE		Total	
CIVILIANS (residents, IDPs,			
Economic security, water and habitat (in some cases provided			
within a protection or cooperation programme)			
Food commodities	Beneficiaries	6,756,494	
Essential household items	Beneficiaries	3,018,652	
Productive inputs	Beneficiaries	4,606,194	
Cash	Beneficiaries	1,021,225	
Vouchers	Beneficiaries	43,602	
Work, services and training	Beneficiaries	3,525,666	
Water and habitat activities	Beneficiaries	28,367,530	
Health			
Health centres supported	Structures	454	
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	326	
Water and habitat			
Water and habitat activities	Number of beds	16,864	
Physical rehabilitation			
Centres supported	Structures	93	
Patients receiving services	Patients	283,691	
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EXPENDITURE (in KCHF)	Total
Protection	192,545
Assistance	634,255
Prevention	138,576
Cooperation with National Societies	76,037
General	3,665
	1,045,078
of which: Overheads 63,30	
IMPLEMENTATION RATE	
Expenditure/yearly budget	91%
PERSONNEL	
Mobile staff	1,601
Resident staff (daily workers not included)	10,183



OPERATIONAL HIGHLIGHTS



CONFLICT ENVIRONMENTS AND CHALLENGES FOR HUMANITARIAN ACTION

Several key features emerge on close analysis of the primary characteristics of the armed conflicts and other situations of violence in which the ICRC operated in 2013.

First, with its staggering devastation and regional implications, the conflict in the Syrian Arab Republic (hereafter Syria) developed into one of the most catastrophic and violent crises in a long time. Hundreds of thousands of people were killed or injured, tens of thousands detained or missing, and millions displaced, separated from their families or forced to flee to neighbouring countries and coping with huge pressures. In besieged areas, civilians suffered starvation and lack of access to health care, notably due to the rampant and systematic targeting of medical personnel, transport and facilities. Diplomatic efforts to resolve the crisis continued, but the immediate future looked bleak for Syria's people.

Second, the instability caused by polarization between States and radicalized armed groups has affected the lives and dignity of countless people, undermined the legitimacy of State institutions and made such situations extremely challenging to resolve. Syria was but one example; in Afghanistan, Mali, Somalia and Yemen, for instance, armed confrontations raised issues linked to indiscriminate acts of violence often affecting mainly civilians, the treatment of detainees and the use of remotely piloted aircraft and other counter-terrorism measures. Governments and the international community have rarely managed to stabilize such situations.

Third, ethnic, nationalist or religious grievances and access to critical resources remained key drivers of protracted armed conflicts and other situations of violence. In the Democratic Republic of the Congo (hereafter DRC), fighting between the army and armed groups, and between several armed groups, occurred alongside heightened intercommunal tensions. Civilians suffered widespread abuse, including looting, destruction of property, child recruitment and sexual violence. South Sudan suffered armed clashes and intercommunal violence earlier in the year, and then an all-out conflict between military factions, destroying communities and leaving hundreds of thousands displaced, injured or dead.

Fourth, the resurgence of State assertiveness and nationalism raised paradoxes. Weak States tended to generate instability because of their inability to maintain law and order and deliver critical services, while strong States at times undermined respect for State legitimacy by employing repressive means, creating volatility as well. States invoked national sovereignty to prevent outsiders, including humanitarian organizations, from interfering in internal affairs, yet were often not as assertive in assuming their responsibility to deliver key services. State assertiveness rose while critical threats to international security and stability, including "terrorism" and organized crime, became transnational in nature, requiring close international cooperation to resolve.

Fifth, displacement and migration continued to have traumatic consequences for men, women and children. Millions of IDPs in the Central African Republic (hereafter CAR), Colombia, Somalia, Syria and elsewhere suffered multiple displacements, loss of property and livelihoods, physical and sexual abuse and other adversities. Refugees and migrants underwent harrowing ordeals crossing from the Horn of Africa to Yemen, from Libya to Europe, through Central America and across Asia. Particularly tragic were the violations and abuse suffered by migrants caught up in conflictaffected or violence-prone regions where they were often stranded without means of contacting their families.

Finally, despite positive macroeconomic indicators and opportunities generated by broadening access to new information technologies, growing social inequalities persisted, the result of uneven wealth redistribution and the fact that billions still lived in abject poverty.

OPERATIONS: REVIEW, APPROACH AND THEMATIC CHALLENGES

In 2013, the ICRC worked to protect and assist millions of people in armed conflicts and other situations of violence - men, women and children whose lives and communities were torn apart, their homes and livelihoods destroyed, forced to flee and survive with no access to basic services and suffering the loss, disappearance or injury of loved ones.

It was a year which saw the ICRC step up its response in several high-profile acute crises - from Syria and the surrounding region to the CAR, Mali and South Sudan - and maintain activities in contexts where civilians have for years suffered the heavy consequences of protracted armed conflicts, such as in Afghanistan, Colombia, the DRC, Israel and the occupied territories, and Somalia. It also stepped in when natural disaster struck, coming to the aid, for example, of communities in the Philippines dealing first with the aftermath of Typhoon Bopha and a year later Typhoon Haiyan; the ICRC, which was already working with populations affected by low-intensity conflict, responded to urgent needs with the Philippine Red Cross.

In these and other parts of the world, ICRC teams in the field maintained their proximity to vulnerable populations and gained access to others, sometimes being among the few actors on the ground, as in the CAR, northern Mali or Somalia. This and other key parameters of the ICRC's working methods, notably its neutral, impartial and independent approach to humanitarian action, confidential dialogue with all sides, and adaptability, enabled it to reach some of the most difficult or isolated areas. In responding to the diverse vulnerabilities of those affected, ICRC teams drew on integrated protection, assistance, prevention and cooperation activities to cover both acute and chronic needs.

In many contexts, the ICRC's approach led to new or reinforced relations with diverse stakeholders - crucial in today's multipolar world - and therefore acceptance for its mandate and mission; however, the exposure of its staff also led to security risks. In Afghanistan, where the ICRC has been present for many years, an attack on the Jalalabad sub-delegation killed one of the guards, showing that proximity does not always equal acceptance. Increasingly, humanitarian workers faced the threat of abduction, as was the case, at the time of writing, for three ICRC colleagues in Syria. In some contexts the authorities impeded activities, asserting their sovereignty or denying the ICRC access to sensitive places.

In all these operations, cooperation with the National Societies, notably operational partnerships through which thousands of Red Cross or Red Crescent volunteers worked alongside ICRC teams, was a key component of activities for communities. The result was a strong Movement response, for example in Colombia, the DRC, Mexico and Myanmar, that included deployments of National Society medical teams to reinforce ICRC operations, as in the Philippines and South Sudan. National Society volunteers also faced substantial risks, as seen in the critical case of the Syrian Arab Red Crescent, with 33 volunteers killed since the beginning of the conflict (as at 31 December).

Despite the challenges, the ICRC delivered strong responses as set out in its initial budget of CHF 988.7 million for the 2013 Emergency Appeals and in eight budget extensions during the year for the DRC (CHF 10.0 million), Myanmar (CHF 8.1 million), Niamey regional (CHF 39.2 million), the Philippines (CHF 29.7 million and CHF 14.5 million for Typhoons Bopha and Haiyan, respectively), and the Syrian armed conflict (Jordan - CHF 6.4 million; Lebanon -CHF 5.8 million; Syria – CHF 50.1 million).

The different phases of armed conflict and violence - emergency, early recovery and post-conflict - required varied responses. Moreover, people had different needs depending on their gender, age and circumstances (e.g. forcibly displaced, detained or with missing family members). The ICRC, often with National Societies, took these into account in deciding with the populations affected on the most appropriate way to alleviate their suffering, placing their specific needs at the core of the response and drawing on multidisciplinary activities and expertise rather than a standardized approach. In many contexts, it contributed its expertise in particular domains, for example in improving conditions in places of detention through visits and direct assistance to detainees and working with the authorities on a structural level (e.g. Burundi, Cambodia, Madagascar, Lebanon and Zimbabwe). Thanks to sustained efforts and dialogue with authorities, the ICRC obtained greater access to detainees in Bahrain, Ethiopia, Myanmar, Nigeria and Somalia.

The ICRC continued to highlight the threats facing health-care service delivery and attacks against health personnel and facilities and patients. It pursued its four-year Health Care in Danger project, with many delegations collecting information on reported incidents and making representations to the alleged perpetrators. Between January 2012 and July 2013, more than 1,400 such incidents were reported in at least 23 countries; over 90% directly affected local health-care providers (private or public), and 14% were related to National Societies. In parallel, workshops and consultations brought together experts, practitioners and armed forces personnel.

Sexual violence was another area in which the ICRC launched a four-year plan, in 2013, to strengthen its holistic operational response to the thousands of women, girls, men and boys affected in armed conflicts and other situations of violence, with devastating consequences.

Profound changes within the humanitarian community made coordination and partnership as important as ever. With so many players responding in crises - the Movement, UN agencies, regional bodies, armed forces, governments, national and international NGOs, faith-based organizations, donors, and other actors increasingly seen on the front line - ICRC field teams stepped up their efforts to coordinate activities and share analyses.

AFRICA

Acute crises in the CAR, the DRC, Mali and South Sudan unfolded alongside persistent poles of instability and humanitarian needs, including in Libya, Nigeria, Somalia and Sudan.

In Mali, following conflict and division in 2012, a military intervention led by France and Mali and several other African nations in early 2013 led to the retaking of the country's northern regions. Despite improvements for the population, insecurity prevailed, displaced persons did not return in great numbers and significant needs remained. ICRC support helped ensure the full functioning of the Gao hospital and several clinics, where people received emergency or standard health services. Over half a million people also benefited from food distributions or agricultural projects. Dialogue with the Malian government and the French armed forces facilitated ICRC access to detainees.

The multiplicity of armed groups in different parts of the DRC affected millions of people, who suffered attacks, looting, sexual abuse, displacement, injury or death. The arrival of the "intervention brigade" under a more robust UN mandate and operations carried out by the DRC armed forces led to the military defeat of the M23. Working closely with the National Society, the ICRC focused its response on emergency medical needs, providing surgical support in hospitals in Goma during peaks of conflict. IDPs and returnees received critical assistance, and victims of sexual violence obtained psychological support and medical treatment at ICRC-supported counselling centres.

In the neighbouring CAR, after the overthrow of the government in March, nine months of sectarian violence killed thousands, displaced even more and undermined already weak State service delivery. Thanks to its longstanding presence in Bangui and in towns like Kaga Bandoro or Ndele, the ICRC was able to preserve its access and implement vital activities, from an emergency medical response alongside Médecins Sans Frontières, to food, water and livelihood projects that helped IDPs and residents boost their coping ability - although, overall, the security situation on the ground presented some challenges in reaching all those in need.

South Sudan ended the year in the midst of an armed conflict between rival military factions, coming on top of several instances of intercommunal violence throughout the year, notably in Jonglei state. The remoteness of the regions affected and the fragility of national institutions prompted the ICRC to significantly scale up its capacities, centring on medical aid, food and water provision and protection activities.

In northern Nigeria, violence occurred among communities and between government forces and Boko Haram. With its office in Maiduguri, the ICRC was among the few organizations addressing some of the population's priority needs, together with the National Society.

In Sudan, operations continued in Darfur; they did not develop in Blue Nile and South Kordofan.

ASIA

South Asia experienced the lingering consequences of armed conflict and violence. In Afghanistan, the prolonged suffering of the population seemed set to continue. The deadly attacks against the Jalalabad sub-delegation and National Society and NGO staff were evidence of the challenging environment. Partly revising its setup, the ICRC continued its operations - its second-largest worldwide - maintaining support for hospitals, National Society clinics and physical rehabilitation centres. It visited people detained, predominantly by the Afghan authorities but also by the remaining international forces.

In Pakistan, following the killing of an ICRC medical delegate in 2012 as well as discussions with the authorities, operations were limited to those outlined in a 1994 agreement, leaving the ICRC's activities reduced in this context.

The impact of the ICRC's response in Myanmar grew considerably in 2013. In Rakhine state, it worked with health authorities and the National Society in providing civilians with health care and other assistance following intercommunal violence. It resumed visits to detainees and delivered medical supplies to Kachin state. It also started carrying out training for Myanmar police forces.

The Philippines was twice in twelve months hit by deadly typhoons. Together with the Philippine Red Cross, the International Federation and other National Societies, the ICRC deployed additional personnel and provided food, shelter, medicine and water for hard-hit communities in Mindanao and, later, in Samar. During the year, violence in Zamboanga required emergency action for tens of thousands of IDPs.

EUROPE AND THE AMERICAS

Operations in Latin America focused on the needs of people affected by the conflict in Colombia. Despite the ongoing peace negotiations, the effects of years of conflict remained; the ICRC, often with the Colombian Red Cross, responded to urgent and long-term needs relating, inter alia, to medical assistance in remote areas, weapon contamination and the consequences of sexual violence. Acting as a neutral intermediary, the ICRC facilitated the release of 26 people held by armed groups, enabling them to return to their families, in some cases after many years.

Across the Americas and Europe, with the National Societies, the ICRC addressed consequences of conflicts or violence on communities - as in Chile, Peru and the South Caucasus - and migrants -

as in Central America, Greece and Italy. This included responding to needs in relation to disappearance, health care, sexual violence, conditions of deportation and severed family links. The issue of missing persons remained a priority in the South Caucasus and the Western Balkans.

Across the region, the ICRC visited people deprived of their freedom, including at the US internment facility at Guantanamo Bay Naval Station in Cuba, where over 160 people have received almost a hundred visits since 2002. It called for the transfer of internees already declared eligible and for improved family contacts for inmates. In Uzbekistan, the ICRC terminated its visits to detainees owing to its inability to work according to its standard procedures.

MIDDLE EAST

In Syria, despite numerous operational constraints, up to 200 ICRC staff, together with the Syrian Arab Red Crescent, reached hundreds of thousands of people affected by the conflict. The ICRC stepped up its presence in early 2013, opening a base in Tartus, thereby broadening its contacts with all parties and obtaining greater access across fighting lines. With the Syrian Arab Red Crescent, it distributed food and household kits to millions of people, mainly IDPs also benefiting from emergency drinking water and improvements to their housing. An estimated 80% of the population continued drinking water thanks to ICRC-donated water-treatment supplies, spare parts, pumps and generators to local water boards.

Of deep concern to the ICRC in Syria was the obstruction of its medical activities, severely constrained by widespread insecurity and the authorities' unwillingness to let medical supplies enter areas held by armed groups. There was likewise no progress on access to detainees, whose conditions and treatment were worrying.

In neighbouring Iraq, Jordan and Lebanon, the ICRC, with the National Societies, provided emergency medical assistance, food, essential household items, clean water and/or family-links services for people fleeing Syria.

Inside Iraq, the situation further deteriorated, with levels of violence and casualties at their highest since 2006-07 and the sectarian nature of the confrontations becoming a source of concern. The ICRC continued visiting detainees and implementing large-scale medical and livelihood programmes for people displaced or otherwise vulnerable.

In Israel and the occupied Palestinian territory, the ICRC visited prisoners and helped Palestinians living under occupation meet their essential needs through various initiatives. In the Gaza Strip, for example, it rehabilitated key water and health infrastructure in coordination with the *de facto* authorities. It also began to engage in a constructive debate with the Israeli public on three occupation policies, namely the routing of the West Bank barrier, the annexation of East Jerusalem and the settlement policy, which contravene IHL. For other issues such as the conduct of hostilities, detention and the restoration of family links, the ICRC maintained bilateral and confidential dialogue with the Israeli authorities. In Yemen, armed clashes continued, affecting civilian life and injuring or killing many, even as the National Dialogue Conference was ongoing. During fighting in Dammaj village, the ICRC evacuated wounded people in risky cross-line operations. While security and access issues affected certain activities, it provided emergency relief, medical support and livelihood assistance for IDPs and residents, and reached an agreement with the government, awaiting formalization, on improved access to detainees.

ICRC OPERATIONS IN 2013: A FEW FACTS, FIGURES AND RESULTS

PRESENCE

In 2013, the ICRC was present in more than 80 countries through delegations, sub-delegations, offices and missions. Its delegations and missions were distributed throughout the world as follows:

Africa	30
Asia and the Pacific	17
Europe and the Americas	27
Middle East	10

PERSONNEL

The average number of ICRC staff in 2013 was as follows:

Headquarters:	949
Field: Mobile staff	1,601
Mobile employee	1,461
National Society employee	98
Resident employee on temporary mission	42
Field: Resident staff	10,183
Field: total ¹	11,784
Final total	12,733

^{1.} This figure does not include an average of 1,162 daily workers hired by the ICRC in the field

FINANCE

ICRC expenditure in 2013 In million	CHF	USD	EUR
Headquarters	189.0	204.0	154.0
Field	1,045.1	1,128.5	851.5
The sub-total comes to CHF 1,234.0 million, from which field overheads (CHF 63.3 million) must be deducted in order to reach the final total.			
Final total	1,170.7	1,264.2	953.8

Exchange rates: USD 1.00 = CHF 0.9261; EUR 1.00 = CHF 1.2274

10	largest operations in 2013 in terms of expenditure	In million	CHF	USD	EUR
1	Syrian Arab Republic		81.3	87.8	66.2
2	Afghanistan		76.8	82.9	62.6
3	Niamey (regional)		73.1	78.9	59.5
4	Congo, Democratic Republic of the		64.7	69.9	52.7
5	Somalia		64.1	69.2	52.2
6	Iraq		56.5	61.0	46.0
7	South Sudan		53.7	58.0	43.8
8	Philippines		51.3	55.3	41.8
9	Israel and the Occupied Territories		44.4	47.9	36.2
10	Sudan		35.7	38.5	29.1

Exchange rates: USD 1.00 = CHF 0.9261; EUR 1.00 = CHF 1.2274

VISITS TO DETAINEES

ICRC delegates visited 756,158 detainees, 23,473 of whom were monitored individually (773 women; 1,226 minors), held in 1,728 places of detention in 96 contexts, including detainees held by or in relation to the decisions of 5 international courts/ tribunals. Of this number, 13,239 detainees (449 women; 1,111 minors) were registered and visited for the first time in 2013.

With support provided by the ICRC, 13,076 detainees benefited from family visits.

A total of 21,515 detention attestations were issued.

RESTORING FAMILY LINKS

The ICRC collected 135,139 and distributed 112,413 RCMs, thus enabling members of families separated as a result of armed conflict, unrest, disturbances or tensions to exchange news. Among these messages, 21,435 were collected from and 13,865 distributed to detainees. In addition, the ICRC facilitated 357,058 phone calls between family members. The ICRC also made 10,664 phone calls to families to inform them of the whereabouts of a detained relative visited by its delegates.

The ICRC registered 2,679 unaccompanied/separated children (851 girls), including 775 demobilized children (45 girls) during 2013. Once their families had been located and with the agreement

of the children and their relatives, it organized the reunification of 1,476 children (437 girls) with their families. By the end of the year, the cases of 1,794 unaccompanied/separated children (including 346 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.

The ICRC established the whereabouts of 4,297 people for whom tracing requests had been filed by their families. The ICRC website familylinks.icrc.org listed the names of 31,492 people, helping reconnect them with their relatives and friends. At the end of the year, the ICRC was still taking action to locate 51,204 people (4,644 women; 5,591 minors at the time of disappearance) at the request of their families.

The ICRC reunited 1,736 people (including 1,476 minors) with their families. It organized the transfer or repatriation of 1,875 people, including 143 detainees after their release. It also organized the transfer or repatriation of 1,076 sets of human remains. It issued travel documents that enabled 4,420 people to return to their home countries or to settle in a host country.

It relayed 1,493 official documents of various types between family members across borders and front lines.

A total of 768,005 people contacted ICRC offices worldwide for services or advice regarding issues related to protection and family links.

ASSISTANCE

In 2013, the ICRC ran assistance programmes in 81 countries. The bulk of the work was carried out in Afghanistan, the Central African Republic, Colombia, the Democratic Republic of the Congo, Israel and the occupied territories, Jordan, Lebanon, the Philippines, Somalia, South Sudan, Sudan, the Syrian Arab Republic and Yemen.

ASSISTANCE SUPPLIES

In 2013, the ICRC purchased or received as contributions in kind the following assistance supplies:			
Relief items	126,620 tonnes	CHF 137 million	
Including top 10			
Canned Food, Fish	3,791,364 each		
Kits, Relief, Food Parcel, for family, 5 persons/1 month	468,019 each		
Food, Edible Oil, L	3,984,405 litres		
Food, Cereals, Rice, kg	32,088,510 kg		
Kits, Relief, Cooking Set	321,685 each		
Housing, Furniture, Bed mattress	327,211 each		
Housing, Shelter, Tarpaulins	321,623 each		
Housing, Shelter, Blankets	1,310,463 each		
Food, Pulses, Beans, kg	7,850,438 each		
Medical and physical rehabilitation items		CHF 29 million	
Water and habitat items		CHF 27 million	
	CHF 193 million		
	USD 208 million		
	EUR 157 million		

Exchange rates: USD 1.00 = CHF 0.9261; EUR 1.00 = CHF 1.2274

ECONOMIC SECURITY

During the year, ICRC activities to ensure economic security, many times implemented together with host National Societies, directly benefited households and communities in 55 countries worldwide. Some 6,786,000 internally displaced people (IDPs), returnees, residents (in general, 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 3,466,000 in the form of essential household and hygiene items. Around 66% and 62% of the beneficiaries of food and essential household and hygiene items respectively were IDPs, around 31% and 26% respectively were women and around 40% and 36% respectively children. In addition, some 4,619,000 people (of whom around 7% were IDPs) benefited from livelihood support through sustainable food-production programmes or micro-economic initiatives. These included various response mechanisms ranging from the rehabilitation of traditional irrigation systems to small-scale community-based cash-for-work and livestock-management/support projects. Some **3,526,000** people received assistance in the form of work, services and training.

WATER AND HABITAT

In 2013, the ICRC mobile and resident engineers and technicians were involved in water, sanitation and construction work in 58 countries. These projects catered for the needs of some 28,707,000 people worldwide (IDPs, returnees, residents - in general, 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). Around 30% and 40% of the beneficiaries were women and children respectively.

HEALTH CARE SERVICES

During the year, the ICRC regularly or occasionally supported 326 hospitals and 560 other health care facilities around the world. An estimated 8,223,000 people (31% women; 50% children) benefited from ICRC-supported health care facilities. Community health programmes were implemented in 25 countries, in many cases with National Society participation. Among the 4,330,000 patients who received consultation services, 36% were women and 39% were children.

Some 13,600 weapon-wounded and 112,400 non-weaponwounded surgical patients were admitted to ICRC-supported hospitals in 31 countries, where some 150,000 surgical operations were performed. In these hospitals, more than 436,600 other patients were admitted, including 194,508 women and girls receiving gynaecological/obstetric care. Some 1,399,000 people were treated as outpatients and 3,442 people had their treatment paid for by the ICRC. The ICRC supported 106 first-aid posts located near combat zones, which provided emergency treatment, mainly for weapon-wounded patients.

Health in detention activities were carried out in 42 countries.

CARE FOR THE DISABLED

ICRC physical rehabilitation technicians provided support to more than 90 centres in 27 countries and 1 territory, enabling 283,691 patients (including 51,500 women and 87,840 children) to receive services. A total of 9,146 new patients were fitted with prostheses and 31,211 with orthoses. The centres produced and delivered 22,119 prostheses (including 2,981 for women and 1,494 for children; 7,681 for mine victims) and 68,077 orthoses (including 11,759 for women and 35,608 for children; 1,997 for mine victims). In addition, 3,743 wheelchairs and 38,679 crutches and walking sticks were distributed, most of them locally manufactured. Training of local staff was a priority in order to ensure sustainable services for patients.

WEAPON CONTAMINATON

Throughout the year, the Weapon Contamination Unit provided operational support to delegations, National Societies and political authorities in 27 contexts (23 delegations). The Unit also worked with the UN and NGOs to further develop and strengthen international mine-action standards and coordination.

FORENSIC SERVICES

During 2013, the ICRC's forensic services supported field operations in more than 50 countries in all regions, to help prevent and resolve cases of missing persons, including in emergencies. Activities consisted in promoting and supporting the implementation of forensic best practice for the proper and dignified recovery, management and identification of human remains in armed conflict, other situations of violence and natural disaster. In addition, a variety of internal and external training, dissemination and networking activities, including for National Societies, were conducted to build countries' capacities to deal with the problem and to raise general awareness of the issue.

ICRC COOPERATION WITH NATIONAL SOCIETIES

The aim of the ICRC's cooperation with National Societies is twofold: 1) to strengthen operational relationships with host National Societies (National Societies working in their own countries) to improve their activities for people affected by armed conflict and other situations of violence, and 2) to strengthen their capacities overall.

In the vast majority of the countries where it operates, the ICRC does so in partnership with host National Societies and with the support of National Societies working internationally. In 2013, more than one third (35%) of the ICRC's operational activities were conducted in partnership with the National Society of the **country concerned**, with the following breakdown by programme:

Assistance 42% ▶ Protection 36% Prevention 31%

These activities were implemented in 48 ICRC delegations. The ICRC also contributed to the overall strengthening of the National Societies' capacities to carry out their own activities.

Direct cash transfers to boost National Society capacities to provide immediate responses represented CHF 18 million. Total ICRC investment in overall capacity building represented CHF 22.4 million.

PUBLIC COMMUNICATION

In 2013, the ICRC's humanitarian concerns and activities continued to be widely covered by media worldwide. According to the Factiva database, which compiles print and online media sources worldwide, the ICRC was mentioned about 15,000 times.

The ICRC produced some 164 print and audiovisual products, including 25 video news items, which were issued to broadcasters worldwide, and 71 other video news items and films for use with various target groups. The ICRC's news footage was carried by over 250 channels worldwide, including Al Jazeera and BBC World television.

The ICRC distributed some 380,000 publications and copies of films from Geneva, Switzerland, to clients worldwide.

The ICRC website received some 16 million page views in total, roughly the same as in 2012.

Interest in the ICRC's social media platforms grew significantly: the number of 'likes' for the Facebook page increased fourfold to reach 250,000; the number of followers of the ICRC's six main Twitter accounts nearly doubled to 217,000; and ICRC videos were viewed more than half a million times on YouTube.

STATE PARTICIPATION IN IHL TREATIES AND DOMESTIC IMPLEMENTATION

The ICRC continued to develop an active dialogue with national authorities worldwide in order to promote accession to IHL treaties and their domestic implementation. It provided legal and technical advice to governments, and encouraged and supported them in their endeavours to establish national interministerial committees entrusted with the national implementation of IHL. In 2013, 2 new national IHL committees were created (in Bangladesh and Liberia), bringing the total number worldwide to 104.

The ICRC organized, or contributed to, 43 regional events in relation to IHL and its incorporation into domestic law, which were attended by some 880 people from 118 countries.

This work contributed to 62 ratifications of IHL treaties (including 1 of the 1949 Geneva Conventions, 1 of Additional Protocol I, and 4 of Additional Protocol III) by 39 countries. In addition 12 countries adopted 13 pieces of domestic legislation to implement various IHL treaties, and many prepared draft laws on other related topics.

Throughout the year, ICRC delegates met with various weapon bearers present in conflict zones, from members of the military and the police to paramilitary units, armed groups and staff of private military companies.

- ▶ 32 specialized ICRC delegates conducted or took part in more than 150 courses, workshops, round-tables and exercises involving some 125,000 military, security and police personnel in more than 90 countries; more than 80 military officers from 40 countries received ICRC scholarships to attend 8 military courses on IHL in San Remo, Italy
- ▶ 70 general and senior officers from 55 countries attended the Senior Workshop on International Rules Governing Military Operations in Cartagena, Colombia
- ▶ the ICRC maintained relations with the armed forces of 163 countries and engaged in dialogue with armed groups in more than 40 countries
- > specialized delegates in Africa, Asia, Europe, and North America represented the ICRC and observed the implementation of IHL or international human rights law during some 15 international military exercises

RELATIONS WITH ACADEMIC CIRCLES

Over 430 universities in more than 80 countries received support for the teaching of IHL while, outside the classroom, individual professors participated in the development, implementation and promotion of the law. Over 60 delegations provided training to university lecturers, co-organized seminars, supported student competitions and stimulated academic debate on how to improve respect for the law.

In 2013, the ICRC organized or co-organized:

- ▶ 12 regional and international IHL training seminars for academics (4 in Africa; 3 in Asia and the Pacific; 3 in Europe and the Americas; 2 in the Middle East), involving over 300 professors, lecturers and graduate students
- an intensive IHL training course for humanitarian practitioners in France for 32 competitively selected senior practitioners and policy-makers
- ▶ 6 regional IHL competitions for students (2 in Africa; 2 in Asia and the Pacific; 2 in Europe and the Americas), involving some 250 students and lecturers
- ▶ the annual Jean-Pictet Competition on IHL, involving 47 student teams from around the world

In addition:

▶ the International Review of the Red Cross, a peer-reviewed academic journal published by the ICRC and Cambridge University Press, produced 4 issues on the following topics: violence against health care; multinational operations and the law; the scope of application of IHL; and generating respect for the law

▶ 4,000 copies of the journal were printed, with selected articles translated into Arabic, Chinese, French, Russian and Spanish, and distributed in over 70 countries around the world. The main readership of the journal includes lawyers, military experts, academics, humanitarian practitioners and policy-makers.

SUPPORTING IHL EDUCATION IN SCHOOLS

Education authorities and National Societies worldwide received support from the ICRC to work towards the integration of IHL and humanitarian education into formal secondary school curricula. Youth projects in which humanitarian education forms part of an integrated response to the consequences of urban violence continued to expand in Latin America.

In 2013:

- ▶ more than 10,000 people consulted the Exploring Humanitarian Law Virtual Campus, a web-based resource centre for the programme
- ▶ the ICRC continued to address the consequences of urban violence affecting young people in Latin America through contextualized school-based projects - in Honduras, the cities of Medellín, Colombia, and Rio de Janeiro, Brazil, and in Ciudad Juárez, Guerrero and Valle de Juárez in Mexico - all aimed at fostering a humanitarian space in and around schools
- ▶ the ICRC worked together with the International Federation and several National Societies to consolidate the concept of humanitarian education as a guiding reference for Movement action in the field of youth and education. With a view to providing a coherent Movement approach in this field, the "Humanitarian Education Platform" was launched during the 2013 Council of Delegates in Sydney, Australia.

INFORMATION AND DOCUMENTATION **MANAGEMENT AND MULTILINGUAL** COMMUNICATION

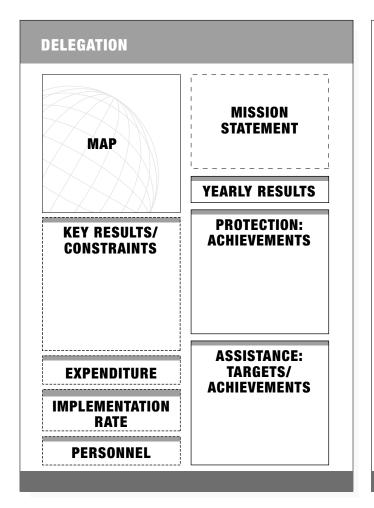
The ICRC's Archive and Information Management Division managed more than 20 linear kilometres of archival records and a collection of over 27,000 books, 800,000 photos, about 800 hours of video footage and 12,500 audio files. Last year, it received **2,500 visitors** and handled more than **3,000 requests** from National Societies, NGOs, academia, government departments and the media.

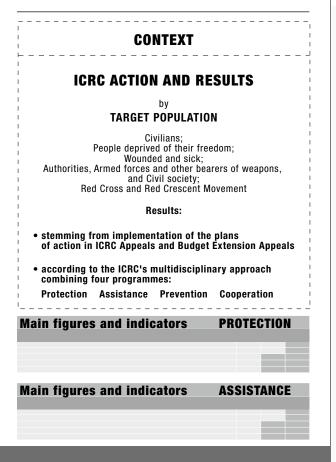
The ICRC's Preservation and Tracing Archives Unit handled more than 2,500 requests from victims of past armed conflicts while its Records Management Unit responded to some 600 internal research requests.

ICRC headquarters received 134 groups totaling about 3,120 people (university students: 60.7%; National Society staff and volunteers: 15.8%; diplomatic community: 10.2%; members of armed forces: 7.7 %; the private sector: 2.4%; secondary school and vocational training students: 1.6% and NGOs and religious groups: 1.6%).

More than 10 million words were translated, edited and proofread by translators and editors working for or contracted by the ICRC through its language service.

SER GUIDE: AYOUT OF DELEGATION SECTIONS





The sections on each of the field delegations and missions in the Annual Report have been formatted to facilitate reader access to the information they contain. Each section comprises the following elements:

- 1. Map: the country or region showing the ICRC's presence during the year; the maps in this publication are for information purposes only and have no political significance
- **Delegation:** the State(s), geographical areas, and/or political entities covered by the ICRC's presence
- Mission statement: the ICRC's reasons for being in the country or region and its main activities there
- Yearly results: 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
- **6. Protection:** a table providing key indicators regarding activities for restoring/maintaining family links and for people deprived of their freedom
- 7. Assistance 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 expatriate and national 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 takes into consideration when analysing the situation to carry out its humanitarian action
- 12. ICRC action and results: a summary of the ICRC's action and results in the given context followed by a more detailed description of this action and the results by target population
- 13. ICRC action and results by target population: a description of the ICRC's action and the results by target population

These descriptions follow up on objectives and plans of action provided to donors in yearly appeals and budget extension appeals. They include qualitative and quantitative results (output, outcome and contribution to impact) and combine 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 relating to ICRC protection and assistance programmes in a given context

The ICRC aims to ensure that people in need of protection and assistance in armed conflict and other situations of violence receive effective and relevant support, in fulfilment of the organization's mandate and of its responsibility to use donor funds optimally; thus the ICRC employs result-based management, a structured approach that focuses on the desired and expected results for the beneficiaries throughout the management cycle¹. A central element of this approach is the ICRC's yearly planning and regular monitoring and review of its activities and achievements and of the needs of the people affected through updated or new assessments. This process is structured according to the ICRC corporate management framework, which covers programmes and target populations². In particular, during the yearly planning exercise,

specialists and managers in the field and at headquarters assess and analyse all ICRC operations and review the progress made in terms of project implementation and of their results against the objectives defined during the previous year's planning exercise. On this basis, the ICRC appraises its yearly 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/delegation for the year concerned.

Success in achieving the objectives and plan of action are evaluated using the scale below:

HIGH

MEDIUM

The score provided for the yearly results of each context/ delegation is the response to the following 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 plan of action are presented in the yearly appeals and budget extension appeals to donors. Scores, therefore, are not based on the global humanitarian situation in the context or on the institutional ambition the ICRC may, could or should have had in that context.

See in the present report The ICRC's operational approach to result-based management: improving humanitarian action

See in the present report ICRC management framework and descriptions of programmes

SER GUIDE: FIGURES AND NDICATORS — EXPLANATION

INTRODUCTION

Standard figures and indicators detail protection and assistance programmes worldwide:

- ▶ for each context section, when relevant:
 - **key figures** for each programme are provided on the front page
 - summary tables by programme are available at the end of the section - e.g. Afghanistan or Caracas (regional)
 - additional tables may be included within a context report with specific disaggregated indicators that are relevant to the operations in that context
- be the section introducing each geographical entity (Africa, Asia and the Pacific, Europe and the Americas, and Middle East)
 - key figures for each programme for all contexts covered by the geographical entity on the front page
 - summary tables of the programmes for all contexts covered by the geographical entity at the end of the section
- ▶ at the end of the operational sections, the section "Figures and indicators" provides comprehensive worldwide summary tables

The sub-sections below list the indicators and their definitions. Where relevant, these indicators are used in the aforementioned sections and tables.

It must be noted, however, that these figures and indicators do not capture the full 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. Different combinations of the adverse environment; inaccessibility due to conflict, violence or other crises; and cultural and/or State-imposed restrictions (e.g. government policies against providing data on health care activities or genderspecific breakdowns of beneficiaries) may be barriers to such efforts. Some types of support, including ad hoc assistance given to health centres or hospitals during emergencies, are not always included in the count of structures supported. Moreover, other types of support and results are simply impossible to quantify in figures; 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.

PROTECTION FIGURES AND INDICATORS GENERAL

Child / minor

a person under 18 or under the legal age of majority

Girl

a female person under 18 or under the legal age of majority

a female person aged 18 or above the legal age of majority

Basis for the figures

all figures - except for detainees 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 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 the destination of the RCM, during the reporting period

RCMs distributed

the number of RCMs distributed, regardless of the origin of the RCM, during the reporting period

OTHER MEANS OF FAMILY CONTACT

Phone calls facilitated between family members (by cellular or satellite phone)

the number of calls 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 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 REPATRIATION

People reunited with their families

the number of people reunited with their families under the auspices of the ICRC during the reporting period

Civilians transferred/human remains transferred

the number of civilians or remains, not including those in the context of detention, transferred by the ICRC during the reporting period

Civilians repatriated/human remains repatriated

the number of civilians or remains, not including those in the context of detention, whose repatriation was facilitated by the ICRC during the reporting period

TRACING REQUESTS¹

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, including 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

all cases of people whose fates are not known either to their families or to the ICRC and for whom the ICRC is going to undertake some kind of action to clarify their fates or to confirm their alleged fates; these can include allegations of arrest and co-detention, and tracing requests collected following unsuccessful attempts to restore family links by other means

Tracing requests closed positively

the number of people for whom tracing requests had been initiated and who were located or whose fates were established (closed positively) during the reporting period

Tracing requests 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 (UAMs)²/SEPARATED CHILDREN (SCs)³/DEMOBILIZED CHILD SOLDIERS

UAMs/SCs/demobilized child soldiers newly registered

the number of UAMs/SCs/demobilized child soldiers registered by the ICRC or the National Society during the reporting period, and whose data are centralized by the ICRC

UAMs/SCs/demobilized child soldiers reunited with their families

the number of UAMs/SCs/demobilized child soldiers reunited with their families by the ICRC or the National Society

Cases of UAMs/SCs/demobilized child soldiers still handled at the end of the reporting period

the number of UAMs/SCs/demobilized child soldiers whose cases were opened but who had not yet been reunited 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 ISSUED

People to whom travel documents were issued

the number of individuals to whom the ICRC issued travel documents 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

Official documents relayed between family members across borders/front lines

the number of documents – e.g. passports, power of attorney documents, death certificates, birth certificates, marriage certificates, and ICRC certificates such as house destruction certificates, and tracing requests (other than detention attestations) – forwarded or transmitted during the reporting period

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees visited

during the reporting period, the number of detainees visited, whether monitored individually or otherwise, including detainees seen and registered for the first time; those registered previously and visited again; those not revisited, but who remain of ICRC concern; and groups that received aid collectively without being registered individually

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 during the reporting period

the number of detainees visited for the first time since their arrest and registered during the reporting period

Number of visits carried out

the number of visits made, including those to places found empty when visited, during the reporting period

Number of places of detention visited

the number of places of detention visited, including places that were found empty when visited, during the reporting period

Detainees benefiting from the ICRC's family-visits programme

the number of detainees who were visited by a relative via an ICRCorganized or -financed visit during the reporting period

Detainees released and transferred/repatriated by/via the ICRC

the number of detainees whose transfer or repatriation was facilitated by the ICRC

INTERNATIONAL ARMED CONFLICT (THIRD GENEVA CONVENTION)

Prisoners of war (POWs) visited

the number of POWs visited and monitored individually during the reporting period

POWs newly registered during the reporting period

the number of POWs visited for the first time since their capture and monitored individually during the reporting period

POWs released during the reporting period

the number of POWs released during the reporting period

POWs repatriated by/via the ICRC

the number of POWs released and repatriated under the auspices of the ICRC during the reporting period

Number of visits carried out

the number of visits to POWs carried out during the reporting period

Number of places visited

the number of places holding or having held POWs visited during the reporting period

a child 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

a child under 18 or under the legal age of majority separated from both parents or from his/her previous legal caregiver but accompanied by another adult relative

INTERNATIONAL ARMED CONFLICT (FOURTH GENEVA CONVENTION)

Civilian internees (CIs) and others visited

the number of CIs and other persons protected by the Fourth Geneva Convention who were visited and monitored individually during the reporting period

CIs and others newly registered during the reporting period

the number of CIs and other persons protected by the Fourth Geneva Convention who were visited for the first time since the start of their internment and monitored individually during the reporting period

CIs and others released

the number of CIs and other persons protected by the Fourth Geneva Convention who, as per information received from various credible sources, were released - including those transferred or repatriated under the auspices of the ICRC upon release - during the reporting period

Number of visits carried out

the number of visits carried out to places holding or having held CIs and other persons protected by the Fourth Geneva Convention during the reporting period

Number of places visited

the number of places holding or having held CIs and other persons protected by the Fourth Geneva Convention visited during the reporting period

ASSISTANCE FIGURES AND INDICATORS

GENERAL

Women

female persons aged 15 and above

Men

male persons aged 15 and above

female persons under the age of 15

male persons under the age of 15

Basis for the figures

- b depending on the environment and circumstances of the context concerned, as well as on the activities implemented or services delivered/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 systematically used when the figures are based on estimates and secondary sources
- in the field of economic security, beneficiary numbers for *cash*, vouchers and work, services and training are usually based on the registration of individuals; the numbers of beneficiaries of food, essential household items and productive inputs are based on ICRC estimates as such beneficiaries are not systematically registered

- in the field of water and habitat, beneficiary numbers are based mainly on ICRC estimates and credible secondary
- 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; figures related to health facilities regularly supported are based on reliable records
- in the field of *physical rehabilitation*, beneficiary and appliance numbers are based on the registration of individuals and the counting of units/devices 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 targets set by delegations during the planning process in the middle of the previous calendar year (for the entirety of the next year) or ad hoc planning processes during the year itself, in cases of emergencies.

Targets are indicated in the sections Main targets for 20XX of ICRC appeals to donors. These only include what can be defined in advance. During the planning process, delegations use standard averages for the number of individuals per household; however, these figures are usually found to be lower than the actual household sizes once the initiatives are implemented. Delegations also cannot specifically predetermine the number of health and medical 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. Similarly, delegations face limitations in precisely classifying beneficiaries or the exact type of services they will receive. For example, they may establish targets for emergency relief, such as food/essential household items, and record beneficiaries accordingly during their planning. However, the circumstances when the assistance is delivered could make it more appropriate to provide the relief through cash or vouchers, with which these commodities may be procured. They may count beneficiaries under productive inputs during their planning, even if during project implementation, beneficiaries instead receive work, services and training - e.g. by benefiting from veterinary and agricultural support and/or other services, including vocational training in fields such as carpentry. Communities benefiting from services are also often not included in the target defined for work, services and training as their number cannot be determined before the implementation of the initiative. Likewise, the number of beneficiaries who will receive cash allowances for supporting agricultural activities - e.g. vaccinations, post-harvest monitoring - is not always included in the target defined for cash. Despite efforts to harmonize definitions and data entry, some differences in interpretation may also affect the results presented.

Moreover, major differences between targets and achievements - both when targets are not met or are exceeded - highlight the difficulties delegations face in precisely foreseeing needs or the ICRC's ability to launch or continue humanitarian responses, as the dynamics of instability, security, access, as well as operational capacities, 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, explicitly or implicitly, provides information to explain major differences.

ECONOMIC SECURITY

BENEFICIARIES

Note: the number of beneficiaries of each type of commodity/ service cannot be cumulated as some people may have benefited from more than one type of commodity/service during the reporting period. This is typically the case with beneficiaries of micro-economic initiatives, who usually receive a combination of different commodities.

Beneficiaries of 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 number includes people who have benefited from food in 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

Beneficiaries of essential household items

per population group, the number of individuals who have received one or more essential household items at least once during the reporting period; items distributed typically include tarpaulins, blankets, basic clothing, kitchen sets, hygiene kits, soap, jerrycans and mosquito nets

Beneficiaries of productive inputs

per population group, the number of individuals who have, at least once during the reporting period, received one or more agricultural/veterinary inputs (e.g. fertilizer, animal vaccines, seed, tools) or other type of material assistance for micro-economic initiatives (e.g. for carpentry, welding, food processing, trade)

Beneficiaries of cash

per population group, the number of individuals who have benefited from cash assistance at least once during the reporting period; this number includes those who have received cash grants, either as a form of relief assistance or for launching micro-economic initiatives, as well as those who have received cash in exchange for work they carried out, for example, on community projects

Beneficiaries of vouchers

per population group, the number of individuals who have benefited from assistance provided in the form of vouchers to be exchanged for specified commodities, services or training, at least once during the reporting period

Beneficiaries of work, 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 occupational training that helped them pursue their livelihoods

WATER AND HABITAT

BENEFICIARIES

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 material (chlorine, spare parts, etc.), beneficiaries are counted only once.

Civilians

this population group includes residents, IDPs, returnees and, in some cases, refugees

IDPs (included in the category "civilians" above)

this population comprises people who have had to leave their normal place of residence, but have remained in their own country, living in spontaneous settlements, in camps or hosted by relatives, friends or other residents

People deprived of their freedom

the number of detainees in the structures supported

Wounded and sick

the number of beds in the structures supported

TYPES OF SERVICE

Water and habitat structures for all population groups

this comprises the following types of projects: wells, boreholes, springs, dams, water-treatment plants, latrines, septic tanks and sewage plants built or repaired; vector control activities and in-house rehabilitation support

Water and habitat structures for civilians

this comprises the following types of projects: temporary settlements (shelter), site planning and rehabilitation of dispensaries and health centres or posts

Water and habitat structures for people deprived of their freedom

this comprises the following types of projects: rehabilitation of prisons and detention centres, especially kitchen facilities

Water and habitat structures for the wounded and sick

this comprises the following types of projects: hospitals and physical rehabilitation centres built or repaired

HEALTH SERVICES

It should be noted that in a number of contexts, data about patients and health activities cannot be provided or is only provided in part. The main reasons are the following: the lack of proper data collection systems at facility-level or difficulties in transmitting information from the facility to the central level and/or the ICRC - both of which result in invalid or incomplete information (in such cases and for facilities regularly supported, the ICRC endeavours to help local teams put in place a data management system). Moreover, there may be reticence from the authorities in providing the ICRC with some types of data or allowing the organization to make further use of the information

COMMUNITY HEALTH / BASIC HEALTH CARE FOR RESIDENTS, IDPs, RETURNEES AND REFUGEES

Monthly average of health centres supported

the number of health facilities supported, on average, per month

Health centres supported

the total number of health facilities supported; target figures only include regularly supported health facilities

Activities

beneficiaries are registered and tallied based on the particular service they receive (e.g. ante/post-natal consultation, immunization, curative consultation)

Immunization activities

the number of doses administered

Polio immunizations

the number of polio doses administered during the campaigns; this number is included in the total number of immunization activities

HOSPITAL SUPPORT – WOUNDED AND SICK

Monthly average of hospitals supported

the number of hospitals supported, on average, per month

Patients whose treatment was paid for by the ICRC

the number of patients whose consultation, admission and/or treatment fees are regularly or occasionally paid for by the ICRC

Hospitals supported

the total number of hospitals supported; target figures only include regularly supported hospitals

Inpatient activities

the number of beneficiaries registered and tallied based on the particular service they have received (surgical, medical, gynaecological/ obstetric)

Outpatient activities

the number of outpatients treated, without any distinction made among diagnoses

Patients admitted with injuries caused by mines or explosive remnants of war

this number of patients is included in the total number of patients admitted

Operations performed

the number of operations performed on weapon-wounded and non-weapon-wounded patients

PEOPLE DEPRIVED OF THEIR FREEDOM

Number of visits carried out by health staff

the number of visits by health staff who are part of the ICRC visiting team or visits made by health staff for medical issues to people deprived of their freedom

Number of places of detention visited by health staff

the number of places of detention visited by health staff part of the ICRC visiting team and/or visited by health staff for medical issues to people deprived of their freedom

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 at the centres

the number of patients, amputees and non-amputees who received services at the centres during the reporting period - both new and former patients who came for new devices, repairs (to prostheses, orthoses, wheelchairs, walking aids) or physiotherapy

Amputees receiving services at the centres

the number of amputees who received services at the centres during the reporting period - both new and former patients who came for new devices, repairs (to prostheses, orthoses, wheelchairs, walking aids) or physiotherapy

New patients fitted with prostheses (new to the ICRC)

the number of new patients 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

Prostheses delivered to mine victims

the total number of prostheses delivered, during the reporting period, specifically to victims of mines or explosive remnants of war

Non-amputees receiving services at the centres

the number of non-amputees who received services at the centres during the reporting period – both new and former patients who came for new devices, repairs (to prostheses, orthoses, wheelchairs, walking aids) or physiotherapy

New patients fitted with orthoses (new to the ICRC)

the number of new patients 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

Orthoses delivered to mine victims

the number of orthoses delivered, during the reporting period, specifically to victims of mines or explosive remnants of war

Patients receiving physiotherapy at the centres

the number of patients who received physiotherapy services at the centres during the reporting period

Mine victims receiving physiotherapy at the centres

the number of mine victims who received physiotherapy services at the centres during the reporting period

Crutches and sticks delivered (units)

the number of crutches and sticks (units, not pairs) delivered during the reporting period

Wheelchairs delivered

the number of wheelchairs delivered during the reporting period