

# MEXICO CITY (regional)

COVERING: Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama



## EXPENDITURE (IN KCHF)

Protection	2,002
Assistance	850
Prevention	2,434
Cooperation with National Societies	824
General	32
<b>Total</b>	<b>6,142</b>
of which: Overheads	375

## IMPLEMENTATION RATE

Expenditure/yearly budget	85%
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## PERSONNEL

Expatriates	12
National staff (daily workers not included)	44

## KEY POINTS

### In 2011, the ICRC:

- strengthened dialogue with armed and security forces regionwide on the integration of rules governing the use of force in law enforcement, signing cooperation agreements with Mexico's Public Security and Navy Secretariats
- to facilitate the search for people missing as a result of past conflict and current violence in Guatemala, Mexico and Panama, provided expertise to the authorities, leading to the adoption of a national protocol in Mexico
- funded projects run by National Societies in El Salvador and Guatemala and by the education authorities in Honduras to address inner-city violence, while preparing to start similar projects in 2 Mexican states by 2012
- supported expanding Guatemalan, Honduran, Mexican and Salvadorean Red Cross services for vulnerable and injured migrants, while providing financial and technical back-up to prosthetic/orthotic centres treating them
- in Guatemala and Mexico, reinforced weapon-wound management capacity by training 107 health and military medical personnel in 3 surgical seminars
- strengthened its presence in Panama's Darién region, working with the National Society to meet the longer-term water and sanitation needs of border communities by facilitating rainwater collection and promoting hygiene

The Mexico delegation opened in 1998, becoming a regional delegation in 2002. It strengthens the capacities of the region's National Societies; works with them to meet the needs of violence-affected people, including those in Panama affected by the conflict in Colombia, and vulnerable migrants; monitors detainees' conditions; and endeavours to ascertain the fate of missing persons, particularly in Guatemala. 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.

## CONTEXT

Growing violence linked to the continued expansion of organized crime meant that the region's governments frequently deployed armed forces alongside police to ensure law and order.

In Mexico, armed confrontations between drug cartels and armed and security forces continued to have serious consequences for civilians caught in the crossfire and exposed many to deadly dangers. Following its exclusion after the overthrow of the government in June 2009, Honduras was readmitted to the Organization of American States (OAS), but violence reached record levels. Guatemala, where the new president Otto Pérez Molina promised more security, and El Salvador reported high murder rates. Other, previously less-affected countries struggled to keep violence under control. Panama continued to suffer the spillover effects of the armed conflict and drug trade in Colombia, particularly in the Darién border region where it deployed more border guards.

Hundreds of thousands of migrants heading for the United States of America risked abuse, abduction, physical injury and even death at the hands of armed groups on their journey.

The region remained affected by the issue of people unaccounted for as a result of past armed conflict, current violence and migration.

## ICRC ACTION AND RESULTS

Alongside cooperation with political authorities on IHL integration, the ICRC strengthened its dialogue with Mexican and Central American armed and security forces, including, at the regional level, the Conference of Central American Armed Forces (CFAC) concerning the integration of international human rights norms applicable to law enforcement. This was reflected in joint training events and cooperation agreements with the Mexican Public Security and Navy Secretariats, the latter a breakthrough given heavy navy involvement in the fight against the drug trade. Mexico's National Defence Secretariat and the ICRC launched a revised series of workshops on the use of force, while in Guatemala military and police officers, along with representatives of the Public Ministry, attended the first joint seminar on the topic.

To improve access to specialized care for patients with firearm injuries, ICRC surgeons trained Mexican military medical personnel and Guatemalan health professionals in weapon-wound management.

Main figures and indicators	PROTECTION	Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Red Cross messages (RCMs)</b>				
			UAMs/SCs*	
RCMs collected		2		
RCMs distributed		2		
Phone calls facilitated between family members		1,255		
Human remains transferred/repatriated		1		
<b>Tracing requests, including cases of missing persons</b>				
			Women	Minors
People for whom a tracing request was newly registered		1		
People located (tracing cases closed positively)		1		
Tracing cases still being handled at 31 December 2011 (people)		3		1
<b>Documents</b>				
People to whom travel documents were issued		3		
Official documents relayed between family members across borders/front lines		2		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>				
<b>ICRC visits</b>				
			Women	Minors
Detainees visited and monitored individually		64	2	1
Detainees newly registered		20		1
Number of visits carried out		30		
Number of places of detention visited		20		
<b>Restoring family links</b>				
RCMs collected		1		
Phone calls made to families to inform them of the whereabouts of a detained relative		31		
Detainees visited by their relatives with ICRC/National Society support		29		

\* Unaccompanied minors/separated children      1. Honduras, Mexico and Panama

Main figures and indicators	ASSISTANCE	Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat</b>				
Essential household items <sup>2</sup>	Beneficiaries	225		
Water and habitat activities <sup>3</sup>	Beneficiaries	430		
<b>Health</b>				
Health centres supported <sup>4</sup>	Structures	4		
Consultations	Patients	12,171		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation<sup>5</sup></b>				
Centres supported	Structures	4		
Patients receiving services	Patients	4,198	34	265
New patients fitted with prostheses	Patients	50	6	11
Prostheses delivered	Units	72	8	8
	<i>of which for victims of mines or explosive remnants of war</i>	Units	20	
New patients fitted with orthoses	Patients	282	27	249
Orthoses delivered	Units	378	31	324
	<i>of which for victims of mines or explosive remnants of war</i>	Units	10	

2. Mexico      3. Panama      4. Guatemala, Mexico      5. El Salvador, Guatemala, Honduras, Mexico

In meetings with the Guatemalan and Panamanian authorities, the ICRC continued to stress the need to address the issue of persons missing as a result of past conflict or earlier situations of violence, including the support due to their families. In parallel, it continued to provide technical support to relevant State institutions and NGOs and helped families deal with administrative, legal and economic problems arising in connection with the disappearance of a relative. To help build Mexico's forensic capacities, the ICRC stepped up specialist training and contributed to the drafting of a national protocol to standardize and facilitate the search for missing persons.

Mexican and Central American Red Cross Societies continued to receive ICRC support in implementing the Safer Access approach in situations of violence where they deployed their services. To help address violence particularly affecting and/or involving young people, the ICRC supported projects run by the Guatemalan and Spanish Red Cross Societies in Guatemala, by the Honduran, Italian and Swiss Red Cross Societies in Honduras and by the Salvadorean and Italian Red Cross Societies in El Salvador. In Honduras,

where it opened an office, the ICRC carried out a project with the Education Ministry and education professionals to promote humanitarian principles in inner-city schools. It was developing two similar projects in Mexico's Chihuahua and Guerrero states.

The ICRC continued to support Mexican, Guatemalan and Salvadorean Red Cross and other services for vulnerable and injured migrants, while providing financial and technical back-up to prosthetic/orthotic centres treating them and enabling dispersed relatives to find and reconnect with one another.

In Panama's Darién region, the Red Cross Society of Panama and the ICRC worked to meet the longer-term water and sanitation needs of border communities, equipping houses with rainwater collection systems and promoting hygiene awareness among local residents.

In Mexico, the ICRC continued visits to people detained for alleged links with armed groups or arrested during confrontations with security forces, mainly in the southern states. In Panama,

visits continued to detained Colombian nationals allegedly linked to the Revolutionary Armed Forces of Colombia. In Honduras, the ICRC signed an agreement with the authorities granting the organization access to detainees in any place of detention.

The ICRC participated in regional fora, including Central America-based OAS bodies and the Central American Integration System (SICA), to ensure that topics of humanitarian concern featured on their agendas, to contribute IHL and humanitarian expertise to their deliberations and to foster understanding of its neutral, impartial and independent stance. The ICRC's IHL advisory service for Latin America and the Caribbean, based at the Mexico City delegation, continued to work with national authorities to promote the ratification and implementation of IHL treaties.

## CIVILIANS

Addressing the issue of persons missing as a result of armed conflict, other situations of violence, natural disaster or migration remained a key concern across the region, requiring forensic, legal, psychological and social expertise.

### Families assisted in their search for information on missing relatives

Guatemala's past non-international armed conflict spanning three decades had left tens of thousands of people unaccounted for; their families continued to encounter administrative, legal and economic problems. A draft law on the establishment of a permanent commission on missing persons was still awaiting final approval in Congress. In meetings, the authorities and the ICRC continued to discuss the difficulties experienced by missing persons' families and the need to create a national search committee to inject fresh momentum into the process of clarifying the fate of the disappeared. An ICRC-commissioned study found that the slow pace was mainly due to shortcomings in the application of existing legal provisions.

Families continued to receive assistance from State institutions and NGOs working to ascertain the fate of missing persons, reunite families and provide psychological support. NGOs and victims' associations received funding and/or technical and material support from the ICRC in the use of the national ante/post-mortem database, which used specially designed ICRC software to facilitate data centralization and management. More than 20 representatives from 14 NGOs and the Forensic Institute attended a workshop on the use of the database and standardized forms. Families whose relatives' remains had been found were able to give them a proper burial, with ICRC material and financial support. People separated from their families as children were reunited with their kin. The Foreign Ministry requested ante/post-mortem software to clarify cases of missing Guatemalan migrants.

In Mexico, failings in investigation and identification procedures reportedly resulted in unidentified human remains, including those of many migrants, being disposed of in a way that precluded

any possibility of recovery for future identification. To help rectify this, the forensic working group set up in 2010 drafted a national protocol to standardize and facilitate the search for missing persons and identification of the dead, with ICRC technical support, and at the request of the Attorney General's Office also created standardized forms for post-mortem data collection. In May, the Federal District Supreme Court of Justice and the ICRC co-organized the country's second national meeting of forensic services, at which 60 experts from across Mexico endorsed the national protocol. Another 70 specialists sharpened their forensic skills at five additional workshops organized and supported by the ICRC, while another specialist attended a training course on human remains management in Geneva, Switzerland. The Attorney General's Office of Tlaxcala state pilot-tested ante/post-mortem database software and trained staff members in its use. In parallel, the Mexican authorities were encouraged to implement the Convention on Enforced Disappearance.

In Panama, where people were still missing as a result of past violence between 1968 and 1989, the Foreign Ministry used ICRC technical support to identify bodies stored in the Forensic Institute. A presidential decree established a forum for dialogue between the government and families of missing persons, functioning with ICRC guidance.

In Honduras, dialogue concerning missing migrants was strengthened with authorities and civil society.

### Struggling communities and migrants receive help to cope with the effects of violence

Across the region, governments opted for robust policies to fight expanding organized crime. Social unrest frequently led to clashes between demonstrators and law enforcement agents. As part of ICRC efforts to address the excessive use of force in these situations, Central American and Mexican armed and security forces were reminded of international human rights norms applicable to law enforcement (see *Armed forces and other bearers of weapons*). National Societies and other organizations received ICRC support to assist violence-affected communities in both urban and remote areas and along migration routes, as described below.

In Guatemala City, the Guatemalan and Spanish Red Cross Societies ran violence-prevention projects involving training in the Safer Access approach, first aid, medical evacuation and weapon-wound management, access to primary health care, and vocational training. In one of the two neighbourhoods concerned, following an ICRC needs assessment, teachers accepted a psychological support project, to start in 2012. In Honduras, as part of the ICRC's "Creating Humanitarian Spaces" partnership project with education authorities to address violence in schools in five affected regions, 55 teachers were coached in humanitarian principles and first aid and received teaching materials. Based on the experience gained in Honduras, the Salvadorean and Italian Red Cross Societies launched a similar project in a community near San Salvador aimed at reducing the consequences of urban

CIVILIANS		GUATEMALA	MEXICO	PANAMA
<b>Economic security, water and habitat</b>				
Essential household items	Beneficiaries		225	
Water and habitat activities	Beneficiaries			430
<b>Health</b>				
Health centres supported	Structures	1	3	
Consultations	Patients	1,448	10,723	

violence. Projects to mitigate violence in schools were being prepared in two of Mexico's worst-affected states, Chihuahua and Guerrero. Meanwhile, Mexican Red Cross and education personnel in Ciudad Juárez received psychological support in dealing with the traumatic effects of violence; assessments with a view to launching comprehensive assistance were under way.

Many US-bound Central American and Mexican migrants were seriously abused or injured travelling north in dangerous conditions. Many were left stranded in border regions, requiring health care and physical rehabilitation. Such migrants either received National Society assistance on the spot or were transported home by ICRC-funded Guatemalan and Honduran services, or through the Mexican Red Cross ambulance services. Salvadorean migration officers received first-aid training from the National Society, enabling them to treat migrants if needed.

ICRC-supported facilities expanded or started offering medical and humanitarian assistance, including water and family-links services, to migrants on the move or repatriated at borders. These facilities included: a mobile clinic and a health post at a repatriation point run by the Mexican Red Cross in Sonora state, at the US-Mexican border; a new Mexican Red Cross mobile clinic in Tabasco state; a church-run centre in Veracruz state; and a reception centre offering assistance and orientation for repatriated migrants run by the Guatemalan Red Cross and the church on the Guatemalan-Mexican border. Several thousand migrants benefited from Red Cross-provided services alone. An agreement was reached with a shelter for unaccompanied migrant children in Quetzaltenango to start using ICRC services to reunite these children with family.

In addition, 45 Guatemalan families (225 people) who had taken refuge in Mexico to escape violence received one-off assistance from the Mexican Red Cross, with ICRC support.

In Panama's Darién region, indigenous families and Colombians who had fled the violence in their home country lived in precarious hygiene conditions. Families in six communities in the Alto Tuira region learnt how to improve their water supply and reduce health risks by recycling rainwater and adopting better hygiene practices through an ICRC-funded Panamanian Red Cross project. Some 60 houses were equipped with rainwater collection systems, giving access to safe water. Uprooted families could locate or contact relatives through ICRC family-links services.

In Honduras's violence-prone Bajo Aguán region, the Honduran Red Cross and the ICRC identified a serious need for humanitarian assistance, especially health care.

## PEOPLE DEPRIVED OF THEIR FREEDOM

In Honduras, the Ministry of Security signed a comprehensive agreement authorizing ICRC visits to detainees in any prison under its jurisdiction. There, as in Mexico and Panama, people detained for alleged links with armed groups or arrested in connection with political unrest, mainly arising from social, ethnic and land issues, received visits from delegates according to standard ICRC procedures. The delegates checked on detainees' treatment and living conditions and provided confidential feedback to the authorities. In Mexico, federal prison staff attended ICRC training courses on human rights norms regulating the use of force during arrest and detention (see *Armed forces and other bearers of weapons*). In Panama, one person still detained in connection with the 1989 US military operation, visited by the ICRC since 1997, was released.

Detainees could use ICRC services to contact family or receive family visits, with transport costs covered by the ICRC. In Mexico's Chiapas and Guerrero states, based on an agreement with the ICRC, the National Society settled families' transportation costs. In both states, the authorities requested and received ICRC recommendations aimed at upgrading prison health care, including TB and HIV/AIDS control. The federal authorities hosted an international seminar on penitentiary health care, using ICRC input, and reinforced dialogue on the issue with the organization.

## WOUNDED AND SICK

Hospital assessment visits in Mexico in 2010 and in Guatemala in 2011 enabled the ICRC to gain a better understanding of available emergency pre-hospital and emergency room care. In June 2011, at two seminars in Mexico City and one in Guatemala City, 107 Mexican defence and navy medical personnel and Guatemalan health professionals, guided by two ICRC surgeons, honed their weapon-wound management skills. In parallel, networking with the health and military sector was undertaken with the aim of improving access to specialized care for the weapon-wounded.

In addition, migrants who had injured or lost limbs received appropriate care from ICRC-trained technicians at physical rehabilitation centres in El Salvador, Guatemala, Honduras and Mexico. While the centres in Guatemala and Mexico were supplied by the ICRC with equipment and materials to produce prosthetic/orthotic devices, in El Salvador and Honduras patients were referred to centres supported by the ICRC Special Fund for the Disabled and their treatment funded by the ICRC.

## AUTHORITIES

In addition to dialogue on regional humanitarian concerns, States worked with the ICRC to promote IHL and organized related events. Mexico held a round-table on the humanitarian dimension

PEOPLE DEPRIVED OF THEIR FREEDOM	HONDURAS	MEXICO	PANAMA
<b>ICRC visits</b>			
Detainees visited and monitored individually	2	44	18
	<i>of whom women</i>		
	<i>of whom minors</i>		
Detainees newly registered	1	6	13
		<i>of whom minors</i>	1
Number of visits carried out	2	25	3
Number of places of detention visited	2	17	1
<b>Restoring family links</b>			
RCMs collected		1	
Phone calls made to families to inform them of the whereabouts of a detained relative			31
Detainees visited by their relatives with ICRC/National Society support		21	8

of a future arms trade treaty, with participants from nine Latin American and Caribbean countries. El Salvador's national IHL committee hosted a seminar for its regional counterparts on the Hague Convention on Cultural Property, which adopted recommendations for the domestic implementation of relevant treaties.

National IHL committees continued their work, drawing on ICRC expertise. This led to the ratification of the Convention on Cluster Munitions by Costa Rica and El Salvador, and amendments to legislation on emblem use by Guatemala. The Honduran committee adopted internal regulations. While advancing implementation of the Rome Statute, Mexico's IHL committee worked to integrate humanitarian principles into new legislation on migration, national security, and missing persons. It finalized a draft amendment integrating war crimes into the penal code and organized Mexico's second national IHL course for legal experts and officials. National IHL committees helped prepare the pledges made by their countries at statutory Movement meetings in 2011.

Other efforts focused on promoting the adoption of national legal frameworks integrating international standards regulating the use of force in law enforcement (see *Armed forces and other bearers of weapons*).

Inter-American institutions, such as the OAS, helped promote IHL in their member States and invited the ICRC to their events (see *Washington*). The Inter-American Court of Human Rights in Costa Rica held another IHL study day and exchanged expertise with the ICRC. Dialogue with SICA focused, for the first time, on regulation of the use of force and the protection of migrants. The latter topic was also discussed by the Regional Conference on Migration, which invited the ICRC to a meeting in the Dominican Republic.

## ARMED FORCES AND OTHER BEARERS OF WEAPONS

### Armed forces urged to apply rules on the use of force alongside IHL

Given joint law enforcement operations in response to growing violence, armed and police forces worked to integrate IHL and international human rights norms into their doctrine, training and operations, inviting ICRC expertise in so doing.

In Guatemala, during After-Action Reviews and a first joint seminar involving the Public Ministry, military and police reviewed

rules governing the use of force and their respective roles in law enforcement. The armed forces formed a committee to formalize relevant rules of engagement and produced four booklets for troops. Meanwhile, a joint assessment by the Guatemalan armed forces and the ICRC showed that IHL had been successfully integrated into military manuals.

In Mexico, over 5,000 armed forces personnel were familiarized with IHL and international human rights norms, including through newly designed workshops on the use of force co-organized by the National Defence Secretariat and the ICRC. The navy and the ICRC signed a cooperation agreement on the integration of international human rights norms and IHL, having organized workshops on the use of force for navy personnel, and enabled 800 naval captains, officers and marine troops to participate in an ICRC-led conference on IHL. National defence and navy medical personnel honed their skills at two courses on weapon-wound management.

Representatives of CFAC member States studied human remains management and the use of force at two ICRC-facilitated events in Honduras and Nicaragua.

Senior officers from El Salvador, Guatemala, Honduras, Mexico and Nicaragua received sponsorship to attend expert courses abroad, while personnel bound for Haiti for law enforcement duties (see *Haiti*) were briefed on the Movement and international human rights norms. The Cuban IHL centre received funding for its activities, mainly aimed at the armed forces.

### Police trained in human rights norms and proper use of force

The region's police forces continued to integrate human rights and humanitarian principles into their doctrine and training; the Mexican Public Security Secretariat and the ICRC renewed their cooperation. Some 60 Mexican federal police instructors were trained to teach human rights norms and humanitarian principles at a one-month course co-organized by the Ministry of Security and the ICRC, as were officers from Guatemala and Panama, including some dealing with migrant issues or headed for the Darién region (see *Civilians*). In parallel, 20 ICRC-certified trainers from the Mexico City Security Department and 10 Police Academy trainers refreshed their teaching skills. At a seminar in Guatemala, 35 officers of the National Civil Police reviewed the use of force and firearms during social unrest.

WOUNDED AND SICK		EL SALVADOR	GUATEMALA	HONDURAS	MEXICO
<b>Physical rehabilitation</b>					
Centres supported	Structures		3		1
Patients receiving services	Patients	3	4,171	12	12
	<i>of whom women</i>		30	2	2
	<i>of whom children</i>		264		1
New patients fitted with prostheses	Patients	3	23	12	12
	<i>of whom women</i>		2	2	2
	<i>of whom children</i>		10		1
Prostheses delivered	Units	4	43	13	12
	<i>of which for women</i>		3	3	2
	<i>of which for children</i>		7		1
	<i>of which for victims of mines or explosive remnants of war</i>		20		
New patients fitted with orthoses	Patients		282		
	<i>of whom women</i>		27		
	<i>of whom children</i>		249		
Orthoses delivered	Units		378		
	<i>of which for women</i>		31		
	<i>of which for children</i>		324		
	<i>of which for victims of mines or explosive remnants of war</i>		10		

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## **CIVIL SOCIETY**

Regionwide, the general public kept abreast of ICRC activities through various sources, primarily through the ICRC website. The media reported more accurately on humanitarian issues using ICRC briefings, press releases, and reports on ICRC activities, for example for migrants and missing persons (see *Civilians*).

Contacts were maintained with academic institutions regarding ways of developing cooperation. Twelve experts from the region discussed the role academics could play in addressing IHL-related issues, the use of force and situations of violence at an ICRC-hosted meeting in Mexico. At a follow-up meeting, ten Mexican academics explored avenues of cooperation with the ICRC in the Mexican context.

## **RED CROSS AND RED CRESCENT MOVEMENT**

The region's National Societies strengthened their legal bases, management and performance, with ICRC and International Federation funding and technical support. In El Salvador, Guatemala, Honduras, Mexico and Panama, the National Societies secured ICRC/Movement support for projects enabling people, including migrants, to cope with the effects of violence (see *Civilians*). They also upgraded their skills in project management, the Safer Access approach and restoring family links. The Cuban Red Cross developed its operational and dissemination capacities.

The Guatemalan and Nicaraguan Red Cross Societies established contingency plans in the event of election-related violence. At a regional meeting in Mexico, National Society representatives discussed IHL promotion and communication ahead of the Movement's statutory meetings in 2011. At a national workshop, more than 30 Mexican Red Cross representatives reviewed Safer Access issues and threats to health care.