

VOLUME I

ANNUAL REPORT

2016



ICRC

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

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

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

All figures in this report are in Swiss francs (CHF). In 2016, the average exchange rate was CHF 0.9870 to USD 1, and CHF 1.0914 to EUR 1.



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

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ABBREVIATIONS AND DEFINITIONS

A	Additional Protocol I	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977
	Additional Protocol II	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977
	Additional Protocol III	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Adoption of an Additional Distinctive Emblem (Protocol III), 8 December 2005
	1977 Additional Protocols	Additional Protocols I and II
	African Union Convention on IDPs	Convention for the Prevention of Internal Displacement and the Protection of and Assistance to Internally Displaced Persons in Africa, 23 October 2009
	AIDS	Acquired immune deficiency syndrome
	Anti-Personnel Mine Ban Convention	Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction, 18 September 1997
	armed conflict(s)	International and/or non-international armed conflict(s): International armed conflicts exist whenever there is a resort to armed force between two or more States. Non-international armed conflicts are protracted armed confrontations occurring between governmental armed forces and the forces of one or more organized armed groups, or between such groups. The armed confrontation must reach a minimum level of intensity. International armed conflicts are governed, <i>inter alia</i> , by the Geneva Conventions of 12 August 1949 and Additional Protocol I, as applicable, while non-international armed conflicts are governed, <i>inter alia</i> , by Article 3 common to the 1949 Geneva Conventions and Additional Protocol II, as applicable. Customary international humanitarian law also applies to both international and non-international armed conflicts.
B	Biological Weapons Convention	Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction, 10 April 1972
C	CHF	Swiss francs
	Chemical Weapons Convention	Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on Their Destruction, 13 January 1993
	Convention on Certain Conventional Weapons	Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May be Deemed to be Excessively Injurious or to Have Indiscriminate Effects, 10 October 1980
	Convention on Enforced Disappearance	International Convention for the Protection of All Persons from Enforced Disappearance, 20 December 2006
F	Fundamental Principles	Fundamental Principles of the International Red Cross and Red Crescent Movement: humanity, impartiality, neutrality, independence, voluntary service, unity, universality
G	1949 Geneva Conventions	Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 12 August 1949 Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, 12 August 1949 Convention (III) relative to the Treatment of Prisoners of War, 12 August 1949 Convention (IV) relative to the Protection of Civilian Persons in Time of War, 12 August 1949
H	Hague Convention on Cultural Property	Convention for the Protection of Cultural Property in the Event of Armed Conflict, 14 May 1954
	Health Care in Danger project	Health Care in Danger is a project of the International Red Cross and Red Crescent Movement (Movement) that aims to improve the security of the delivery of effective and impartial health care in armed conflict and other emergencies. It involves working with experts to develop practical measures and promoting the implementation of these measures by States, components of the Movement, humanitarian organizations, health-care professionals and other relevant actors. Launched in 2011, it is scheduled to run until 2017.
	HIV	Human immunodeficiency virus
I	ICRC	International Committee of the Red Cross, founded in 1863
	IDPs	Internally displaced people
	International Conference	International Conference of the Red Cross and Red Crescent, which normally takes place once every four years
	International Federation	The International Federation of Red Cross and Red Crescent Societies, founded in 1919, works on the basis of the Fundamental Principles, carrying out relief operations in aid of the victims of natural disasters, health emergencies, and poverty brought about by socio-economic crises, and refugees; it combines this with development work to strengthen the capacities of its member National Societies.
	IHL	International humanitarian law

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

	Seville Agreement and its Supplementary Measures	The 1997 Seville Agreement and its 2005 Supplementary Measures provide a framework for effective cooperation and partnership between the members of the International Red Cross and Red Crescent Movement.
	Strengthening IHL process	This process implements Resolutions 1 and 2 of the 32nd International Conference. Under this process, the ICRC is tasked with: (i) helping facilitate the work of States in producing concrete, implementable, but non-binding outcomes that strengthen IHL protection for people detained in relation to armed conflicts, particularly non-international armed conflicts, and contributing its humanitarian and legal expertise in this regard; and (ii) with the Swiss government, co-facilitating the State-driven, intergovernmental process to identify ways to enhance respect for IHL, including through the establishment of a potential forum of States.
	Study on customary IHL	The study on customary IHL was published in 2005 by the ICRC – as mandated by the 26th International Conference in 1995 – after extensive research on State and international practices relevant to IHL. It identifies 161 rules of customary IHL, most of them applicable in both international and non-international armed conflicts, and outlines the practices underlying those rules. Since 2007, the study has been regularly updated through the continuous collection of practices and is freely accessible on the ICRC's online customary IHL database.
T	TB	Tuberculosis
U	UN	United Nations
	UNDP	United Nations Development Programme
	UNESCO	United Nations Educational, Scientific and Cultural Organization
	UNHCR	Office of the United Nations High Commissioner for Refugees
	UNICEF	United Nations Children's Fund
W	WFP	World Food Programme
	WHO	World Health Organization

MESSAGE FROM THE PRESIDENT



ICRC president, Peter Maurer, on a visit to Diffa region in Niger.

With multiple armed conflicts and other situations of violence across the globe resulting in escalating humanitarian needs, the year broke some unenviable records: more people forcibly displaced than at any time since the Second World War, soaring numbers of people requiring humanitarian assistance globally, and appeals for the highest-ever levels of humanitarian funding. While humanitarian action received some strong endorsements in 2016 – for example, a UN Security Council resolution on the protection of the medical mission and a concerted effort towards improving aid delivery evidenced by the World Humanitarian Summit – the year was generally a bleak one for the countless men, women and children caught up in armed conflict and other situations of violence.

The ICRC managed to reach record numbers of conflict-affected people in 2016, thanks in part to unprecedented levels of funding (covering an initial field budget of CHF 1.53 billion and budget extensions amounting to CHF 88 million). Nevertheless, far too many people in need of protection and assistance remained out of reach. Gaining acceptance and access to people in need – and at the same time ensuring the safety and security of staff – continued to be a challenge in many of our key operations. Our achievements in this regard reaffirmed the critical importance of our neutral, impartial and independent humanitarian approach.

The largest of these operations in terms of expenditure, for the fourth consecutive year, was in the Syrian Arab Republic (hereafter Syria), where access and security were constant problems. The despicable attack on a Syrian Arab Red Crescent aid convoy in rural Aleppo in September was just one example. While media attention focused on the catastrophic humanitarian consequences of the fighting in Aleppo – where the ICRC played an important role as a neutral intermediary during the December evacuation

operation – millions of people struggled for survival in other besieged cities and hard-to-reach areas throughout the country. The ICRC, in partnership with the Syrian Arab Red Crescent, carried out dozens of cross-line operations to bring essential aid to people in areas that few other humanitarian organizations could reach. The scale of the crisis nevertheless remained enormous.

Similarly, in Iraq, an upsurge in the hostilities caused unprecedented levels of humanitarian needs throughout the country, with many thousands of people fleeing fighting not just in Mosul (which was highly mediatized) but many other areas, too (which were not), and with some 3 million people displaced internally. The ICRC provided vital assistance for IDPs, mainly in harder-to-reach areas away from established camps, and for vulnerable host communities.

The ICRC also had major operations in Afghanistan, the Democratic Republic of the Congo, Israel and the occupied territories, Nigeria and the wider Lake Chad region, Somalia, South Sudan, Ukraine and Yemen. In all those contexts, people have been suffering the effects of drawn-out conflicts or other violence, and need both immediate life-saving assistance and longer-term support to restore livelihoods, infrastructure and services. At the same time, we stood ready to respond to humanitarian needs caused by new, unpredictable or recurring outbreaks of fighting, such as in Nagorno-Karabakh, where heavy fighting broke out in April, more than two decades after the official ceasefire agreement was signed.

The main goal underpinning all our operations was, and continues to be, achieving better protection for people affected by armed conflict or violence. The fundamental message that compliance with IHL will reduce suffering in war was central to our work

on all levels – from field operations to law and policy debates, public communication, prevention activities and humanitarian diplomacy right up to State level. The need to keep reiterating this message was further confirmed by the results of an ICRC survey of over 17,000 people in 16 countries, which revealed strong general support for the 1949 Geneva Conventions yet deeply worrying views about torture and civilian casualties.

Our detention visits were just one aspect of our protection efforts over the past year, with more than 987,000 detainees visited in 1,649 places of detention. The aim of such visits is to ensure respect for the life and dignity of the detainees and to prevent torture, ill-treatment or abuse. It is also to ensure that conditions of detention are decent and that detainees have the possibility of exchanging news with their families, as required by IHL. In parallel, we worked to implement the resolution on strengthening the provisions of IHL protecting people deprived of their freedom in armed conflict, particularly in non-international armed conflict, adopted by the 32nd International Conference in December 2015. The resolution invites the ICRC to facilitate, in a collaborative and non-politicized manner, State-led efforts to develop operationally relevant outcomes to protect detainees in armed conflicts.

Progress was made during the year on implementing resolutions of the 32nd International Conference pertaining to sexual and gender-based violence and Health Care in Danger, reflecting some of the most serious humanitarian issues with which we are faced. On a policy and diplomacy level, success was reflected in a UN Security Council resolution adopted in May, specifically condemning attacks on the wounded and sick and medical personnel, facilities and transport in armed conflicts. Yet with such attacks continuing around the world – in Pakistan, South Sudan, Syria and Yemen, to name just a few examples – clearly much remained to be done to translate progress on a policy level into concrete change on the ground.

Working to protect and assist people displaced by violence – be they IDPs or migrants – was one of our top priorities in 2016. With the numbers of people forcibly displaced worldwide having reached alarming levels, and with coherent political responses remaining largely elusive, ensuring a sustained and principled humanitarian response both in conflict-affected countries of origin and along migration routes became all the more vital. In Europe, for example, this entailed providing technical advice and operational support to National Societies within our particular areas of expertise, such as restoring family links, forensics, activities for detained migrants and other protection-related aspects. In some cases, this was done in collaboration with local authorities, as in Greece, where the ICRC opened a mission in March. Such activities were carried out in tandem with policy and diplomacy efforts. For example, the ICRC, together with Movement partners, took part in the UN Summit on Refugees and Migrants in September. In November, the Movement adopted a declaration in which it committed to ensure that the causes of migration are understood, and that the rights and needs of migrants are recognized, respected and addressed.

Another key priority in 2016, on both policy and operational levels and in our public communication efforts, was to address the fragility caused by the cumulative effects of conflicts, increasingly

concentrated in urban areas, which are causing the collapse of infrastructure and public services, reversing development gains and further blurring the lines between humanitarian assistance and development aid. On the ground, this essentially means that while humanitarian action is of course still required to save lives and meet short-term needs, there is at the same time a mounting need to sustain basic services and infrastructure in fragile environments, to provide different types of community support and to contribute to longer-term socioeconomic development.

One major implication of this massive humanitarian remit is the need to seek more collaborative and innovative solutions with increasingly diverse stakeholders – the corporate sector and research and development institutions, for instance. Over the past year we strengthened and developed numerous transformative partnerships to help us deliver better on our mandate in various domains, with a strong focus on health care in fragile environments.

The need to adapt humanitarian financing systems is another major implication. In this regard, the Grand Bargain announced at the World Humanitarian Summit in Istanbul, Turkey, in May, in which the ICRC actively participated, was an important contribution to better outcomes for people in need. The Grand Bargain aims to make aid delivery more efficient by getting donors to give more, and to do it more effectively, over the longer term and more flexibly, and aid organizations to reciprocate with greater transparency and cost-consciousness.

The ICRC also put forward major policy recommendations for the New Urban Agenda set out by Habitat III, the UN Conference on Housing and Sustainable Urban Development, held in Quito, Ecuador, in October. These focused on supporting resilient urban services during armed conflicts, heightening respect for IHL in urban warfare, and assisting governments working with people affected by armed violence in cities.

Throughout the year, optimum management of all our resources – particularly human, information and communication technology (ICT) and financial resources – was critical in our day-to-day business. The transformation of the Human Resources (HR) Department continued to take shape – a result of the innovative People Management Programme – with a focus on global talent management, career development, gender and diversity, and the HR Information System. Several major ICT projects were deployed in 2016, strengthening the ICRC's protection and family-links programmes as well as its logistics capacity. And while we continued to seek to diversify our sources of funding, with a strong focus on the private sector, generous support from our loyal donors led to yet another record budget being fully financed.



Peter Maurer

ICRC MANAGEMENT FRAMEWORK AND DESCRIPTION OF PROGRAMMES

ICRC CORPORATE MANAGEMENT FRAMEWORK INSTITUTIONAL STRATEGY

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

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

KEY SUCCESS FACTORS/AREAS OF RISK

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

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

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

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

COMPREHENSIVE ANALYSIS AND MULTIDISCIPLINARY APPROACHES

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

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

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

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

MODES OF ACTION

The ICRC uses the following modes of action:

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

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

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

LEVELS OF INTERVENTION

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

RESULT-BASED MANAGEMENT

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

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

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

COORDINATION

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

Through its participation in coordination meetings at regional and field level, as well as bilateral discussions, the ICRC seeks to contribute to: providing the best possible protection and assistance for people affected by armed conflict and other violence; avoiding

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

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

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

SERVICES AT HEADQUARTERS

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

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

TARGET POPULATIONS IN FIELD OPERATIONS

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

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

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

Particular concerns

In helping protect the life and dignity of people affected by armed conflicts and other violence, the ICRC implements an “all victims” approach, aiming to reach as many of those in need as possible, regardless of their status. Nonetheless, the ICRC recognizes that people experience violence differently, depending on certain

factors, such as gender, age, disability and diversity. These factors may independently or jointly exacerbate people's vulnerabilities; their capacities to cope with the threats in their environment – for example, through protection and assistance mechanisms put in place by the State or other actors – may also be compromised.

The ICRC has continuously worked to strengthen its response to the specific needs of women, girls and boys affected by conflict; it has also progressively expanded its work for people with disabilities, moving from focusing on physical rehabilitation for people with mobility impairments (mainly mine victims) towards covering a wider range of people with physical disabilities. In 2015, the organization set out to develop a comprehensive approach that takes account of gender, age, disability and diversity and how these compound people's vulnerabilities. This approach does not consider any specific group inherently vulnerable; rather, it uses the aforementioned factors as starting points for understanding who is vulnerable to which particular risk at a particular time. The ICRC seeks to further its understanding of the social, economic and cultural roles and responsibilities attributed to men, women, boys and girls, people of different ages, those with disabilities, and minorities in a given context. Its primary goal is to address these people's specific needs during the violence, and not to promote equal rights and change social or cultural norms, which fall outside the organization's mandate and mission.

While the ICRC already considers the points above in the design and implementation of its activities, the extent to which this is done depends largely on the competencies and interest of managers and staff members. Hence, with the development of this approach, the ICRC is endeavouring to ensure that, moving forward, its activities are sensitive to gender, age, disability and diversity. Presently, it is working to enhance internal understanding of these issues and to develop performance indicators to measure the organization's progress; in operationalizing the approach, the ICRC will focus on four areas: dignity, access, participation and the “do no harm” principle.

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

PROGRAMME DESCRIPTIONS

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

PROTECTION

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

causes, circumstances and consequences of violations, targeting those responsible and those who can influence them.

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

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

Protection of the civilian population

Protection activities for the civilian population involve:

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

Restoring family links

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

- ▶ organizing the exchange of family news (through various means, such as RCMs, telephones, satellite phones, radio broadcasts and the internet)
- ▶ tracing people separated from their families, including vulnerable adults and minors (unaccompanied and separated children, children associated with weapon bearers, etc.)
- ▶ registering and keeping track of individuals to prevent their disappearance and enable their families to be informed about their whereabouts
- ▶ reuniting and repatriating people
- ▶ facilitating family visits to persons deprived of their freedom
- ▶ collecting, managing and forwarding information on deaths
- ▶ issuing ICRC travel documents for people who, owing to conflict, violence, migration or other circumstances, are unable to obtain or renew documents that would permit them to travel, in order

for them to return to their country of origin, be reunited with their family or be resettled in a third country

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

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

Protection of people deprived of their freedom

The objective of the ICRC's activities for people deprived of their freedom is to ensure that their physical and mental integrity is fully respected and that their living conditions and treatment are in line with IHL and other fundamental rules and internationally recognized standards. The ICRC strives to prevent forced disappearances or extrajudicial executions, ill-treatment and other failures to respect fundamental judicial guarantees. It also aims to support the authorities in preventing and addressing situations of overcrowding, and, whenever necessary, takes action to improve living conditions and treatment. These involve:

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

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

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

Forensic services

Forensic services are designed to ensure the proper and dignified management of human remains and help clarify the fate of the missing. They also aim to develop and promote best practices in the field of forensic science and ensure compliance with them. Such services include:

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

In January 2017, the forensic services were organized into a unit within the Protection Division, and its budget and objectives will be fully integrated into that of the division by 2018. For 2017, however, such services will still be reported on as assistance objectives and plans of action.

ASSISTANCE

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

Beneficiaries are primarily resident or displaced civilians, vulnerable groups such as minorities and the families of people who are unaccounted for, the sick and the wounded (both weapon bearers and civilians) and people deprived of their freedom. They receive this help until they are able to address their needs independently or the authorities are able to do so.

Economic security

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

- ▶ Relief activities cover people's most urgent needs in the immediate aftermath of a shock; the objective is to protect lives and livelihoods by providing people with the goods and/or services

essential for their survival when they can no longer obtain these through their own means

- ▶ Livelihood-support activities aim to re-establish or enhance livelihoods of violence-affected groups by helping restore, protect or enhance their means of production
- ▶ Structural-support activities aim to contribute to restoring or building the capacities of service providers in violence-affected areas, and consequently, to help them support the affected population's ability to maintain their livelihoods (such as agricultural or livestock services)

Water and habitat

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

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

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

Health

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

- ▶ First aid and surgical care for the weapon-wounded, health care for people deprived of their freedom, and physical rehabilitation for people with impaired mobility remain areas of expertise in which the ICRC leads innovative practice and sets standards.
- ▶ The ICRC responds to new and emerging health needs of people affected by armed conflicts and other violence; the ICRC response is adapted and prioritized according to needs and to the context and includes providing mental health and psychosocial support, care for victims of sexual violence and management of non-communicable diseases.
- ▶ The ICRC ensures a continuum of care and an integrated approach that covers first aid, primary health care, hospital care, health care in detention and physical rehabilitation in armed conflicts and other violence.
- ▶ The ICRC ensures the highest possible quality of health care in line with appropriate standards that are adapted to the specific contexts; the health impact of these activities is monitored and evaluated.
- ▶ The health needs of people affected by armed conflicts and other violence are addressed with the enhanced integration of health services into other ICRC activities.

The ICRC remains committed to the Health Care in Danger project, and undertakes a range of efforts to contribute to preventing and responding to the violence affecting health-care personnel, infrastructure and transport services.

Weapon contamination

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

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

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

PREVENTION

Prevention activities aim to foster an environment conducive to respect for the lives and dignity of those who may be affected by armed conflict or other violence, and favourable to the work of the ICRC. The approach has a medium- to long-term outlook and aims to prevent suffering by influencing those who have a direct or indirect impact on the fate of people affected by such situations, and/or who can influence the ICRC's ability to gain access to these people and operate efficiently in their favour. In particular, the prevention approach involves communicating, developing and clarifying IHL, helping advance the implementation of IHL and other relevant bodies of law, and promoting acceptance of the ICRC's work.

Promotion and implementation of IHL

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

- ▶ promoting IHL treaties by making representations to the relevant

authorities, providing training in IHL, contributing to capacity-building efforts, and drafting technical documents and guidelines to help further national implementation

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

Development and clarification of IHL

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

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

Communication

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

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

to support and raise awareness of the ICRC's activities; digital engagement with the general public and specific groups

Weapon-related issues

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

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

COOPERATION WITH NATIONAL SOCIETIES

Cooperation activities aim to: support National Societies – primarily of countries affected or likely to be affected by armed conflict or other violence – in building their operational capacities; promote operational partnerships between the ICRC and with National Societies in their own countries and with those working internationally; and encourage regular dialogue and coordination within the Movement on common concerns. These involve drawing up and implementing the policies of the Movement that are adopted during its statutory meetings, such as the International Conferences, and encouraging National Societies to adhere at all times to the Fundamental Principles. These activities are geared towards optimizing the Movement's humanitarian work by capitalizing on complementary mandates and skills.

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

The sections below detail the different cooperation activities, distinguishing between cooperation with a National Society working in its own country and that with National Societies working internationally. The final section discusses overall Movement coordination in the field.

Helping build the response capacity of National Societies in their own countries

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

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

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

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

Operational partnerships with National Societies in their own countries

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

Operational partnerships with National Societies working internationally

Many National Societies have the resources and willingness to work internationally with the ICRC, and contribute in cash or in kind or by providing personnel, and other forms of support for operational management. The ICRC has two forms of partnership and management procedures with National Societies working internationally. Integrated Partnerships are designed for situations where a project carried out by a National Society working internationally is an integral part of the ICRC's own objectives, and the National Society is integrated into the ICRC's operational management framework. Coordinated Activities, on the other hand, are designed for contexts where work carried out by a National Society working internationally is not part of the ICRC's objectives, but is under the ICRC's leadership and coordination in conformity with the Seville Agreement and its Supplementary Measures.

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

Coordination within the Movement

All the types of cooperation outlined above may occur simultaneously. The ICRC is responsible for promoting and directing the contribution and involvement of other Movement components in international relief operations in countries affected by armed conflict and other violence and their direct consequences. It assumes the role of "lead agency" for the Movement's operations

in accordance with the Movement's Statutes and the Seville Agreement and its Supplementary Measures, and in consultation with the National Society of the country concerned. In such situations, coordination mechanisms covering all the Red Cross and Red Crescent institutions active on the ground are established.

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

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

GENERAL

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

ICRC FIELD STRUCTURE

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

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

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

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

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

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

REGIONAL BREAKDOWN

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

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

PLANNING AND BUDGETS

Each delegation sets its budget on the basis of an internal planning process, which includes a contextual analysis of the operational environment, an appraisal of the results achieved based on the objectives defined for the current period, and the definition of new objectives, plans of action and the corresponding budget for the period ahead.

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

CONTRIBUTIONS

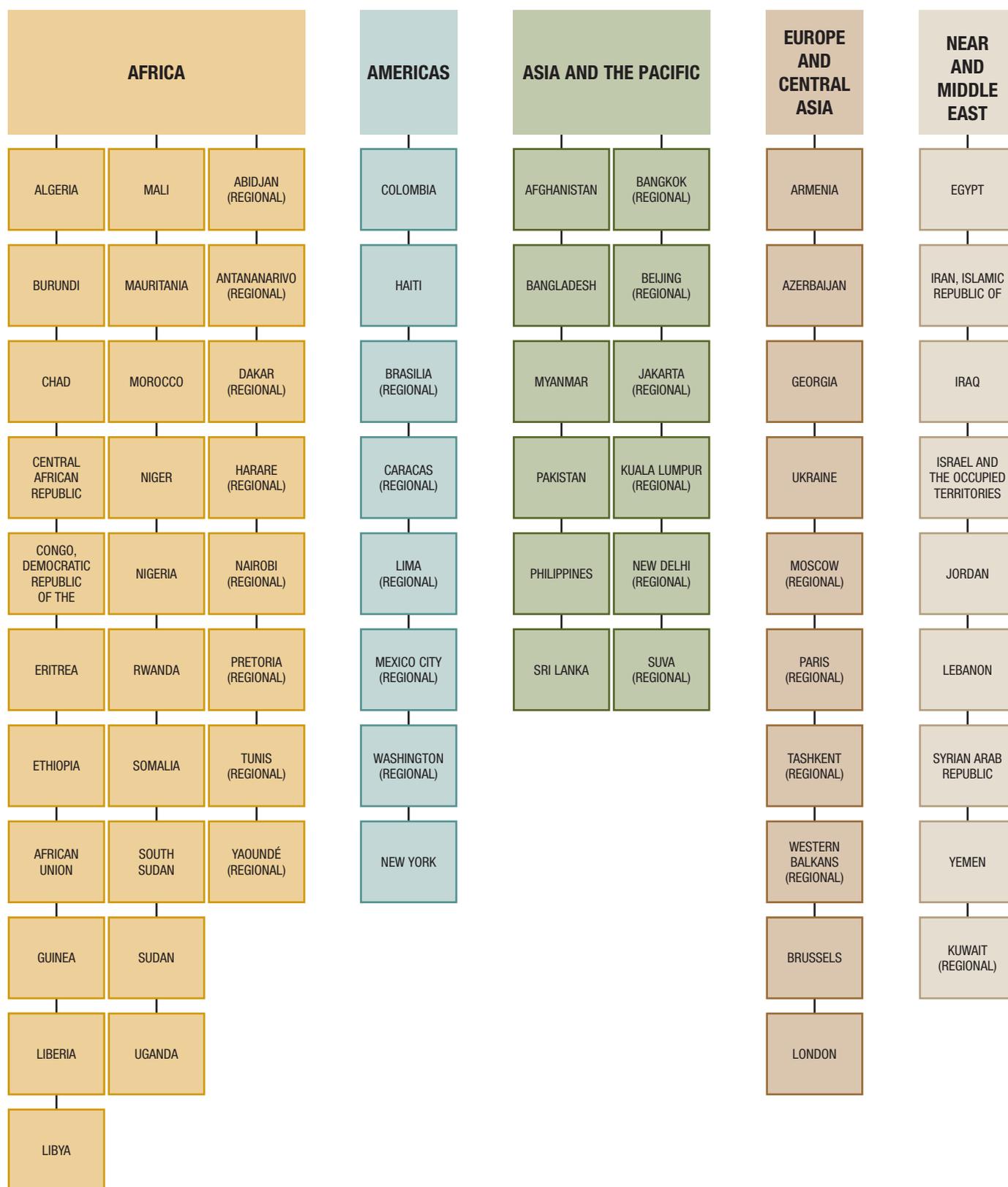
LEVELS OF EARMARKING

"Earmarking" is the practice whereby donors require that their funds be allocated to ICRC activities in general, to those laid out in the *Appeals: Operations* or *Appeals: Headquarters*; to a particular region, country or programme; or towards the purchase of specific goods.

The table at the bottom of the page shows the overall framework for the earmarking level of cash contributions.

Level of earmarking	Range/restrictions	Example
None	Overall ICRC	Any ICRC activity
	ICRC field or headquarters budget	ICRC operations worldwide or headquarters activities
Region	One of the five geographical regions	ICRC operations in Africa
Programme	One of the four programmes	ICRC prevention activities worldwide
Programme/region	One of the four programmes for one of the five geographical zones	ICRC protection activities in Asia and the Pacific
Operation	One of the operational delegations	ICRC activities in Colombia

OPERATIONS WORLDWIDE



DELEGATIONS AND MISSIONS IN MORE THAN 80 COUNTRIES AROUND THE WORLD

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

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

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

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

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

Earmarking is one of the issues often raised with the members of the Donor Support Group (DSG), a discussion forum made up of governments contributing at least CHF 10 million in cash to the ICRC annually, and at other high-level meetings of those involved in the humanitarian field. The DSG assists the ICRC in its efforts to dissuade donors from earmarking their contributions and to improve its standard reporting system. In addition, the majority of DSG members accepts the ICRC's standard reporting as fulfilment of the reporting requirements related to their donations. The ICRC continues to encourage donors to ease their constraints, while maintaining its commitment to use funds as efficiently as possible. In 2001, the ICRC adapted its standard reporting system to its internal annual planning exercise (known in-house as the Planning for Results – or PFR – process). This commitment to improve reporting to donors is reinforced through, for instance, external audits and enhanced internal planning, monitoring and evaluation procedures.

CONTRIBUTIONS IN KIND/CASH FOR KIND

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

CONTRIBUTIONS IN SERVICES

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

DESCRIPTION OF THE ACCOUNTING MODEL OVERVIEW

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

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

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

Financial accounting system

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

Cost or analytical accounting system

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

Overheads

The budget and expenditure for each operation comprise a 6.5% overhead charge on cash and services as a contribution to the costs of headquarters support for operations in the field. This

support is for services essential to an operation's success, such as human resources, finance, logistics, and information technology, as described in the *Appeals: Headquarters* for the same year. The contribution covers approximately 40% of the actual cost of support provided by headquarters to field operations.

COST TYPE ACCOUNTING

Financial accounting and cost categories

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

Cost centre accounting

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

Cost units accounting

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

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

Financial “organizational unit” dimension

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

Field programme dimension

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

Target populations dimension

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

INTERNAL CONTROL SYSTEM

Over the years, the ICRC has progressively adopted an internal control and compliance approach for financial reporting based on three pillars: the Internal Control and Compliance Unit, the visits of internal controllers to the field, and the Compliance and Quality Assurance Centre.

The Internal Control and Compliance Unit is responsible for ensuring that the ICRC's internal control system complies with the requirements of Swiss legislation, regarding its obligations for financial statements, and with the ICRC's internal rules. The unit is mandated by the Directorate to update, on a yearly basis, the “entity-wide” control document, which sets the tone for the entire organization with regard to the control environment the ICRC aims to create. It has also set up an Internal Control System dashboard, based on the principles of risk assessment; the dashboard – which is provided each year to the Directorate and to the Audit Commission – gives an overall view of the ICRC's financial risks, including those related to financial statements; evaluates inherent risks and their related control mechanisms; and monitors the ICRC's progress in handling these issues.

The above-mentioned unit defines the internal controllers' field and headquarters missions, enabling them to check on the implementation of financial, administrative, human resource and logistics procedures; it is also the focal point for the external auditor for any matter related to the internal control system over financial reporting and is working towards fulfilling the same role in the institution with regard to fraud-related issues.

In addition, the Compliance and Quality Assurance Centre ensures comprehensive and consistent quality control of all accounting and logistics documents from delegations to ensure that financial transactions in the field are supported with bona fide documentation and that the standards set by the financial framework are respected.

The ICRC has drawn up a list of the main financial risks and associated control measures. The list, which has been validated by the external auditors, is reviewed at least once a year, although it can be updated whenever necessary. Any required follow-up is done by the unit.

These systems aim to ensure the ICRC is fully accountable to its donors and other stakeholders.

INTERNAL AUDIT

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

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

the Professional Practice of Internal Auditing of the Institute of Internal Auditors.

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

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

EXTERNAL AUDIT

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

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

The audit is conducted in accordance with the International Standards on Auditing. The external audit opines on whether the consolidated financial statements give a true and fair view in accordance with the International Financial Reporting Standards as adopted by the International Accounting Standards Board, Swiss law and the ICRC's Statutes. The audit report is published in the ICRC's Annual Report.

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

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

MANAGING ICRC OPERATIONS: THE CYCLE AND THE RESULTS

INTRODUCTION

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

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

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

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

THE ICRC MANAGEMENT CYCLE

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

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

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

The PFR documents (one set per context) follow the management cycle described below: they provide an **assessment** and **analysis** of the situation, including a summary of the progress so far in terms of **implementation** of action plans and **results** achieved against the objectives defined for the previous cycle, and the new **plan** for the coming cycle.

The stages of the management cycle

Assessment and analysis

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

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

Formulation and planning

The ICRC determines an expected future situation for the target population; this future situation is the objective and is to be achieved in the medium or long term. Based on this, the ICRC formulates a plan of action, outlining the steps to move from the baseline to the expected future situation and the human and budgetary resources needed for these; the PFR documents reflect

these incremental steps (specific objectives). The ICRC also decides on the tools, including any relevant indicators, for monitoring, reviewing and evaluating the process at this stage.

The levels of intended results defined in the PfR documents correspond to the various levels of results:

Planning for results	Corresponding intended result level
Expected humanitarian impact (the expected future situation)	Impact
General objective (usually covering a five-year period)	Contribution to impact and/or medium-term outcome
Specific objectives (usually within the year) Specific operational strategies (strategies for achieving the specific objectives, accompanied by operational action plans)	Output and short-term outcome

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

Implementation and monitoring

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

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

Review, evaluation and learning

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

Reviews are periodic or ad hoc internal examinations of performance that take place at various levels: from the context as a whole, which happens at least once a year, down to the sub-target population (e.g. physically disabled people, under *Wounded and sick*) and sub-programme (e.g. economic security, under *Assistance*), and even in a limited geographical area within the context. They take the form of qualitative and quantitative, narrative and figure-based reports which are prepared by: teams

in the field (usually), professionals from ICRC headquarters (often), mixed teams involving internal and external specialists (more rarely) or external specialists mandated by the ICRC (even more rarely).

Information on the interim situation (the results so far) is compared with information on the intended results (the objective) and on the initial situation (the baseline) to identify any significant deviations from the plan. This allows the ICRC to identify problems and take corrective action. Either it will modify the way it seeks to achieve its objective, or it will modify the objective itself if it finds that the baseline has changed. As such, the stages of the management cycle are replicated at various levels, multiple times, within the overall yearly cycle for a given context.

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

The ICRC's Office of the Director-General supports internal and joint evaluations led by the different departments and their units. This includes guiding the departments in: writing the terms of reference; recruiting the independent evaluators and organizing visits and interviews; reading and commenting on draft reports; organizing round-tables with the evaluators and the main internal stakeholders to present and discuss the findings, conclusions and recommendations of the evaluation; and preparing the final report. A steering committee comprising all those involved is generally established for internal evaluations. The main stakeholders prepare a paper on the approach of the evaluation; help establish the terms of reference and select the evaluators; provide relevant information in written and oral forms to the evaluators; help organize field missions; and comment in writing on the draft evaluation reports. Once the evaluation report has been distributed, key stakeholders are asked to provide feedback on the conclusions and recommendations and to prepare an action plan for follow-up. Given the magnitude of the undertaking, only a few evaluations are carried out each year.

The insights gained from these processes are crucial to the learning process of the delegations concerned and to the ICRC as a whole.

Input for the next cycle

Whether or not major changes are required during the year, the PfR document summarizes the findings of the monitoring activities and reviews undertaken during the previous cycle. This ensures that the experience of the previous period and the

lessons learnt are taken into account when the current situation is assessed and analysed and objectives for the new cycle are set. The summary includes an **annual appraisal** of the results achieved or not achieved as compared with the previous period's orientations, priorities and strategies.

Given that general objectives are set for five years or more (if they are aimed at more systemic change), for each general objective, a section in the PfR document named **current state of implementation** recaps the progress made towards achieving the objective. This keeps plans for the period ahead focused on building further results. To ensure adequate follow-up, the annual appraisal and current state of implementation sections are updated at least once a year.

RESULTS AND INDICATORS

The ICRC decides on ways of measuring progress in activity implementation and the extents to which these activities lead to the intended results. It uses generic indicators to express real and verifiable changes, particularly the progress towards achieving the objectives. Different kinds of indicators may be required for different activities, or for the same kind of activity or programme in different contexts. The baselines and the expected future situation of the target population must also be adapted to the context.

The generic indicators express **a general state characterized by a number of specific elements, which may be the focus of specific indicators**. For example, the availability of water (the generic indicator) is determined by more specific elements such as the quantity of water, its quality, the reliability of the source, and the distance of the source from the beneficiary. The generic indicators are therefore broken down into many specific indicators according to the situation, the objectives and the intended results in a given context (see *Result-based management in ICRC programmes* below).

Internal progress reports – which are prepared as part of the follow-up to the PfR documents – use the generic indicators and qualitative specific indicators to reflect whether the change expected in the specific objective has been achieved.

The ICRC has a set of standardized quantitative indicators for activities carried out under its *Assistance* and *Protection* programmes for the target populations *Civilians*, *People deprived of their freedom* and *Wounded and sick*. They refer to outputs and short-term outcomes and include, whenever possible, data disaggregated by gender and age, and are included in the ICRC's reporting documents, whenever possible and relevant (see also *Result-based management and standard reporting to donors* below). Depending on the situation, collecting, interpreting and managing data is not always possible, however; factors such as cultural and/or State-imposed restrictions; inaccessibility due to conflict, violence or other crises; adverse environmental conditions; and the ICRC's own constraints may be barriers to such efforts.

PRAGMATIC APPROACH TO RESULT-BASED MANAGEMENT

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

- ▶ Assessment capacities may be affected by restrictions on access owing to armed conflicts or other situations of violence; the ICRC's ability to monitor and review an operation once

implementation has begun may also become limited, or even no longer useful, owing to a radical change in the situation.

- ▶ Unfavourable weather conditions (e.g. monsoon rains or heavy snow) or damaged infrastructure (e.g. destruction of roads or bridges) may also obstruct the management cycle.
- ▶ Specific circumstances may require urgent action. Where time is of utmost importance, assessments will be kept to a minimum to ensure that the operation can take place and benefit the target population as soon as possible. Similar constraints can also limit monitoring and review processes.
- ▶ Data collection is frequently hampered by factors such as the non-availability or limited quality of data, the complexity and/or opacity of existing power structures, or internal ICRC constraints.

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

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

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

RESULT-BASED MANAGEMENT IN ICRC PROGRAMMES

INTRODUCTION

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

Professionals in each programme work according to the ICRC management cycle and within a given framework, which includes ethical and legal aspects, policies, guidelines and working tools. The sections below provide information on the management of each ICRC approach, related programmes and the generic

indicators with examples of related topics (listed in parentheses), which may be used as springboards for the definition of specific indicators or objectives for a given context.

PROTECTION

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

The protection approach covers three sub-programmes: *protection of the civilian population*, *restoring family links* and *protection of people deprived of their freedom*. In January 2017, the forensic services were organized into a unit within the Protection Division, and its budget and objectives will be fully integrated into that of the division by 2018. For 2017, however, such services will still be reported on as assistance objectives and plans of action.

Standard quantitative indicators are available worldwide for the protection of the civilian population, protection of people deprived of their freedom and the restoring family links sub-programmes.

Generic indicators are listed below with examples of related topics:

Protection of the civilian population

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

Restoring family links

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

Protection of people deprived of their freedom

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

ASSISTANCE

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

The ICRC takes into account the longer-term impact of its activities (in line with the “do no harm” approach) and, whenever appropriate, endeavours to find lasting solutions to the needs of

the affected population. This proviso is introduced because the sustainability of some activities – those urgent and life-saving, in nature – conducted during emergencies cannot be guaranteed. Sustainability is a generic indicator for activities in the area of physical rehabilitation, income-generating activities and certain forms of economic support, and the renovation and construction of water infrastructure or health facilities.

Standard quantitative indicators are available worldwide for the economic security, health, water and habitat and weapon contamination sub-programmes. The generic indicators for each sub-programme and examples of related topics are listed below:

Economic security

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

Relief – to save lives and protect livelihoods

- ▶ access to food (e.g. adequacy and stability of access; availability of food; economic activities; local markets; food aid; cultural standards; nutritional status)
- ▶ access to essential household items (e.g. availability of essential household items; household assets and economic activities; material aid; climate; shelter conditions; clothing; hygiene; water storage; cooking capacity)

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

- ▶ food production capacity (e.g. availability of land; access to means of production such as land, seed, tools or animals; harvest; animal health; livestock management; training; local markets; consumption of own products)
- ▶ income generation capacity (e.g. job market; production; trade and revenue; remuneration; expenses; assets)

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

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

Health

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

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

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

Water and habitat

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

Safe drinking water supply

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

Sanitation and environmental health

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

Temporary human settlements

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

Energy supply

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

Building renovation and construction

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

Weapon contamination

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

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

PREVENTION

The Prevention Policy (dated September 2008) sets out the ICRC prevention framework, definitions of the main terms, and key principles and operational guidelines for implementing activities as part of ICRC medium- to long-term efforts to prevent human suffering. These activities aim to foster an environment conducive

to respect for the life and dignity of people affected by armed conflict and other situations of violence and respect for the ICRC's work at the global, regional and local level.

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

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

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

Generic indicators are listed below with examples of related topics:

Prevention-dissemination

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

Prevention-implementation

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

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

COOPERATION WITH NATIONAL SOCIETIES

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

Generic indicators are listed below with examples of related topics:

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

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

RESULT-BASED MANAGEMENT AND STANDARD REPORTING TO DONORS

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

CYCLICAL STANDARD REPORTING DOCUMENTS

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

- ▶ **ICRC Appeals:** reflect the objectives, plans of action and indicators on the basis of the content of the PfR documents for the year concerned; the material is generally developed during the *assessment/analysis* and *formulation/planning* stages of the ICRC management cycle; a similar set of documents is prepared concurrently on the objectives and plans of action of the different headquarters services
- ▶ **ICRC Midterm** (covering the first five months of each year) and **Annual Reports:** cover the *implementation/monitoring* and *evaluation/learning* stages of the ICRC management

cycle and are compiled using the information generated by the various tools and processes employed during the internal project cycle and the summary of progress presented in the PfR documents; a similar set of documents on the work of the ICRC headquarters services is also prepared.

The Midterm and Annual Reports detail the ICRC's progress – or lack thereof – in achieving the objectives and plans of action set out in the Appeals; the reports also contain the standardized quantitative indicators and, for a number of them, compare the figures achieved against the targeted figures defined during the PfR process. The length of each document for one context usually does not exceed five pages.

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

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

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

OTHER STANDARD REPORTING DOCUMENTS

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

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

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

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

THE ICRC'S OPERATIONAL APPROACH TO CHILDREN

CHILDREN IN ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE

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

PROTECTION UNDER INTERNATIONAL LAW

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

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

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

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

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

THE ICRC'S MULTIDISCIPLINARY APPROACH

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

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

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

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

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

CHILDREN IN ICRC PROGRAMMES (BY TARGET POPULATION)

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

CIVILIANS

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

Protection

Protection of the civilian population

- ▶ The ICRC monitors the situation of individuals and groups not or no longer taking part in hostilities, many of whom are children. Where documented, incidents of abuse and other harms affecting boys and girls, such as unlawful recruitment and use of children by armed forces or armed groups, sexual violence, and attacks against schools or the use of these structures for military purposes, and the measures to be taken to stop them are raised with all parties in the ICRC's discussions on alleged violations of IHL and international human rights law.
- ▶ In addition to formal and informal oral and written representations to the authorities concerned about alleged incidents, preventive dissemination activities are conducted with all kinds of weapon bearers to raise their awareness of their responsibilities under IHL to protect and respect the general civilian population at all times; this may be particularly meaningful for children who, owing to their age, may face heightened risks during conflict (see *Actors of influence* below).
- ▶ The ICRC advocates that children formerly associated with armed forces or armed groups be provided with adequate care, in particular during disarmament, demobilization and reintegration processes. It recommends their immediate release without waiting for a peace agreement to be signed or for a disarmament, demobilization and reintegration process to be launched.

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

- ▶ Unaccompanied and vulnerable separated minors, including those formerly associated with armed forces or armed groups, are registered by the ICRC, and their mothers and fathers, or their closest relatives, are sought. A distinction must be made between separated children – who are without their usual caregiver but are under the protection of another relative – and unaccompanied minors, who are on their own or are under the care of persons unrelated to them, often as a result of spontaneous fostering. In most cases, the ICRC focuses on looking for the parents of unaccompanied minors and of vulnerable separated children. When the whereabouts are known, the children are able to contact their families through phone calls or RCMs, thus contributing to their psychological well-being.
- ▶ As the tracing process usually takes time, it is crucial to ensure that children separated from their families are protected and provided for while they are waiting for their relatives to be found. The ICRC rarely arranges interim care for unaccompanied/vulnerable separated children, as it generally refers them to other qualified actors, including National Societies, for this purpose. However, even when the ICRC refers such children to other actors, it:
 - keeps the children informed of plans being made for them and gives their opinions due consideration,
 - tries to ensure that siblings are kept together, as this enhances protection and can facilitate family reunification,
 - gives preference to family/community-based care over institutional care, as this provides continuity for children's social development,
 - monitors foster families and, if necessary, provides them with extra assistance to help meet children's needs,
 - ensures that if institutional care is the only solution, it is viewed as temporary and does not divert focus from potential family reunification or community placement, and
 - may support interim care centres by, for example, donating food or other items.
- ▶ ICRC-organized/supported family reunifications aim to reunite vulnerable people with their families, including children with their parents, thus preserving the family unit. Similarly, when organizing repatriations, the ICRC pays special attention to enabling families to stay together and to keeping children with their parents.
- ▶ Family reunifications are organized according to the best interests of the child and only if all parties – the child and the family – want to be reunited. Material assistance is usually provided to the family (see *Assistance – Economic security – emergency aid* below).
- ▶ Special attention is paid to preparing for the reunification of boys and girls with their families, including to the psychosocial aspects of the reunification process, especially when they have been separated for a long time. The ICRC also monitors how the children readapt to family life: they are often checked on several months after being reunited with their families to ensure that they do not face new protection problems, especially if they were formerly associated with armed forces

or armed groups or are girls with children of their own.

When possible, the psychological consequences of separation and violence on children and their families are acknowledged and addressed through referral to the appropriate services.

- ▶ The ICRC also aims to prevent children, including displaced or migrant children, from becoming separated from their families in the first place. To do this, the ICRC, *inter alia*, identifies the causes of separation and locations where separations are most likely to occur, such as border crossings, checkpoints, transit sites and health facilities, so that preventive activities can be undertaken there. It also informs families of what they can do to minimize the risk of separation should the family be forced to flee. Governments, staff of national and international agencies, religious groups and local communities are also made aware of how to prevent separation, including secondary separation caused by medical or humanitarian evacuations or other such services. Voluntary separation may in some instances be prevented, for example, by ensuring that all households have access to basic relief supplies. The ICRC attempts to ensure that such necessities are provided by supporting the efforts of the relevant authorities or stepping in when they are unable or unwilling to assume their responsibilities.

Restoring family links – missing persons

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

Assistance

Economic security – emergency aid: food and essential household items

- ▶ When distributing aid, the ICRC gives priority to the most vulnerable households, many of which have been deprived of their main breadwinner (usually adult males). Women and children are, therefore, often the main beneficiaries of the relief provided to IDPs, returnees and residents. Furthermore, children may find themselves heading their household. In such cases, special efforts are made to ensure that the child breadwinners are included in registration and census exercises to ensure that they receive assistance for themselves and for other children in their care.
- ▶ If the need exists, the ICRC provides food rations, often including food suitable for young children, and essential household items, such as blankets, tarpaulins, jerrycans, kitchen sets and hygiene kits, to enable families to take care of themselves and their children. Hygiene kits usually include specific products for infants, such as washable or disposable diapers. Other items, such as clothes or fabric to make clothing, are also distributed.
- ▶ Upon reunification with their families (see *Protection – Restoring family links* above), children are usually provided with a kit that may contain clothing and food items to help reduce immediate costs for the family. When necessary, the ICRC may consider providing additional assistance to the family.

Water and habitat

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

Health – Primary health care

- ▶ The ICRC works to reinforce reproductive health, including ante/post-natal care and care for newborns. The birth attendants/midwives also play decisive roles in health education, for example, on basic care and breastfeeding. Within the ICRC's approach to addressing the needs of the civilian population, involvement in vaccination campaigns, particularly in difficult-to-access areas, is prioritized. ICRC support for immunization

programmes (cold chain, transport, supervision) benefits mostly children under five, and girls and women of child-bearing age. In certain contexts the ICRC supports therapeutic feeding activities for malnourished children and mothers, including during emergencies.

Health – Mental health and psychosocial support

- ▶ The ICRC aims to provide victims of violence, particularly those who have experienced sexual violence, with the necessary mental health and psychosocial support. This includes identifying the children who witnessed, or experienced, violence, so that the organization can respond to their particular concerns and/or refer them to appropriate services. Members of the local community, including volunteers, offering support for victims of sexual violence are trained in counselling techniques, helping them improve the assistance they offer the victims, including with regard to finding coping mechanisms and possible solutions. They are also taught psychosocial approaches and mediation skills, enabling them to facilitate the reintegration of the victims, who are often rejected by their families and communities, and acceptance of children born of rape who are at a particularly high risk of being rejected, stigmatized or abused and denied access to education, inheritance rights or even a name.

PEOPLE DEPRIVED OF THEIR FREEDOM

Protection

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

consideration of the particular needs of children, for example, in terms of food, health care, education and recreation.

Restoring family links

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

Assistance

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

Water and habitat

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

WOUNDED AND SICK

Assistance

Medical care

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

Physical rehabilitation

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

Water and habitat

- ▶ The renovation or construction of health facilities such as hospitals, health centres and physical rehabilitation centres

always takes into account the specific needs of children. In most cases, children and their caregivers are given special accommodation in line with local customs and internationally recognized standards.

ACTORS OF INFLUENCE

Prevention

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

RED CROSS AND RED CRESCENT MOVEMENT

Cooperation

- ▶ National Societies are the ICRC's primary partners. They have valuable knowledge of the local context, owing to their proximity to victims and their networks of volunteers and local partners. The ICRC works in partnership with National Societies to address the needs of children affected by armed conflict and other violence.
- ▶ In addition to working in partnership with the National Society of the country concerned, to help it strengthen its operational capacities, the ICRC supports the development of National Society tracing, first-aid and emergency-preparedness capacities. This helps the National Society improve its response to the specific needs of children affected by armed conflict or other violence. Many National Societies also receive support for

specific activities aimed at: alleviating the suffering of children caught in an armed conflict; helping children formerly associated with armed forces or armed groups reintegrate into society; or preventing vulnerable children from joining armed groups and gangs.

- ▶ Through regular meetings and dialogue, and in line with the Seville Agreement and its Supplementary Measures, all operations to meet the needs of those affected by armed conflict and other violence, including children, are coordinated with other Movement components present in the context to ensure the best response.

THE ICRC'S OPERATIONAL APPROACH TO DISPLACEMENT

DISPLACEMENT AND THE DISPLACED

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

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

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

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

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

Phases of displacement

The ICRC understands displacement to be a dynamic phenomenon consisting of a series of relatively distinct phases, as opposed to regarding it as a status or an identity. In its analysis, the ICRC considers: the pre-displacement period; the event that causes displacement; the displacement itself (further divided into the acute, highly unpredictable phase, during which immediate protection and assistance efforts are required; and a relatively stable, often protracted, phase, where IDPs are able to meet their essential needs, but need support for progressively normalizing their circumstances); and the long-term horizon (i.e. return, local integration or relocation).

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

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

THE “ALL VICTIMS” APPROACH

The ICRC implements an “all victims” approach aimed at protecting the life and dignity of victims of armed conflict and other violence, and providing them with assistance. This approach is rooted in the ICRC’s Fundamental Principles, particularly impartiality, and its commitment to implementing needs-based responses; thus, the ICRC aims to alleviate the circumstances not only of IDPs, but of all those affected by displacement (such as those unable to flee and communities hosting IDPs). This involves working with all stakeholders, from the displaced and the host communities right up to the highest authorities to: ensure conditions that prevent the need for displacement to occur in the first place; alleviate the effects of displacement, if it does occur, both on the displaced themselves and on other civilians; and create the conditions necessary for the permanent return home, local integration or relocation of the IDPs, without adverse effect on them or on others.

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

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

Neighbouring communities (whether sympathetic or not) or extended family members are often the first to receive the IDPs and can be significantly affected by their arrival, especially when IDPs are directly taken into and supported by individual households. Often, however, this temporary solution allows IDPs to stay close to their place of origin and families, and to avoid being confined to camps, which should remain a last resort.¹ In cases where camps are inevitable, the ICRC may also carry out operations in camp settings, often in partnership with National Societies.

In many cases, the host communities already face dire circumstances even before the IDPs arrive and tend to be quickly stretched beyond their capacity to help, reaching the point at which they are forced to send the IDPs away in order to protect their own economic security. Host communities frequently resist the arrival of IDPs owing to the strain on general resources (land, water and other natural resources, jobs, essential services such as health care and education, etc.). Tensions over insufficient resources can easily emerge and rapidly escalate. On occasion, those who were originally hosts may also be forced to move as they exhaust their independent means.

The violence may also severely affect the general economy, reducing the accessibility of goods, supplies, land and services – which could further undermine the independent means and capacities of the entire population. As such, displacement and the circumstances causing it typically have grave protection and resource implications for IDPs and host families and communities.

The needs of IDPs cannot, therefore, be considered in isolation and to the exclusion of the rest of the population. In addition to meeting the specific needs of IDPs, the ICRC also places an emphasis on addressing the concerns of people at risk of displacement, unable to flee, or otherwise affected by the prevailing situation. This underscores the fact that displacement is not solely about IDPs. Understanding it as a process and a set of circumstances allows for acknowledgement of its impact on a wide range of people.

THE MULTIDISCIPLINARY APPROACH

The ICRC seeks to address the diverse needs of the people affected by displacement through a combination of different activities; its efforts aim at ensuring the law is upheld and at addressing the consequences of the violence. The organization is committed to initiating a flexible response to displacement, which may be adapted to the changing circumstances of those affected. At every stage, these activities are designed to empower beneficiaries, promote their self-reliance and reinforce positive coping mechanisms.

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

Preventing forced displacement

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

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

Alleviating the effects of displacement

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

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

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

Easing return, local integration and relocation

Whenever appropriate, the ICRC aims to facilitate the return, local integration or relocation of those who have been displaced, by reminding the authorities of their obligations to promote voluntary return whenever it is safe, or to ease the process of local integration and/or relocation. The ICRC continually reminds these authorities of their responsibilities in this regard, particularly focusing on the need for them to restore the basic conditions required to resolve the crisis before they urge IDPs to return to their places of origin.

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

RELATIONS WITH THE MOVEMENT AND HUMANITARIAN COORDINATION

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

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

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

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

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

THE ICRC RESPONSE TO DISPLACEMENT (BY TARGET POPULATION)

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

CIVILIANS

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

Protection

Protection of the civilian population

- ▶ The ICRC monitors the situation of individuals and groups not or no longer taking part in hostilities, and documents allegations of abuse against them. These allegations figure

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

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

facilitate beneficiaries' access to the services available, including those run by the State, as well as prompt the authorities to improve their communication and information-sharing systems.

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

Restoring family links

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

Assistance

Economic security – emergency aid: food and essential household items

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

Economic security – livelihood support

- ▶ Livelihood support programmes help people protect or regain their self-sufficiency. Seed and tool distributions, livestock replenishment and vaccination, cash-for-work projects to rehabilitate community infrastructure, grants or material inputs (e.g. sewing machines, donkey carts, flour mills, oil presses, brick-making machines, irrigation pumps), for example, directly improve the standard of living of households by helping them continue or jump-start an income-generating activity. This, in turn, can also help people to cope with the various threats in their environment posed by the armed conflict or other violence. In this way, boosting economic security can prevent

impoverishment, mitigating one of the possible drivers of displacement. On the other hand, displaced households, whether they are able to return home after a relatively short period of time or are caught up in prolonged displacement, are cut off from their livelihoods/sources of income and struggle with the depletion of any resources they may have. The ICRC's support helps displaced people, returnees, and host communities, especially households hosting IDPs, recover or maintain their sources of income. Often, this support contributes to alleviating the tensions between returnees or relocated IDPs in their new areas of residence.

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

Water and habitat and Health

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

Weapon contamination

- ▶ The ICRC engages the relevant authorities in dialogue on the issue of mines and explosive remnants of war, with a view to stopping the use of such weapons and, in effect, decreasing some of the dangers that may force people to flee their homes. Representations are often based on data collected first hand by the ICRC or the National Society.
- ▶ To help prevent injuries caused by weapon contamination and to foster conditions conducive to the return or relocation of IDPs, the ICRC marks contaminated areas, conducts mine-risk education, mobilizes and supports authorities/other actors to conduct clearance operations, and, in exceptional cases and in line with strict criteria, deploys specialist teams to conduct

such operations for a limited time. In the event of an accident, it also provides victims with medical treatment, including surgical care and physical rehabilitation, and economic assistance.

WOUNDED AND SICK

Protection

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

Assistance

Medical care and Physical rehabilitation

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

ACTORS OF INFLUENCE

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

Protection and Prevention

- ▶ Activities targeting actors of influence (e.g. political authorities, armed forces and other bearers of weapons, civil society representatives, the media, academics, young people, NGOs) always emphasize the need to take measures to respect the life and dignity of all people affected by armed conflict or other violence, including IDPs. All actors are made aware of their responsibilities and capabilities in this respect through a combination of bilateral meetings, dissemination sessions, training courses, publications, academic competitions and communication campaigns.
- ▶ The authorities, both civil and military, bear the primary duty to protect and assist people in their territory. Humanitarian action cannot comprehensively make up for the shortcomings in the formal system. The ICRC therefore discusses with the authorities – at all levels, on the ground and in high-ranking positions right up to the cabinet – their obligations to respect, protect and support those affected by displacement, and to ensure that IDPs enjoy the same rights and freedoms under the applicable legal frameworks (IHL and national law), without discrimination, as other citizens.
- ▶ Where the existing legislation is inadequate, the ICRC provides technical support and expertise to the authorities to help them develop new laws and adopt the necessary measures to implement these laws.

- ▶ During its contact with a range of influential actors – for instance, during training courses and workshops – the ICRC covers the basic rules of IHL, the respect of which would prevent a good portion of the cases of conflict-related displacement; these points include:

- the obligation to distinguish at all times between civilians and combatants and between civilian objects and military objectives,
 - the prohibition on making civilians or civilian objects the target of attacks,
 - the prohibition on indiscriminate attacks,
 - the obligation to use force that is proportional to the military objective in order to minimize the collateral damage suffered by civilians,
 - the obligation to take precautions in attacks to spare the civilian population,
 - the prohibition on the destruction of objects indispensable for the survival of the civilian population,
 - the prohibition on reprisals against the civilian population and civilian property,
 - the obligation to respect fundamental guarantees such as the prohibition of ill-treatment, and
 - the stipulation that the parties to a conflict must allow and facilitate the rapid and unimpeded passage of humanitarian relief, which is impartial in nature and conducted without adverse distinction, subject to their right of control, for the benefit of civilians in need.
- ▶ The ICRC also discusses with the authorities their obligation to provide protection and assistance and to seek solutions when displacement occurs. This includes ensuring that displaced and resident civilians alike:
 - are protected against threats, indiscriminate arrests, attacks and other acts of violence, as is their property (either that currently with them or that left behind),
 - are able to maintain their dignity, physical, mental and moral integrity, and family unity,
 - have freedom of movement and freedom to choose their place of residence (in or out of camps, within the country or abroad) and are protected against forced return,
 - have adequate standards of living in terms of food, water, sanitation, basic shelter, clothing, health care and education,
 - have access to the documents they need to enjoy and exercise their rights (personal identification, passport, birth certificate, marriage certificate, etc.), and
 - have access to accurate information in order to make informed choices and participate in and influence decisions being made on their behalf.
 - ▶ Finally, the ICRC raises awareness of the authorities' responsibility to restore conditions that permit return, local integration or relocation as quickly as possible. The basic conditions for sustainable, long-term solutions, based on voluntary, safe and dignified choices, include the following assurances that former IDPs:
 - do not suffer attacks, harassment, intimidation, persecution or any other form of punitive action upon return to their home communities or settlement in other locations,
 - are not subject to discrimination for reasons related to their displacement,
 - have full non-discriminatory access to national protection mechanisms (e.g. police and courts),
 - have access to the personal documentation typically needed to access public services, to vote and for administrative purposes,

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- have access to mechanisms for property restitution or compensation,
 - enjoy without discrimination adequate standards of living, including shelter, health care, food and water,
 - are able to reunite with family members if they so choose, and
 - are able to exercise the right to participate fully and equally in public affairs.

RED CROSS AND RED CRESCENT MOVEMENT

Cooperation

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

HEADQUARTERS

ICRC GOVERNING AND CONTROLLING BODIES

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

MEETINGS AND DECISIONS OF THE GOVERNING BODIES

In 2016, the Assembly and the Assembly Council held six and ten meetings, respectively. The president and the director-general of the ICRC kept the governing and controlling bodies informed about the conduct of operations, the development, implementation and promotion of IHL, humanitarian diplomacy priorities, cooperation with National Societies, relations with the private sector, public communication, and administration and finance. President Maurer was elected by his peers for a second term of office, from July 2016 to June 2020, and Vice-President Beerli for a third term of office, shortened at her request to January 2016 to December 2017.

The Assembly focused on the priority issues identified in the Institutional Strategy 2015–2018: health, sexual violence, migration and the ICRC's ambition to strengthen protection through law, policy and operations. Pursuant to the recommendations of the Audit Commission, it reviewed and approved the 2015 financial accounts, including the report of the external auditors, and the Directorate's proposed 2017 objectives and budgets. The Assembly's working group on financing and innovation worked with the Private Fundraising Division on the development of new financing tools and approaches to the private sector. During its annual off-site meeting, the Assembly discussed several issues linked to the Health Strategy and priorities in the field, and to law and protection, and looked into the possible future consequences of the fourth industrial revolution. It elected an external expert to chair the Data Protection Independent Control Commission. The ICRC Special Fund for the Disabled – which was created in 1983 and in 2001 became an independent foundation under Swiss law, open to non-ICRC members – decided to adopt a revised identity and strategy in 2016, thereby becoming the ICRC MoveAbility Foundation. The mission of MoveAbility is to strengthen national capacity in countries with fewer resources and thereby remove barriers faced by persons with physical disabilities, by fostering sustainable, accessible and quality physical rehabilitation services and promoting inclusion. The Assembly approved a renewed cooperation agreement with MoveAbility in December.

The Assembly Council continued to monitor the development and implementation of some of the ICRC's main transformational projects: the People Management Programme, human resource organization, and changes in the organizational model. It also adopted budget extensions for 12 contexts, most of which related to the ICRC's main theatres of operation: Burundi, Greece (covered by the Paris regional delegation), Iraq, Jordan, Libya and the Syrian Arab Republic (hereafter Syria); the conflict in the Lake

Chad region (Chad, Niger, Nigeria, Yaoundé regional delegation); and the Nagorno-Karabakh conflict (Armenia and Azerbaijan).

MISSIONS

Mr Peter Maurer, president, held bilateral discussions with heads of State, ministers of foreign affairs and defence, parliamentarians and National Society leaders in Afghanistan, Austria, Canada, Egypt, Ethiopia, France, Germany, Greece, the Hong Kong Special Administrative Region of the People's Republic of China, Ireland, the Islamic Republic of Iran, Italy, Japan, Kenya, Liechtenstein, Mongolia, Niger, Nigeria, Oman, the Russian Federation, Rwanda, South Africa, Syria, the United Arab Emirates, the United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom) and the United States of America (hereafter United States). Mr Maurer also held talks with government representatives during the high-level segment of the UN General Assembly in New York (United States), during meetings with the European Union and NATO in Brussels (Belgium), and at the World Economic Forum in Davos (Switzerland).

Ms Christine Beerli, vice-president, conducted visits to Germany, Liechtenstein, Monaco, Pakistan, South Sudan (with the Corporate Support Group), the United Arab Emirates, the United Kingdom and the United States, meeting with government officials and National Society leaders. She represented the ICRC at a number of high-level events, such as the UN Security Council Protection of Civilians Open Debate (New York), the Conference on International Security (Halifax, Canada), the annual Munich Security Conference round-table on "Healthcare under attack" (Germany), and the Astana Economic Forum (Kazakhstan). Ms Beerli spoke at the IHL round-table (San Remo, Italy) and the 17th Bruges Colloquium on International Humanitarian Law (Belgium).

Both the president and the vice-president took active part in the World Humanitarian Summit in May in Istanbul (Turkey).

Other members of the Committee conducted the following missions:

- ▶ **Mr Mauro Arrigoni** visited the ICRC's operations in Malaysia, Mexico, Serbia and South Africa. He represented the ICRC at the 50th anniversary of the Kuwait Red Crescent Society (Kuwait); in Madrid (Spain), to receive the Enrique Ruano Casanova Proderechos Humanos award for the ICRC; and in Barcelona (Spain), to participate in the International Association of Women Police Annual Training Conference.
- ▶ **Mr François Bugnion** represented the ICRC in Viet Nam (70th anniversary of the Red Cross of Viet Nam) and in Moscow (Russian Federation), at the Day of Remembrance marking the twentieth anniversary of the attack on Novye Atagi hospital, in which six ICRC delegates lost their lives. He was invited to Beijing (China) as a special guest of the Chinese Red Cross for the launch of the Chinese translation of his book, *The International Committee of the Red Cross and the Protection of War Victims*.
- ▶ **Mr Melchior de Muralt** visited the ICRC delegation in Sri Lanka.
- ▶ **Mr Alexis Keller** visited ICRC operations in Lebanon.
- ▶ **Mr Jürg Kesselring** visited the ICRC's operations in Ukraine. He travelled to the United Republic of Tanzania to visit

the Foundation Council of the Special Fund for the Disabled, and to St Petersburg (Russian Federation) to participate in the 20th International Economic Forum.

- ▶ **Ms Doris Schopper** visited the ICRC delegation and operations in Addis Ababa (Ethiopia).
- ▶ **Mr Rolf Soiron** travelled to New York to represent the ICRC at the celebration of the organization's 150th anniversary hosted by the Swiss Society of New York. He visited ICRC operations in Jordan and Lebanon.
- ▶ **Ms Béatrice Speiser** visited ICRC operations in Jordan and Lebanon. Like all new ICRC members, she attended the special integration programme at the ICRC delegation in Dakar (Senegal) and visited operations in the field.

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

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

In 2016, as the ICRC further expanded its response to complex and immense humanitarian needs, the Directorate played a key role in setting the organization's strategic priorities and ensuring their implementation. In April, it conducted the first review of the 2015–2018 Institutional Strategy, analysing changes in the ICRC's operating environment, assessing progress made in the strategy's implementation and identifying required actions. It also conducted quarterly reviews of the ICRC's overall performance (covering operations, finance, human resources, major projects and key institutional risks) and made the necessary adjustments. It approved the development of a new compliance architecture, comprising different functions, oversight bodies and processes, to ensure the fair and consistent application of internal rules.

STRATEGIC ORIENTATIONS FOR 2015–2018

The results presented below highlight the progress made towards achieving the ambitions set out in the 2015–2018 Institutional Strategy. These results are described in greater detail in the following sections.

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

The ICRC reached out to a number of States to follow up on the outcomes of the 32nd International Conference, particularly the resolutions related to IHL. It helped draft working procedures for the State-led process to develop concrete and implementable ways of strengthening IHL protection for persons deprived of their freedom. With Switzerland, it co-facilitated the first formal meeting of States held as part of an intergovernmental consultation process on strengthening respect for IHL. It also convened a meeting of national IHL committees, bringing together representatives from 133 countries and 16 international and regional organizations to discuss ways of enhancing protection in armed conflict through domestic law and policy.

The Commentary on the First Geneva Convention was published online and in print, helping boost the ICRC's efforts to position IHL as a crucial and relevant tool for enhancing protection in armed conflict. The commentaries on the Second and Third Geneva Conventions continued to be updated.

More broadly, the ICRC strengthened its capacity to influence humanitarian policy. It continued to shape external debates on legal and policy issues related to its work. It highlighted challenges in interpreting rules on the conduct of hostilities, including the

principle of proportionality and rules applicable to cyberwarfare and the use of remotely controlled, automated or autonomous weapons. It also contributed to the development of policies on the response to protracted conflicts and on multiyear humanitarian financing; it had a notable influence on the outcome documents of Habitat III and the World Humanitarian Summit.

The ICRC kept up its proactive engagement with the UN system and with regional bodies, and continued to play a leadership role in relation to the Inter-Agency Standing Committee and the Steering Committee for Humanitarian Response.

As part of efforts to obtain greater access to people affected by armed conflicts and other situations of violence, the ICRC adapted its approach to interacting with non-State armed groups and strengthened coordination among units and services involved in this work.

The ICRC reinforced its protection activities in a number of contexts, notably in terms of helping certain groups of communities reduce their vulnerabilities. The ICRC made use of global information systems and other tools to produce maps depicting thematic data, for example the location of health facilities. Such exercises helped guide the ICRC's response. Through the Health Care in Danger project, the ICRC continued to draw attention to security concerns affecting the delivery of health care. Over 60 delegations incorporated related activities into their planning, while several developed strategies to approaching the problem, with a focus on direct action and mobilization. The ICRC pursued efforts to extend the community of concern around safe access to health care, and explored opportunities for new partnerships.

ENHANCE THE ICRC'S DISTINCTIVE RESPONSE TO GROWING NEEDS

With a final field budget of CHF 1.614 billion (an initial field budget of CHF 1.525 billion, and 12 budget extensions totalling CHF 88 million), the ICRC sustained or expanded its operations in contexts such as Iraq, Somalia, South Sudan, the Syrian Arab Republic (hereafter Syria) and the Lake Chad region (including Cameroon, Chad, Niger and Nigeria). It remained one of the few international humanitarian agencies present in a number of contexts, such as Libya and Ukraine.

Security incidents remained a major concern. Three staff members in Mali, and another three in the Democratic Republic of the Congo, were briefly held. A staff member abducted in Yemen in December 2015 was released after ten months. The ICRC pursued efforts to secure the safe and unconditional release of a staff member abducted in Afghanistan in December, and of three staff members abducted in Syria in 2013. In view of continued risks, field teams received support and training from five regional security and risk assessment advisers, as necessary. The Security Management Information Platform was piloted in several contexts.

While maintaining its comprehensive approach to addressing the needs of conflict- and violence-affected populations, the ICRC sought to improve its activities for people with specific vulnerabilities. Delegations continued to receive support for addressing sexual violence during armed conflicts and other situations

of violence: activities to this end were initiated, expanded or continued in a number of contexts. The ICRC also strengthened its response to the humanitarian needs of vulnerable migrants, implementing activities in various contexts along migration routes and coordinating its communication efforts with those of the International Federation.

In line with its 2014–2018 Health Strategy, the ICRC worked on developing tools and policies to ensure the delivery of quality health services, with an emphasis on the “continuum of care” approach and the inclusion of mental health care and psychosocial services.

The ICRC began expanding the use of cash in its assistance activities, providing unconditional cash grants or vouchers as emergency aid and grants for micro-economic initiatives, and organizing cash-for-work projects.

Innovation continued to be encouraged across the ICRC, with some 20 pilot exercises conducted in 2016. Following successful testing, some projects (e.g. mobile data-collection and monitoring tools) were rolled out in delegations. The Global Humanitarian Lab was launched, to turn ideas into concrete solutions and bring together the humanitarian community and the private sector.

The Humanitarian Negotiation Exchange Platform enhanced exchanges and peer coaching among staff members engaged in front-line negotiation and mediation activities, and strengthened the ICRC’s interaction with other humanitarian entities.

SECURE THE WIDEST POSSIBLE SUPPORT FOR ICRC ACTION

The ICRC further intensified its engagement with donor governments, enabling it to close the gap between financial income and expenditure at year’s end. Greater emphasis on involving field delegations in supporting donor relations and identifying prospective donors, and income from private sources, also contributed to this end. The ICRC continued to develop its partnerships with corporations and other private entities.

More broadly, the ICRC continued to reach out to States with a regional and global influence, so as to foster acceptance of and support for its mandate and activities around the world. Public communication was also stepped up. Media coverage of the organization’s concerns and activities in priority contexts – including Afghanistan, Iraq, Nigeria, South Sudan, Syria and Yemen – and in relation to issues such as IHL compliance and migration helped raise awareness of the ICRC’s work. Initiatives were maintained to reinforce digital communication through the ICRC website and social media accounts. For example, an online IHL campaign helped raise awareness of the rules of war among general audiences. A report was published based on the *People on War* survey, wherein people in 16 countries were asked about their views on some of the rules of war.

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

The ICRC pursued efforts to improve the efficiency and impact of the Movement’s response to humanitarian needs. It worked with other Movement components to implement the resolution on strengthening Movement coordination and cooperation adopted by the 32nd International Conference. ICRC delegations received support for bolstering the Movement’s response; in volatile contexts, in particular, roles and responsibilities concerning security management were clarified with National Societies working internationally.

With a view to developing more flexible approaches and mechanisms of cooperation with National Societies, the ICRC launched a consultation on existing working procedures, and continued to engage with a group of National Societies on priority operational, policy and strategic issues. With the International Federation, it published a set of joint commitments and expectations related to the Grand Bargain¹.

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

The ICRC continued to adapt its organizational model to ensure the efficiency and effectiveness of its operations. It worked on ensuring the smooth implementation of large-scale projects and transformational initiatives by adopting measures to improve the sequencing and pacing of projects and facilitate the absorption of changes.

The management framework for the Corporate Services Network was finalized, and more services were delocalized from headquarters. The ICRC tested new management models for delegations, in line with efforts to devolve operational decision-making responsibilities to the level closest to implementation.

The Human Resources Department continued to introduce changes aimed at meeting the ICRC’s needs more efficiently and effectively. The People Management Programme was fully integrated into the department’s structure, as planned; implementation of the programme’s projects – to modify the job-grading and reward system, revise the performance management and competency system, and deploy a new human resources information system – were taken over by the department and the centres of expertise. Most routine, transactional administrative services had been delocalized from headquarters to the Manila Shared Services Centre, in the Philippines, by year’s end. A Global Talent Management Division was established in the first quarter of 2016, to focus on staffing various positions, particularly mobile postings. The ICRC also reinforced its partnerships and undertook pilot projects, on talent sourcing and recruitment, with National Societies. Thirty human resource managers based in delegations ensured that staff members had better access to human resources services. Staff also continued to have access to learning opportunities through the Humanitarian Leadership and Management School, which launched its third module, and other training programmes.

Significant strides were made in promoting information as an organizational asset. Collaborative online spaces were introduced at headquarters and in some 80% of delegations, helping improve information sharing and management. Managers increasingly used dashboards to monitor results and obtain information for making evidence-based decisions.

OSCAR (Operational Supply Chain Agile and Reliable), the global supply-chain solution launched in 2014, was rolled out in four more delegations, bringing the number of delegations using the system to nine.

A new strategy for sustainable development was adopted, and 35 delegations took part in the sustainable development programme.

1. The Grand Bargain is a set of proposed reforms to humanitarian funding launched at the 2016 World Humanitarian Summit. It aims to make the financing of humanitarian aid more efficient and effective through commitments made by major donor countries and humanitarian organizations.

OFFICE OF THE DIRECTOR-GENERAL

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

In 2016, the ICRC expanded and adapted its operations to respond more effectively and efficiently to humanitarian needs. In this context, the Office of the Director-General continued to lead and monitor implementation of the 2015–2018 Institutional Strategy and to help manage the ICRC's performance and major institutional risks. It oversaw the transition to a new organizational model better able to sustain the ICRC's growth and ensure its relevance. It helped shape internal debate on legal and policy issues, and spearheaded institutional efforts to bolster Movement coordination.

STRENGTHENING THE ICRC'S PERFORMANCE

The Office of the Director-General managed the work of the Directorate (see *Directorate*), helping it to steer the ICRC and lead institutional changes, while ensuring the relevance, coherence and timeliness of institutional decisions. It ensured the implementation of the 2015–2018 Institutional Strategy and served as a link between the administration and other governing bodies. It guided efforts by managers in the field and at headquarters to strengthen their performance-management practices.

PROJECT MANAGEMENT

The Office of the Director-General advised the ICRC's project board, which manages the portfolio of headquarters-led projects. The office provided technical support to project teams, to improve their success rates and facilitate their compliance with the ICRC's project management framework; 34 project team members and 14 steering committee members participated in training sessions to hone their management skills.

On the office's advice, the project board adjusted the sequence and pace of major institutional projects to ensure that the ICRC could absorb the accompanying changes. Continuing to build on the ICRC's experience of change management, the office created a network of specialized practitioners across the organization and introduced new methods for building organization-wide capacities. It organized a three-day course in which 26 people, including senior staff and project managers, earned certificates in change management.

PLANNING, MONITORING AND EVALUATION

The Office of the Director-General led efforts to consolidate performance-management reforms into a comprehensive plan to make planning and monitoring processes and practices more relevant, efficient and effective. Notably, the Directorate approved revisions to the ICRC's annual planning cycle, to make it shorter and more efficient; these revisions, along with a new planning and monitoring tool, will be implemented for the 2018 Planning for

Results process. Change-management considerations were also taken into account, to help ICRC delegations efficiently adapt to these revisions and the new tool. The office also assessed how to integrate multi-year projects within the revised planning process and this tool.

Efforts to enhance results-based management across the organization continued. The reference frameworks for assistance, protection, prevention and cooperation programmes, which help standardize field practices, were revised; these now include tailored guidance material and new sample outcome statements and indicators. Throughout the year, the office contributed to exchanges with donors regarding performance and results-based management.

BUSINESS INTELLIGENCE

The Office of the Director-General continued to oversee the business intelligence programme, which aims to improve the ICRC's use of available information to make appropriate, timely and evidence-based management decisions. It revised the process for monitoring the implementation of the 2015–2018 Institutional Strategy, developing and introducing an institutional dashboard to track results. In parallel, it began to review the purpose, content and format of the quarterly performance review and to develop a broader framework for monitoring institutional performance. It also supported the development of performance dashboards for different programmes, support services and delegations, in light of their specific monitoring needs.

The Directorate approved a new data-management model that will be introduced progressively over a four-year period. The aim is to shorten the time between data creation, consolidation and retrieval, improve evidence-based decision-making and enhance data quality while optimizing costs.

ORGANIZATIONAL MODEL

Led by the Office of the Director-General, the ICRC pursued its transition to a new organizational model. Additional corporate services functions were transferred from headquarters to the ICRC's shared services centres in Belgrade, Serbia, and Manila, Philippines (see *Human Resources*). A new management framework for the Corporate Services Network, which would better clarify roles and responsibilities and financial management procedures, was developed.

Headquarters units pursued efforts to improve flexibility and provide delegations with greater autonomy. Several delegations prepared to test an organizational model to help management teams steer operations while at the same time placing greater emphasis on humanitarian diplomacy, public positioning and people management.

POSITIONING THE ICRC IN EXTERNAL DEBATES

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

The ICRC raised awareness of and support for its own concerns and policy objectives and those of the Movement as a whole among participants at the World Humanitarian Summit 2016, engaging in advocacy before and after the event. Some of these efforts were carried out with other Movement components (see *Movement policy*); they also comprised bilateral meetings between the director-general and the Principals of the Inter-Agency Standing Commission (IASC). The ICRC encouraged UN agencies and other member organizations of the IASC to enhance the IASC mechanism so that it could better fulfill its role to coordinate humanitarian action.

The Steering Committee for Humanitarian Response, which is chaired by the ICRC director-general, influenced the debate on humanitarian financing; the Steering Committee Principals supported the ICRC's position on the need to better nuance policies aimed at bridging the divide between relief and development work, and other UN-prompted concepts. Thanks to its involvement, the ICRC helped shape the Steering Committee's agenda and its discussions on balancing risks related to humanitarian action; the issues brought to light were picked up by other policy forums.

INSTITUTIONAL SERVICES

RISK MANAGEMENT, INTERNAL CONTROL AND COMPLIANCE

In line with the ICRC's approach to risk management, the Office of the Director-General worked with the Directorate to identify key institutional risks and corresponding mitigation measures. Relevant trends were analysed during quarterly performance reviews and regular monitoring; emerging risks were identified and marked for further analysis. Managers were encouraged and assisted to apply good risk-management practices; the ICRC's Humanitarian Leadership and Management School began to offer risk-management content.

The Directorate approved a decision to design a new compliance architecture – comprising different functions, oversight bodies and processes – to ensure the fair and consistent application of internal rules. In support of this, the Global Compliance Office was established within the Office of the Director-General, to focus on functions related to risk management, internal control and compliance with the ICRC's code of conduct.

OMBUDS OFFICE

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

The Ombuds Office helped build institutional competence in conflict management, and strengthened the network of ombuds relays in delegations and at headquarters.

LEGAL COUNSEL

The ICRC legal counsel continued to advise internal clients on institutional legal issues. It established a new regulatory framework for contract management. It explored ways to ensure that all staff members obtain just and fair resolution of employment disputes, and worked to improve existing dispute resolution mechanisms or to introduce new ones.

MOVEMENT COORDINATION AND COOPERATION

PARTNERSHIP AND CAPACITY-BUILDING WITH NATIONAL SOCIETIES

The Office of the Director-General and the Directorate spurred the ICRC's efforts to develop more flexible approaches to cooperation with National Societies. To that end, they consulted selected National Societies that regularly provide the ICRC with input on strategic and policy matters.

The ICRC began a review of the existing template for operational partnership agreements with National Societies, with a view to proposing innovative and adaptable mechanisms of cooperation that suit the needs and objectives of both the ICRC and National Societies, and that offer sufficient guidance to users. The International Federation and the ICRC established a joint National Society Investment Mechanism, to be launched in 2017, to provide National Societies with more means to develop their own capacities.

National Societies drew on the ICRC's technical expertise, notably in the Safer Access Framework, in order to deliver humanitarian services safely and effectively. The ICRC continued to decentralize its related training support; two regional Safer Access Framework advisors were deployed in Africa and Asia, and additional workshop facilitators were trained locally. Worldwide, over 20 related assessment and planning workshops were carried out, and three regional round-tables were organized in Africa and Asia to further peer-to-peer exchange.

OPERATIONAL AND MOVEMENT COORDINATION SUPPORT

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

Six coordination agreements were signed or renewed in 2016, bringing the total in force worldwide to 21. In Afghanistan, Burundi, Cameroon, the Central African Republic, Mali and South Sudan, the ICRC and the National Societies concerned added security framework annexes to their coordination agreements. In contexts such as Iraq, Israel and the occupied territories, Myanmar, Somalia and Yemen, the ICRC signed or renewed bilateral agreements with National Societies working internationally, to clarify their roles and responsibilities, notably in security management. These agreements reflected the growing expectations of Movement components working in volatile areas in terms of ICRC support or leadership in extending their reach and ensuring the safety of their staff and volunteers.

In order to promote a more effective Movement response during large-scale emergencies, the ICRC worked with other Movement components for the implementation of a resolution, adopted by the 32nd International Conference, on strengthening Movement cooperation and coordination. Movement components in Armenia, Ecuador, Gabon, Haiti, Iraq, Myanmar, the Philippines, South Sudan and elsewhere tested new or revised collaboration tools, and exhibited improved coordination as a result. Some contexts continued to pose a challenge in this respect, particularly with regard to overcoming scant awareness of the resolution among Movement components.

The International Federation and the ICRC signed a funding agreement defining the terms and conditions for unified international appeals and other instances where one institution

provides funding to the other. Some National Societies and the ICRC tested innovative ways to utilize National Society assets and capacities, notably in human resources and resource mobilization, in the ICRC's operations.

The ICRC invested in strengthening information management within the Movement, particularly by drafting special notes, distributing joint statements and organizing conference calls on humanitarian crises, for example, in the Lake Chad region and in South Sudan.

The ICRC's Division for Cooperation and Coordination within the Movement further devolved decision-making to field units and introduced new working modalities.

PROMOTION OF PRINCIPLED HUMANITARIAN ACTION

The Office of the Director-General supported efforts to help National Societies adhere to the Fundamental Principles and to the Movement's policy and regulatory framework. ICRC delegations, together with the Joint ICRC/International Federation Commission for National Society Statutes, advised over 40 National Societies on how to strengthen their legal and statutory bases. Movement components launched a consultation process for reviewing the existing minimum standards for National Society statutes and support modalities.

The ICRC responded to 45 enquiries on the proper use and protection of the red cross, red crescent and red crystal emblems. It provided technical input on these topics to National Societies, governments and the private sector. The ICRC also continued to develop tools to promote respect for the emblems and their correct use, particularly in the context of the Movement's branding initiatives (see *Communication and information management*).

MOVEMENT POLICY

The Office of the Director-General contributed to strengthened collaboration on policy matters between Movement components. A unified approach was adopted for the World Humanitarian Summit 2016; the International Federation and the ICRC published a set of joint commitments and expectations relating to the Grand Bargain – a set of proposed reforms aimed at making the financing of humanitarian aid more efficient and effective – and thereby enhanced their influence on the process. Such shared efforts highlighted the ICRC's priority concerns, such as the promotion of IHL and of the localization of humanitarian aid, for example, through the empowerment of local institutions in recipient countries.

To ensure that the relationships of Movement components with external entities comply with the Fundamental Principles – notably neutrality, independence and impartiality – the International Federation and the ICRC worked to improve the relevant guidelines. The ICRC also consulted other Movement components, with a view to developing guidance material on the Movement's stance regarding the international community's efforts to prevent and counter violent extremism.

Building on lessons learnt from the statutory meetings held in 2015, the Office of the Director-General helped develop the concept note for the 2017 Council of Delegates and the initial planning for the 33rd International Conference.

OPERATIONS

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

At the end of 2016, the Department of Operations comprised: five regional management and support teams covering Africa, the Americas, Asia and the Pacific, Europe and Central Asia, and the Near and Middle East; two operational divisions, Assistance, and Central Tracing Agency and Protection (hereafter Protection); two smaller units, Security and Crisis Management Support (SCMS) and Global Affairs and Non-State Armed Groups; and teams working on the Innovation Initiative, the Health Care in Danger project and the ICRC's response to sexual violence. All provided operational support to field teams.

The department contributed to ICRC efforts at all levels – at headquarters, regionally and nationally – to secure increased operational, political, legal and financial backing from States with regional and global influence. In this regard, it worked with the five regional teams to ensure that efforts were coordinated and coherent and that best practices were shared.

The department continued to facilitate coordination within the ICRC on cross-cutting issues, such as migration, internal displacement and sexual violence. In a bid to ensure that current concerns were tackled comprehensively, it used the platforms for interdepartmental discussions and video-conferencing to include delegations in weekly headquarters meetings.

All units received the department's support to reinforce the institutional response to sexual violence. These efforts came in fulfilment of the ICRC's four-year commitment (2013–2016) to tackle the issue more comprehensively and were four-pronged: holistic operational response, prevention, Movement mobilization, and staff training and sensitization. Many delegations improved their analyses of the problem of sexual violence, and implemented specific activities, for example, integrating the topic into their dialogue with national authorities and weapon bearers and into other prevention activities.

The annual meetings on prevention and health activities included sessions on sexual violence, as did several internal professional training courses. The ICRC maintained its partnership with the Centre for Education and Research in Humanitarian Action, with three external seminars (two in English and one in French) on this issue in 2016. In total, 30 ICRC staff members attended the course during the year.

The ICRC, along with the International Federation and several National Societies, participated in regional mechanisms, such as working groups in Colombia, Kenya and Lebanon, to follow up on

the implementation of the resolution on sexual and gender-based violence, adopted by the 32nd International Conference.

The Innovation Initiative continued to mainstream a culture of innovation across the entire ICRC. Headquarters units and field teams tested several new products and processes. The Enable Makeathon – an ICRC-supported event – drew proposals from around the world for new products for people with disabilities; five such products were selected for testing, in anticipation of future use. The ICRC also built or maintained partnerships with external partners, including within the framework of the Global Humanitarian Lab, to help spur further innovation.

The SCMS Unit facilitated operational and security-related responses throughout the year. Field teams received support from five regional security and risk management advisers, as necessary; teams in Azerbaijan, Burundi, Iraq and South Sudan received specific support for crisis management. Particularly severe incidents in Afghanistan, the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), Mali, the Syrian Arab Republic (hereafter Syria) and Yemen triggered the unit's critical incident management mechanism. The ICRC's contracts with National Societies continued to help ensure its rapid response capacity. The Security Management Information Platform continued to be rolled out.

The unit trained some 75 field managers during three one-week courses on security and crisis management, and provided specific crisis management training for several National Societies, including those of Austria, Canada, Denmark, Finland, Germany, Japan, New Zealand, Norway, Sweden, and the United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom). It also organized courses specifically on managing cases of abductions for a number of ICRC delegations. The ICRC Learning and Development team drew on the unit's support to finalize modules on staff security and safety in the field and improve other courses, such as those for protection and administrative teams.

The Global Affairs and Non-State Armed Groups Unit helped delegations and headquarters teams develop their approaches to engaging with influential figures in contexts affected by escalating and transnational armed conflicts. The unit worked closely with teams in Afghanistan, Iraq, Syria, Yemen and the Lake Chad region in North and West Africa. It continued to focus on improving the ICRC's understanding of how it is perceived by the different parties to armed conflicts or other situations of violence worldwide, and how it can enhance the organization's security and support for its work, IHL and humanitarian principles.

The unit also supported delegations reaching out to Islamic scholars and other religious leaders to discuss the convergence between religious legal traditions and the principles of IHL and to compare different codes of conduct guiding humanitarian or philanthropic action. Conferences on this topic were held in the Gaza Strip (in the occupied Palestinian territory), Indonesia, Niger and Tajikistan.

The unit also assisted teams in Amman (Jordan), Doha (Qatar), Kuwait City (Kuwait), Jakarta (Indonesia) and London (the United Kingdom) engaged in joint learning exercises with National

Societies, the Organisation of Islamic Cooperation (OIC) and Islamic humanitarian organizations.

HEALTH CARE IN DANGER

In view of the prevalence of violence hindering the safe delivery of health-care services, the Health Care in Danger project team continued to promote the recommendations developed during earlier phases of the project; it also worked to keep the issue high on the agenda of the international community.

Sixty-six ICRC delegations included project objectives or related activities in their plans of action for 2016; some 50 of these teams – operating in conflict-affected environments or otherwise – put in place a multidisciplinary strategy, spanning direct action and mobilization of key stakeholders, for their work on this issue.

The project team continued to encourage the collection of data on violent incidents compromising the delivery of health care in the affected areas. Field and headquarters teams received an internal guidance document on data-collection mechanisms, which helped them engage with national authorities and other influential figures.

The ICRC developed tools and implemented practical recommendations to improve the safe delivery of health care. For example, over 600 ambulance staff and other emergency health workers from 75 countries took part in an online course on the security concerns they may face and how to address these. Working with the International Hospital Federation, Médecins Sans Frontières (MSF) and WHO, the project team developed a manual to guide users – within the ICRC and beyond – in the conduct of rapid and multidisciplinary assessments of the preparations managers of health-care facilities can make for outbursts of violence.

The Movement Reference Group – composed of National Societies and the International Federation – continued to mobilize the authorities in their respective countries and other National Societies; four additional National Societies joined the group in 2016. The group also followed up on the resolution adopted by, and pledges made during, the 32nd International Conference, and committed to extending its term to the end of 2019. Over 70 National Societies mainstreamed the protection of health care in their activities in various ways, ranging from developing and implementing measures to better train their staff and volunteers, to engaging in advocacy, capacity-building and dialogue with the broader health-care community, authorities and civil society.

The ICRC pursued cooperation with, and sought support from, various stakeholders. It signed cooperation agreements to this end with the International Committee of Military Medicine, the International Federation of Medical Students' Associations, the International Pharmaceutical Federation and the World Medical Association. It sought synergies with the private sector, through the Global Partnerships for Humanitarian Impact and Innovation event, at which the project team led a panel discussion on health in fragile environments. In partnership with a university in Geneva, Switzerland, a wide-ranging online course on violence against health care was developed, and set for launch in 2017.

The broader international community made further commitments to addressing this issue, for instance through resolutions adopted by the UN Economic and Social Council, the UN Security Council, and the World Health Assembly.

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

CENTRAL TRACING AGENCY AND PROTECTION

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

The division remained engaged in major information and communication technology projects. It updated Prot6, the ICRC's protection data management tool, to include a component for processing information on the civilian population; by the end of 2016, 68 delegations were using the tool. It also enriched existing resources for family-links services, launching a web-based application enabling national authorities and organizations, other forensic workers, and, where appropriate, the ICRC to centralize data on cases of persons missing as a result of conflict, disaster or migration.

PROTECTION OF THE CIVILIAN POPULATION

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

Seven delegations received on-site support for implementing a community-based protection approach: 154 staff members working in different fields received training in topics such as taking account of the specific vulnerabilities of different groups of people. People from violence-affected communities also participated in workshops; their insights fed into the proposals ICRC staff made on the improvements that could be undertaken by the authorities, weapon bearers, the victims and their communities. The division reinforced its capacity to provide delegations with such support by assigning an additional adviser to cover countries in Africa.

Twenty delegations received assistance for assessing situations in the field and for planning and implementing responses to the needs of children affected by conflict or other violence. This included comprehensive advice on preventing and addressing the unlawful recruitment and use of children by weapon bearers, the impact of hostilities on children's access to education, and the specific needs and vulnerabilities of unaccompanied and other vulnerable children.

Around 60 delegations, many of them working with National Societies, also drew on the division's support to address some of the most urgent concerns of migrants along migratory routes. The division facilitated information-sharing within the ICRC and with other Movement components, particularly in relation to immigration detention and family-links services. A network of 30 field focal points regularly exchanged insights on their work. In coordination with the headquarters-based team, regional advisers provided delegations with guidance on specific concerns and encouraged the sharing of experiences, in order to build transnational synergies and ensure institutional alignment on this issue. The team strove to maintain a combination of operational responses and humanitarian diplomacy efforts at national, regional and global levels.

The division spearheaded the development of the ICRC Strategy on Internal Displacement 2016–2019, which was adopted by the Directorate in May. Delegations in around 35 countries received support, primarily through the division's adviser on internal displacement, for improving the design of their responses to the needs of IDPs. With the Advisory Service on IHL, the division identified 25 recommendations for States and other stakeholders to advance implementation of the African Union Convention on IDPs.

PEOPLE DEPRIVED OF THEIR FREEDOM

The Protection Division finalized a set of operational guidelines on specific topics related to the ICRC's work for detainees, for example on preventing and addressing sexual violence in detention, and its perspective on solitary confinement and other means of isolating detainees. It also expanded its policy and guidance material on immigration detention, and continued to promote other institutional reference frameworks developed in previous years.

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

Thematically, the division continued to focus on problems such as: torture and other forms of ill-treatment, including sexual violence, and their consequences; failure to respect due process; detainees' lack of contact with their families and the outside world; and poor living conditions, including sub-standard detainee health and nutrition, which are often compounded by overcrowding. It also worked to support authorities in their efforts to reduce overcrowding and to identify alternatives to detention.

Delegations received expert counsel from several advisers on how to tailor their discussions with the authorities on managing changes in detention systems and on improving the process of planning and designing new detention facilities. The division continued to work with expert partners to formulate guidelines on planning and designing prisons.

Likewise, it continued to build a network of National Societies involved in supporting and rehabilitating victims of torture.

RESTORING FAMILY LINKS AND MISSING PERSONS

The ICRC spearheads implementation of the Movement's ten-year Restoring Family Links Strategy, adopted in 2007 to strengthen the worldwide family-links network and the humanitarian response whenever people are separated from or without news of their relatives. In 2016, it began developing a new strategy in anticipation of the end of the period covered by the current strategy. The process is led by a group of experts from National Societies, the International Federation and the ICRC, with the latter acting as chair.

The ICRC's family-links website (familylinks.icrc.org) provided information in Arabic, English, French and Spanish on the services available in 161 countries to help people restore contact

with their kin or clarify the fate of missing relatives. Special alerts on the ICRC's family-links website were activated during five emergencies, including the cyclone in Fiji and the hurricane in Haiti. Online tracing services continued to operate in relation to specific crises; for example, 28 National Societies and two ICRC delegations contributed to the online Trace the Face campaign, to help families find relatives who had gone missing while migrating to Europe; given data privacy concerns, pictures of unaccompanied minors either looking for their relatives or being sought by their families were shared on a restricted-access section of the website.

The Protection Division continued to promote Family-links Answers – a case management system compatible with Prot6 – to National Societies; by the end of 2016, 30 National Societies were using the system. The system was enhanced to allow off-line functionality during emergencies, follow-up of detention activities related to migration, and easier sharing of information among National Societies. The latest version of the extranet on family-links services, launched in June, also facilitated enhanced coordination, cooperation and sharing of guidelines and best practices among the ICRC and National Societies.

The restoring family links pool of specialists had 65 National Society or ICRC members; specialists were deployed to support field teams responding to the consequences of the cyclone in Fiji and the earthquake in Ecuador.

The division continued to help delegations in over 30 countries respond to issues relating to missing persons and their families. These activities included encouraging authorities to scale up efforts to clarify the fate of missing persons and to put in place the necessary mechanisms and/or legislation; the division also worked in close cooperation with other ICRC services (notably the Assistance Division) to help field teams respond to the wide-ranging needs of the families concerned. On the International Day of the Disappeared, campaigns were conducted in around 20 countries and at headquarters to raise awareness of the needs of those affected by this issue.

ASSISTANCE

The Assistance Division provided field teams with policy support and professional expertise related to health services, economic security, water and habitat, weapon contamination and forensic sciences (see *Operational framework and programme descriptions* for more details on the assistance programme). These covered emergency responses to the immediate needs of people affected by violence and activities encouraging their recovery and helping them work towards self-sufficiency.

In 2016, extensive assistance programmes were implemented in many countries, most notably in Afghanistan, the CAR, Nigeria, Somalia, South Sudan, Syria, Ukraine and Yemen. All delegations received support for activity design, monitoring, review/evaluation and reporting, as part of institution-wide efforts to improve service quality and effectiveness.

The division initiated a critical review of its information systems with two objectives: to put in place quick-fixes for current problems, so as to allow for continued programme management and institutional reporting; and, in the mid- to long-term, to define a new information management system, to be implemented in phases, with periodic and concrete deliverables.

The division also contributed to various multilateral platforms for discussion on humanitarian action, including the World Humanitarian Summit in Turkey and the UN Conference on Housing and Sustainable Urban Development (also known as Habitat III), where it highlighted the work the ICRC does for urban populations affected by armed conflict and other situations of violence.

HEALTH

In line with the Health Strategy 2014–2018, the ICRC continued to focus on the following areas: primary health care; mental health and psychosocial support; first aid; comprehensive hospital services, including surgical care; physical rehabilitation; and health in detention. Whenever possible and appropriate, the unit helped field teams innovate their practices and build synergies with the relevant actors, so as to maximize the impact of available resources.

Large-scale health programmes took place in Afghanistan, Lebanon, Mexico, Somalia, South Sudan and Syria, among other countries.

The unit advanced the development of its data-collection systems for primary health care and hospital services. It also started a monitoring process to assess the social and economic impact of its physical rehabilitation activities for beneficiaries. The team working on health in detention continued reviewing its approach to harm-reduction and to sexual violence within places of detention.

The unit also continued to partner with other actors working on health-related issues, and contributed its input for the development of best practices. Working in coordination with a range of actors, including the AO Foundation, WHO and other UN agencies, and academic institutions, the unit helped produce manuals and guidance material – in several languages – on topics such as the management of limb injuries, first aid for weapon bearers, and the work of emergency medical teams. It participated in several forums, and supported multi-stakeholder efforts to improve health, particularly mother and child health, in fragile environments.

WATER AND HABITAT

The Water and Habitat Unit strengthened its support for field teams working to improve people's access to clean water and decent conditions of sanitation and shelter. It continued to scale up its responses in urban contexts, focusing on addressing the widening scope and complexity of needs throughout Africa and the Middle East. As in past years, it endeavoured to shape the international discourse surrounding the damage done to urban services during armed conflicts and the need for new global response paradigms for such situations.

In partnership with leading multinational firms, the unit addressed challenges related to water and energy supply and reinforced its capacities to build and restore public infrastructure. It provided specific support for identifying areas for setting up or renovating physical rehabilitation centres.

The unit provided field teams carrying out work in places of detention with thematic guidance documents on topics such as waste management. In partnership with other relevant players, it organized international conferences on measures to avoid design

shortcomings for the authorities underwriting the construction of prisons in Africa, Asia and Latin America.

The unit continued to work with the Geographic Information System (GIS) team; it completed the process of adapting the GIS portal to internal specifications and enhanced its capacity to produce maps depicting thematic data, such as on the Health Care in Danger project, in support of institutional decision-making. It also produced additional references, such as an assessment tool for health-care facilities.

It continued to streamline its training modules and other capacity-building options, so as to boost staff professionalization.

ECONOMIC SECURITY

The Economic Security Unit took steps to ensure that the ICRC had in place the procedures and competencies to implement cash transfers – for instance, increasing the number of field specialists working on this topic. Through a partnership with the British Red Cross, specialists were deployed to Cameroon and Nigeria, and a project was evaluated in the DRC.

The unit also worked on addressing nutrition-related concerns. In particular, it helped teams in the Lake Chad region adopt a more cohesive approach to addressing malnutrition among IDPs, for example, by distributing a fortified food supplement (Super Cereal Plus) and briefing beneficiaries and their families on its correct use. Delegations were given an enhanced cost-estimation model for determining the most efficient way of preventing malnutrition in detention.

With the logistics and administration teams, the unit updated joint operating procedures; the tracking system for cash assistance was also improved. Nineteen delegations adopted new data-management software for information on registration, monitoring and evaluation activities, to improve efficiency and evidence-based decision-making.

The unit also updated the online economic security resource centre, expanding available guidelines, case studies and other relevant material; an online community was launched to facilitate information-sharing among peers and provision of direct support by technical experts on topics such as result-based management, cash transfer programming and agricultural activities.

WEAPON CONTAMINATION

The Weapon Contamination Unit worked in four main areas: managing the risks to ICRC staff and the organization's partners in relation to weapon contamination; promoting risk-awareness/mitigation activities in communities affected by the presence of weapons; providing support for the conduct of other protection and assistance activities; and helping National Societies build their capacities to manage such hazards.

The unit continued to work on improving institutional capacities to address chemical, biological, radioactive and nuclear hazards, equipping the ICRC to address situations of conventional and non-conventional weapon contamination.

The unit lent support for operations in 32 countries and territories, helping teams there reduce the humanitarian impact of weapon contamination. It offered assistance for data management and the conduct of risk-education sessions, either hosted by the ICRC

independently or in cooperation with National Societies. The unit also helped delegations prepare reports on the conduct of hostilities in Azerbaijan, Iraq, Israel and the occupied territories, Syria and Yemen.

In partnership with the Irish and Swiss armed forces, the unit conducted four training sessions for ICRC and National Society staff on operating in an environment contaminated by conventional and non-conventional weapons.

FORENSIC SERVICES

The ICRC's forensic services contributed to operations in over 80 countries. They assisted delegations in their efforts to help local stakeholders recover, document and identify – in a respectful manner – the remains of those who had died in an armed conflict, in other violence or while migrating. The ICRC continued to be recognized for its exclusively humanitarian approach to forensic work. Parties to ongoing and past conflicts requested assistance in the search, recovery and identification of those killed or missing in relation to conflicts. For example, Argentina and the United Kingdom agreed to have the ICRC recover and identify the remains of Argentine soldiers who had perished during the conflict between them.

The services developed tools, standards and training courses in this field, for use throughout the institution and by other forensic practitioners. The ICRC adopted a new strategy on its forensic work in 2016, ahead of the services' integration into the Protection Division in 2017.

HUMAN RESOURCES DEVELOPMENT

The Assistance and Protection Divisions devoted considerable resources to staff training, to maintain high standards of professionalism among ICRC staff. As in past years, several courses focused on helping staff members consider the issues they sought to address through a holistic lens. For example, health and economic security trainers in Geneva delivered a French-language course on tackling nutrition problems in detention settings, and steps were being taken to offer this course at regional training centres in Abidjan (Côte d'Ivoire) and Nairobi (Kenya).

Field staff attended specialized, often multidisciplinary, training events covering protection of the civilian population, detention, family-links services (including in relation to missing persons and their families' concerns), weapon contamination, forensic science, first aid, war surgery, hospital management, and primary health care.

The Protection Division continued supporting staff in addressing the growing need for training at regional and delegation level; by the end of the year, five regional trainers were providing support. As part of the decentralization of the staff integration programme, 457 staff members attended at least one of the basic protection modules; 18 delegations received support for organizing 24 customized training courses. In total, around 1,160 ICRC staff members – a third of whom were not protection staff – participated in at least one of 72 protection training events, either in Geneva or elsewhere. The division also released French and Spanish versions of an internal English e-learning course on detention; it made public versions in the three languages available for external use.

Protection staff benefited from highly-specialized professional training, as a result of the ICRC's partnerships with the University of Geneva and the French Penitentiary Administration.

The Assistance Division likewise channeled its efforts towards capacity-building. For example, the Economic Security Unit conducted some 50 training sessions on assessments, monitoring and evaluation activities, nutrition, cash and markets, livelihood support, and data analysis; these sessions were complemented by improved online resources (see *Economic security* above). The Water and Habitat Unit continued updating its courses, developing modules for the onboarding programme for staff just beginning field assignments, and designing other context-specific training options. In some cases, it drew on the input of corporate partners (e.g. ABB) for these courses. In parallel, it encouraged the sharing of best practices within the ICRC and with partners outside the organization, in an effort to offset the shortfall in local expertise within State institutions, such as water boards, owing to protracted conflicts.

RELATIONS WITH OTHER ORGANIZATIONS AND CONTRIBUTION TO THE HUMANITARIAN DEBATE

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

The ICRC also helped design guidance material and lessons learnt exercises, contributing, for example, to the development of the Inter-Agency Standing Committee Protection Policy. It continued working with a core group of UN agencies and NGOs to update a document on professional standards for protection work, slated for publication in 2017. ICRC representatives discussed the organization's medical activities and its perspective on contemporary challenges in this field during the annual meetings of the International Committee on Military Medicine and the International Council of Nurses.

In its interaction with other influential figures, the ICRC paid particular attention to the issue of children in armed conflict. It took part in UNHCR's annual dialogue on protection, which centred on children on the move; it also provided feedback on the draft policies on children of the UN Department for Peacekeeping Operations and the International Criminal Court, and on a tool kit, developed by the Global Coalition to Protect Education from Attack, on the Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict. It worked with others to finalize several inter-agency publications, in particular, handbooks on unaccompanied and separated children, and on addressing the recruitment of children by armed groups and the release and reintegration of these children.

The ICRC also worked to help shape the policies affecting IDPs and vulnerable migrants and the broader discourse surrounding internal displacement and migration. The ICRC president spoke on this theme at the UN Summit for Refugees and Migrants, and the ICRC maintained ties with the UN Special Rapporteur on the human rights of internally displaced persons and participated in various public events and technical working groups on IDPs, including the Global Protection Cluster's Task Team on Law and Policy.

The ICRC maintained regular bilateral contact – both at headquarters and in the field – with UN agencies and a range of NGOs, such as Geneva Call, Handicap International, the Internal

Displacement Monitoring Centre, the International Corrections and Prisons Association, the Joint IDP Profiling Service, MSF, Oxfam, Physicians for Human Rights and Save the Children. The organization sustained its linkages with a Geneva-based hospital on training, research and development, and staff support. It maintained its partnership with the Belgian, Swedish and Swiss National Societies, and the International Federation's Reference Centre for Psychosocial Support, to support former detainees who had suffered ill-treatment while in detention. Whenever appropriate, it strengthened these ties.

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

These exchanges allowed the ICRC to: keep abreast of new professional practices and help shape strategies and policies with an impact on humanitarian issues; share its specialized expertise in many areas (e.g. internal displacement, ill-treatment and torture, medical ethics, health in detention, war surgery, physical rehabilitation, water and habitat engineering, and the Health Care in Danger project); acquire a better understanding of the methods and approaches used by others; and jointly adapt these to employ cohesive and complementary approaches whenever possible.

The Department of International Law and Policy contributes to the promotion, clarification and development of IHL. Through its expert services on IHL and other relevant norms, it supports the inclusion of these norms in relevant structures and systems; it also provides analysis on humanitarian action and legal trends to complement ongoing policy debates. It contributes to strengthening the ICRC's humanitarian diplomacy at bilateral and multilateral levels and fosters acceptance of the ICRC's humanitarian action and the principles and policies that guide its work. It aims to help improve coordination among humanitarian actors.

Throughout 2016, the Department of International Law and Policy continued to provide legal and policy expertise, in a variety of settings, to support the ICRC's operational responses. This included support for prevention and protection activities, such as raising awareness of the continued relevance and practical use of IHL and other relevant bodies of law. It developed legal, operational and diplomatic representations addressing alleged IHL violations and provided advice on specific issues, such as protracted conflicts, migration, the conduct of hostilities and urban warfare.

The department engaged with State authorities, diplomats, academics and weapon bearers on critical humanitarian issues in discussions and training sessions, and by providing support for measures to ensure respect for IHL. Working with civil society, multilateral institutions and Movement partners during global events, it issued policy briefs on, and interpretations of, various humanitarian and legal concerns. It reaffirmed the ICRC's position as a key reference organization on IHL, particularly by working on the implementation of four IHL-related resolutions adopted by the 32nd International Conference in December 2015, and on the publication of the updated Commentaries on the 1949 Geneva Conventions.

INTERNATIONAL HUMANITARIAN LAW

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

ENSURING RESPECT FOR IHL BY THE PARTIES TO ARMED CONFLICTS

Based on advice provided by the Legal Division, ICRC delegations worldwide shared the organization's legal classification of situations of violence with the parties concerned, and reminded them of their obligations under IHL or other relevant bodies of law in confidential representations.

STRENGTHENING IHL

The ICRC contributed to the implementation of Resolutions 1 and 2 of the 32nd International Conference.

Improving IHL protection for people deprived of their freedom

Resolution 1 recommends that further efforts be made to produce concrete, implementable, but non-binding outcomes that strengthen IHL protection for people detained in relation to armed conflicts, particularly non-international armed conflicts. The resolution

invites the ICRC to help facilitate the work of States in this regard, and to contribute its humanitarian and legal expertise. As a first step, the resolution encourages States and the ICRC to determine working procedures. In 2016, the ICRC organized informal exchanges of views in bilateral meetings and in meetings of regional groups, invited States to submit written views, held a meeting of all Permanent Missions in Geneva, Switzerland, and submitted draft working procedures to States for discussion.

Strengthening respect for IHL

Resolution 2 encourages the Strengthening IHL process – a State-driven, intergovernmental process, co-facilitated by the ICRC and the Swiss government to agree on the features and functions of a potential forum of States, and to identify ways to enhance IHL implementation. Following two preliminary discussions, a first formal meeting was held in Geneva in November. More than 100 governments were represented at the meeting, at which the participants agreed on working procedures and a provisional work plan.

CUSTOMARY IHL

The ICRC's study on customary IHL and its online customary IHL database remained important references for States, international organizations, international and domestic judicial and quasi-judicial bodies, academia, and ICRC staff. The ICRC continued updating the online database, incorporating additional national practice of 11 countries through its partnership with the British Red Cross, and material from the International Court of Justice and the International Criminal Court with the help of its partnership with Laval University in Canada.

CONDUCT OF HOSTILITIES

The ICRC co-organized a meeting at which military, government and academic experts discussed the principle of proportionality and its application in ongoing armed conflicts; a report is to be published in 2017.

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

IHL AND TERRORISM

The ICRC strove to diminish the risk that counter-terrorism policies would reduce the humanitarian space needed to conduct neutral, impartial and independent humanitarian activities. It recommended to States that counter-terrorism measures not be applied to humanitarian activities carried out by impartial humanitarian organizations. It also engaged in bilateral and multilateral dialogue to defend the integrity of IHL provisions in the context of counter-terrorism activities.

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

The ICRC worked to reaffirm and clarify the legal norms and standards relevant to the protection of migrants – including asylum seekers and refugees – and IDPs, to ensure that States take these into account. In particular, it promoted institutional and legal positions at the 2016 UN General Assembly and in the process leading to, and following, the adoption of the New York

Declaration for Refugees and Migrants. It published a position document on immigration detention.

PRIVATE MILITARY AND SECURITY COMPANIES

The ICRC continued to promote the Montreux Document, currently endorsed by 54 States and three international organizations. With the Swiss government, it co-chaired the second meeting of the Montreux Document Forum, at which 27 States and two international organizations exchanged views on issues related to the regulation of private military and security companies, including private maritime security and the legal interpretation of “applicable national law” under the Montreux Document. The ICRC also worked with the Swiss government to prepare for the third meeting of the Montreux Document Forum in 2017. The Forum, established in 2014, aims to advocate national implementation of the Montreux Document, and to encourage more States and international organizations to support it.

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

The updated Commentary on the First Geneva Convention was published online in March 2016. The Commentary’s print edition was published in cooperation with Cambridge University Press in December 2016, and promoted at events in Addis Ababa (Ethiopia), Brussels (Belgium), Canberra (Australia), The Hague (Netherlands), New York and Washington (United States of America), Ottawa (Canada), Stockholm (Sweden), Tel Aviv (Israel), Wellington (New Zealand) and elsewhere. The new Commentary was discussed during two webinars and several blog series, and was being translated into Arabic, Chinese, French, Russian and Spanish.

The draft Commentary on the Second Geneva Convention, set to be launched online in May 2017, was submitted to more than 40 IHL experts and scholars in different countries for peer review.

Various internal and external authors continued to work on the Commentary on the Third Geneva Convention, scheduled for publication in 2019.

NEW TECHNOLOGIES IN WARFARE

The ICRC organized a meeting of government and independent experts to consider the technical, military, legal and ethical implications of increasing autonomy in weapons, and published a meeting report. It further developed its views on remotely controlled, automated or autonomous weapons, which it shared in a paper for the States party to the Convention on Certain Conventional Weapons and in which it called on States to determine the kind and degree of human control needed in the development and use of autonomous weapons to ensure compliance with IHL and satisfy the dictates of public conscience. It took part in conferences and seminars, and engaged in bilateral dialogue with States, on cyber warfare, and participated as an observer in the initial work of a UN working group on a manual of international law applicable to military uses of outer space. In both bilateral and multilateral dialogue, the ICRC continued to emphasize the importance of conducting legal reviews of new means and methods of warfare, to ensure that they could be used in accordance with IHL.

LANDMINES, CLUSTER MUNITIONS AND EXPLOSIVE REMNANTS OF WAR

ICRC expert contributions regarding the implementation of the Anti-Personnel Mine Ban Convention and the Convention on

Cluster Munitions helped ensure that the States Parties advanced their commitments under these treaties. The contributions covered clearance and stockpile destruction, the adoption of national implementing legislation, and victim assistance, and were provided in the context of the annual meetings of States Parties. The ICRC also continued to promote universal adherence to, and implementation of, the Protocol on Explosive Remnants of War (Protocol V) to the Convention on Certain Conventional Weapons.

RESPONSIBLE ARMS TRANSFERS

The ICRC continued to promote ratification and implementation of the Arms Trade Treaty in bilateral dialogue, at regional meetings, and during the Second Conference of States Parties. To help States understand and implement the treaty’s arms transfer criteria, the ICRC published a short commentary, *Understanding the Arms Trade Treaty from a Humanitarian Perspective*, and issued a second, updated edition of *Arms Transfer Decisions: Applying International Humanitarian Law and International Human Rights Law Criteria – a Practical Guide*. It continued to support National Society activities on the treaty, including at a workshop for National Society legal advisers. It also urged States not party to the treaty to ensure respect for IHL in their arms transfer decisions.

NUCLEAR WEAPONS

In the context of the UN General Assembly’s open-ended working group on the humanitarian impact of nuclear weapons and effective measures for nuclear disarmament, the ICRC repeated the Movement’s call for the prohibition to use these weapons and their complete elimination, as expressed in Resolution 1 of the 2011 Council of Delegates. The ICRC shared its views in the UN General Assembly First Committee, and welcomed the decision by the UN General Assembly to convene negotiations in 2017 on a treaty to prohibit nuclear weapons. It continued to support National Society activities addressing the use of nuclear weapons and to publish its views on the effects of such weapons and their incompatibility with IHL.

EXPLOSIVE WEAPONS IN POPULATED AREAS

The ICRC continued to express its concerns about the use of explosive weapons with wide-area effects in populated areas, based on its first-hand observations in the field. It did so in bilateral dialogue with governmental authorities, in expert meetings and intergovernmental forums, and in public communications. In April, it published a report it had commissioned on the technical characteristics, military utility and effects of different types of explosive weapons with a wide impact area. The ICRC continued to study the design-dependent effects of indirect-fire weapon systems, and held a round-table of independent experts on such systems in July. It again encouraged States to share existing military policy and practice, with a view to identifying good practices for the use of explosive weapons in populated areas.

LEGAL CAPACITY AND PROTECTION OF THE ICRC

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

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

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

To broaden support for IHL implementation in various sectors, the Advisory Service, along with the Inter-Parliamentary Union, published an updated version of the ICRC's 1999 handbook on IHL for parliamentarians. The re-designed handbook aims to help parliamentarians become more familiar with the general principles of the 1949 Geneva Conventions and other relevant treaties, and to guide them in the process of implementing IHL in their respective countries. The Advisory Service developed an institutional relationship with the Commonwealth Parliamentary Association and contributed an article on the role and impact of national IHL committees in ensuring compliance with IHL to the Association's publication. It helped the judicial sector enrich its IHL expertise by producing an executive summary of the expert consultation on "The Judicial Sector and IHL" held in May 2015; convening in Abidjan, Côte d'Ivoire, in September 2016, a regional expert consultation meeting on IHL for senior representatives of the civil and military judiciary from 15 French-speaking African countries; contributing to various training events specifically directed at this sector; and further developing its engagement with the International Criminal Court and with regional courts.

As part of its efforts to encourage ratification, national implementation, and adoption of practical measures for operationalizing the African Union Convention on IDPs, the Advisory Service, along with the ICRC's Central Tracing Agency and Protection Division (hereafter Protection Division), oversaw the conduct of a study identifying the main challenges to the convention's implementation, and the production of a public report on its findings.

With support from the Advisory Service, several countries began the process of creating or reactivating national IHL committees. Existing committees continued to benefit from regular support for designing and implementing their respective action plans, and the Advisory Service continued to facilitate exchanges between committees in different countries. Committees shared their experiences at eight regional IHL conferences co-hosted by the ICRC and at sub-regional peer meetings. At the end of 2016, there were 109 national IHL committees worldwide.

The fourth universal meeting of national committees and similar bodies on IHL was convened by the Advisory Service in Geneva from 30 November to 2 December, with support from the Swiss Federal Department of Foreign Affairs, the Swiss national IHL committee and the Swiss Red Cross. The meeting focused on how

to enhance protection in armed conflicts through domestic law and policy; representatives from 133 States – including from 93 existing national IHL committees, and officials from States without such a body – and from 16 international organizations discussed their activities and experiences in this regard. In addition to addressing practical issues related to IHL domestic implementation, the participants discussed the role that national IHL committees played, or could play, in protecting the provision of health care in armed conflicts and other emergencies; the preservation and protection of cultural property in the event of armed conflict; and the protection of IDPs and migrants, including asylum seekers and refugees, during armed conflicts.

Representatives of governments, academic institutions and civil society from some 80 countries discussed the integration of IHL norms into domestic law, and IHL-related developments, at 14 regional events organized or supported by the ICRC. These activities contributed to 43 ratifications of or accessions to IHL treaties or other relevant instruments (or amendments to them) by 32 countries or entities.

- ▶ 1 State (Burkina Faso) became party to Additional Protocol III
- ▶ 4 States (Brunei Darussalam, Guinea, Pakistan and Samoa) became party to the Optional Protocol to the Convention on the Rights of the Child
- ▶ 3 States (Central African Republic, Sri Lanka and Switzerland) became party to the Convention on Enforced Disappearance
- ▶ 1 State (El Salvador) became party to the Rome Statute
- ▶ 1 State (Norway) became party to the Second Protocol to the Hague Convention on Cultural Property
- ▶ 7 States (Angola, Côte d'Ivoire, Dominica, Guinea, Liberia, Nepal and Vanuatu) became party to the Biological Weapons Convention
- ▶ 2 States (Bahrain and Côte d'Ivoire) became party to the Convention on Certain Conventional Weapons
- ▶ 1 State (Côte d'Ivoire) became party to Protocol II to the Convention on Certain Conventional Weapons
- ▶ 1 State (Bahrain) became party to Protocol III to the Convention on Certain Conventional Weapons
- ▶ 2 States (Bahrain and Lesotho) became party to Protocol IV to the Convention on Certain Conventional Weapons
- ▶ 1 State (Lesotho) became party to the Amendment to Article 1 of the Convention on Certain Conventional Weapons
- ▶ 5 States (Bahrain, Burkina Faso, Côte d'Ivoire, Lesotho and Montenegro) became party to Protocol V to the Convention on Certain Conventional Weapons
- ▶ 2 States (Cuba and Palau) became party to the Convention on Cluster Munitions
- ▶ 12 States (Benin, Cabo Verde, Cyprus, Georgia, Greece, Guatemala, Lesotho, Madagascar, Monaco, Peru, Republic of Korea and Zambia) became party to the Arms Trade Treaty

In addition, 20 countries adopted 35 domestic statutes, and a number of countries prepared draft laws to implement IHL and other relevant instruments. Eighty-two new laws and examples of domestic case-law were added to the public ICRC database on national IHL implementation.

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

IHL and education specialists backed the efforts of ICRC delegations to engage with academic circles, humanitarian workers and

other influential entities, for instance, by organizing public debates and training events, facilitating the sharing of best practices and developing relevant tools, including online resources.

- ▶ 144 students from 30 countries participated in the Jean-Pictet Competition on IHL in France.
- ▶ 22 participants from 13 countries learnt more about global IHL themes and challenges during an annual French-language expert course for humanitarian practitioners in Geneva, organized by the Swiss Red Cross and the ICRC. An additional English-language expert course was held for the first time, bringing together 30 participants from 19 countries.
- ▶ The Centre for Education and Research in Humanitarian Action in Geneva and the ICRC worked together to develop and conduct IHL training for humanitarian workers.

EVENTS AND VISITS

- ▶ The Geneva Humanitarium hosted 14 public conferences, bringing together some 2,400 members of the diplomatic, humanitarian and academic communities in all. These events were brought to a global audience via live webcasts and video summaries.
- ▶ The 2016 Conference Cycle on Generating Respect for the Law – consisting of a series of high-level public events and expert meetings organized in Geneva and other key locations – tackled a broad range of issues concerning improved compliance with the law and emphasizing the relevance of IHL to today's armed conflicts. Various ICRC partners – including the Comité pour le Concours Jean-Pictet, the Geneva Academy of International Humanitarian Law, the Geneva Centre for Education and Research in Humanitarian Action, the International Law Association, the Italian Red Cross, the T.M.C. Asser Instituut, and the University of Tasmania – helped organize 19 high-level public events and expert meetings in 11 countries. Issues of the *International Review of the Red Cross* (see below) were featured at events attended by representatives from legal and policy-related circles in Australia, India, the Netherlands, South Africa, Switzerland, the United States of America and elsewhere.
- ▶ Over 180 groups (some 4,800 people) from 30 countries learnt more about IHL and the ICRC during information sessions organized by the ICRC Visitors Service.
- ▶ The ICRC engaged with various Movement partners to explore additional ways and tools to further strengthen National Societies' promotion of IHL. The feasibility and usefulness of creating a Movement platform to share resources for promoting IHL were still being discussed.

IHL TEACHING AND DEBATE

- ▶ The ICRC's new Humanitarian Law & Policy blog focused on the interplay between international law and the policies that shape humanitarian action; it was viewed by more than 19,500 users, including academics, lawyers and aid workers. On average, new blog posts received more than 1,200 page views over the course of the year.
- ▶ In September, the ICRC released the handbook *International Humanitarian Law: A Comprehensive Introduction*, which is intended for both legal and non-legal audiences. Half of the initial run of 3,000 copies had been sold or distributed by the end of the year; the free PDF version was downloaded more than 2,000 times between September and October alone.
- ▶ Some 355,600 visitors – a figure almost double that in 2015 – accessed the online version of the ICRC's core publication on teaching IHL, *How Does Law Protect in War?* It features

updated case studies and a thematic highlight on armed groups and children.

- ▶ The latest issues of the *International Review of the Red Cross* focused on subjects such as the principles guiding humanitarian action, the human cost of nuclear weapons and the changing nature of warfare. Selected offprints on various topics from previous and forthcoming issues were distributed to targeted audiences, and served to enhance dialogue with stakeholders. The *International Review* website was redesigned.
- ▶ Two interactive e-briefings, entitled "Principles guiding humanitarian action" and "A price too high: Rethinking nuclear weapons in light of their human cost", were published on the ICRC's website, with content drawn from the *International Review*.
- ▶ The ICRC developed two advanced IHL learning series allowing university lecturers to obtain updated information about IHL and humanitarian principles and about the use of explosive weapons in populated areas. The ICRC's IHL Learning and Teaching webpage received some 39,600 visits in 2016; its section containing the advanced IHL learning series received over 8,000 visits between its publication in May and the end of the year.

UPDATE OF THE 2004 ROOTS OF BEHAVIOUR IN WAR REPORT

Five researchers were asked to carry out studies on State armed forces, armed groups with a political ideology, armed groups with community links, and armed groups with a religious ideology. A sixth researcher was asked to study ways in which communities protect themselves during armed conflicts and other situations of violence.

An initial meeting was held in Geneva to finalize the report's design, discuss and prepare methodological tools, and agree on timelines and the main questions that the report aims to answer, namely: how norms of restraint form within a group of weapon bearers and which sources influence them; which aspects of formal norm formation in hierarchically structured groups – such as orders, training and sanctions – are influential; and what the sources of influence are on norms of restraint in unstructured groups.

FIELD PREVENTION WORK

Ten priority delegations received tailored support from the Prevention Division – working closely with the Protection Division – in the form of field missions, workshops, training and the drafting of specific prevention strategies. These activities bolstered the ICRC's efforts to improve acceptance of its work and its capacity to engage with influential players on creating an environment conducive to respect for the life and dignity of people affected by armed conflicts and other violence.

DIALOGUE WITH ARMED, SECURITY AND POLICE FORCES, AND OTHER WEAPON BEARERS ARMED FORCES

The ICRC continued to engage in dialogue with armed forces worldwide. Its headquarters staff and specialized delegates took part in high-level exchanges with multinational organizations, such as the Collective Security Treaty Organisation (CSTO) and the NATO Alliance – including the Allied Joint Force Commands in Brunssum (Netherlands) and Naples (Italy), the NATO Defense College in Rome (Italy), and the NATO Military Committee. Continued emphasis was placed on reinforcing institutional

relationships with the French État-Major des Armées, the Russian Ministry of Defence and the United States Armed Forces, particularly the United States Africa Command. These meetings with senior military and/or political representatives saw substantive discussions on the means and methods of warfare – including such themes as targeting and detention practices – and related humanitarian concerns.

The ICRC held high-level talks with the CSTO in June. This event consolidated the institutional exchange between the two organizations on strategic, operational and thematic issues of common interest, and paved the way for a meeting between the ICRC president and the CSTO secretary-general in November.

Emphasis was also placed on understanding the future strategic environment. In November, 12 national security experts, representing seven governments, four non-governmental think-tanks and NATO, met at ICRC headquarters to exchange views on future trends in conflicts and their foreseeable implications for national security forces over the next 10 to 15 years. This expert meeting was the first step in the ICRC's development of a "future conflict trends" concept, whereby it brings together relevant parties with a view to anticipating future strategic environments over a longer time horizon and their possible implications for humanitarian action.

On an operational level, the ICRC kept up its dialogue with States involved in ongoing armed conflicts. Where relevant, it addressed the roles and responsibilities of States involved in train-and-equip programmes and multilateral operations.

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

The 10th Senior Workshop on International Rules Governing Military Operations, held in Lucerne, Switzerland, and co-organized with the Swiss Federal Department of Defence, brought together representatives of 71 countries and several organizations. Participants discussed the need to incorporate legal considerations into the planning, decision-making and conduct of military operations and law enforcement missions, and to ensure that the law is fully embraced in military doctrine, education, field training and discipline.

The ICRC completed a seven-country study, conducted with the Norwegian Red Cross, on the formal integration into military doctrine of the prohibition against sexual violence during armed conflict.

Military officers from 47 countries received ICRC scholarships to attend IHL courses in San Remo.

POLICE AND GENDARMERIE

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

The ICRC engaged in dialogue with police institutions in countries in the Great Lakes region, Asia and West Africa. Increased needs led to the creation of specialist positions in the delegations covering Burundi, Israel and the occupied territories, Nigeria and the Philippines.

ICRC representatives were invited to participate in the African Union Police Strategic Support Group and contributed to key discussions and documents governing future African Union peace-support operations.

The French translation of the ICRC manual *To Serve and to Protect: Human Rights and Humanitarian Law for Policy and Security Forces* was completed.

NON-STATE ARMED GROUPS

In order to promote respect for IHL and carry out its operations, the ICRC engaged in dialogue with or kept track of over 1,000 non-State armed groups in 70 countries or contexts. New tools were developed to enhance its interaction with these groups, including IHL train-the-trainer sessions and initiatives on the integration of IHL into the groups' codes of conduct.

POLICY AND HUMANITARIAN DIPLOMACY DRIVING POLICY CHANGE IN HUMANITARIAN ACTION

In 2016, the ICRC strengthened its capacity to influence humanitarian policy. Three major global events were prioritized as significant diplomatic opportunities – the UN Conference on Housing and Sustainable Urban Development (known as Habitat III), the UN Summit for Refugees and Migrants, and the World Humanitarian Summit. Policy change priorities for these and other policy processes focused on several main areas.

Putting protection at the centre of humanitarian policy

The ICRC stressed the importance of protection in policy and diplomatic engagement, to ensure that global humanitarian policy did not focus only on the financial and technical challenges of aid delivery. For instance, the ICRC's humanitarian diplomacy efforts at the World Humanitarian Summit helped increase the emphasis on protection-related concerns and strengthening respect for IHL. In advance of the UN Summit on Refugees and Migrants, the ICRC advised the UN Secretary-General's Special Advisor on critical protection-related issues during the preparation of her report, and worked with States on the New York Declaration for Refugees and Migrants; the ICRC's two statements at the Summit stressed the protection of vulnerable migrants. The ICRC provided technical advice to the preparatory committees for Habitat III (see below).

Encouraging a new approach to protracted conflict in cities

The ICRC continued to engage with States and the humanitarian sector on the development of a new approach to protracted conflict in urban settings. In advance of the World Humanitarian Summit, the ICRC pushed for a clearer focus on humanitarian concerns related to protracted conflict, on new policies recognizing the need for an approach combining short- and long-term humanitarian action, and on the need to move towards multi-year strategies and multi-year financing; in this regard, it took part in discussions on the Grand Bargain, a set of commitments on funding for humanitarian aid, launched during the Summit. An ICRC report, *Protracted Conflict and Humanitarian Action: Some Recent Experiences of the ICRC*, was produced to illustrate the main policy issues; it was discussed with States and humanitarian

organizations during events in New York and Washington, and bilaterally with many States. Through its engagement with relevant parties, the ICRC sought to influence wider policy developments in the humanitarian aid–development aid nexus.

The ICRC produced another report, *Armed Violence and the New Urban Agenda: The ICRC's Recommendations for Habitat III*, emphasizing humanitarian policy during urban armed conflicts and urban violence. This helped secure a commitment from States to support essential services and respect IHL during armed conflicts in urban settings, as set out in the New Urban Agenda agreed by States at Habitat III.

The ICRC's policy work on protracted conflict in cities continued to prioritize support for essential urban services, particularly water supply. In November, the ICRC briefed the UN Security Council on the challenges of maintaining the supply of clean water in protracted conflicts during the Council's first-ever debate on water. Many of the ICRC's recommendations were drawn from its 2015 report, *Urban Services During Protracted Armed Conflict*.

Improving policies to support IDPs and migrants

In an environment where greater political attention was focused on cross-border migration, the ICRC pushed for more emphasis on the humanitarian needs of IDPs, for instance, through its study on the implementation of the African Union Convention on IDPs (see above, "Integration and promotion of the law: Promoting the universality of IHL instruments and their national implementation"). The ICRC contributed to the global and national policy discussion on migrants, including asylum seekers and refugees; it emphasized the need to respect international law and highlighted its humanitarian services for migrants, particularly its family-links services and its advice on humanitarian concerns related to immigration detention.

Monitoring the development of counter-terrorism policies

The ICRC sought to understand global and State-level policies on counter-terrorism and on preventing or countering violent extremism. New policies were analysed with regard to their alignment with international law and their potential impact on humanitarian activities. ICRC advisers attended key conferences on these policies and, in workshops and policy briefs, advised ICRC delegations and National Societies on the Movement's position on preventing or countering violent extremism.

Strengthening the ICRC's capacities in humanitarian diplomacy

During the year, the ICRC set up the Division of Policy and Humanitarian Diplomacy, which supports the delegation in New York and is tasked with overseeing the organization's policy and diplomacy work and enhancing its capacities in this field.

Reinforcing learning on emerging policy issues

In 2016, the ICRC strengthened its study of a number of policy areas that had been more strongly emphasized by others. For instance, access to education emerged as a major issue in humanitarian policy during the year, encouraging the ICRC to reflect on its current and potential role in this aspect of humanitarian action. Similarly, a new global policy emphasis on cash transfers, climate risk, health and access to digital technologies led the ICRC to develop clearer internal and public policies in these areas. Meanwhile, traditional areas of ICRC engagement – particularly missing persons, restoring family links, and the humanitarian

needs of detainees – became increasingly significant in humanitarian policy, as the numbers of missing persons and detainees continued to rise.

INFLUENCING THE HUMANITARIAN DEBATE AT INTERNATIONAL FORUMS

Following the celebration, at the 32nd International Conference, of the fiftieth anniversary of the adoption of the Fundamental Principles, the ICRC concluded its three-year project, *Principles Guiding Humanitarian Action*. This final phase included the development, with the International Federation, of a tool kit aimed at helping National Societies share experiences on challenges and good practices in applying the Fundamental Principles; the drafting of an internal guide on the ICRC's neutral, impartial and independent humanitarian action; and a lessons-learned exercise, reflected in the project's final report.

In the framework of its dialogue with businesses on the impact of their operations in conflict-affected or insecure contexts, the ICRC continued the joint project, begun in 2013 with the Geneva Centre for the Democratic Control of Armed Forces, on addressing security and human-rights challenges in complex environments. A tool kit in English, Spanish and French was produced to help companies manage their security effectively in a way that respects relevant legal frameworks. With support from the ICRC's regional delegation in Lima, Peru, the joint project established a partnership with a Peruvian civil society organization on the use of the tool kit.

The ICRC strengthened its engagement with multi-stakeholder platforms such as the World Economic Forum. ICRC representatives, including the president, participated in global or regional summits organized by the Forum.

COMMUNICATION AND INFORMATION MANAGEMENT

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

The Communication and Information Management Department used public and media relations, digital communication channels, publications, audiovisual archives and social marketing campaigns to raise awareness of humanitarian concerns, focusing on the Fundamental Principles, IHL and other relevant legal norms, issues covered by the Health Care in Danger project, and the ICRC's work, in order to obtain the support of external stakeholders.

The department contributed to institutional decision-making by analysing the ICRC's operating environment, tracking its reputation, and drawing out lessons learnt from its archives. It continued to deploy specialized staff and equipment, provide technical advice, and strengthen the ICRC's digital presence, to help delegations manage their communication, particularly during crises, and strengthen their engagement with beneficiary communities and other stakeholders. With support from headquarters communication staff, six regional communication centres – including a new one in Dakar, Senegal – provided professional communication services to the field.

In line with its current Information Environment Strategy, covering 2012–2017, the department led the overall change in managing internal information worldwide using the new intranet and collaborative tools. It oversaw the efficient use of information management systems, optimized practices, and provided information and communication technology (ICT) solutions to better meet the needs of all ICRC staff.

OFFICE OF THE DIRECTOR

The Office of the Director asked all ICRC departments for feedback on the ICRC's new Information Environment Strategy and its associated ICT road map, both set to be approved in 2017. It identified areas of information management and ICT that the ICRC needed to invest in to enhance its capacity to respond to changing operational needs, increase the relevance and efficiency of its humanitarian services in a new digital environment, and manage information and services in a secure and responsible way, in accordance with the ICRC's rules on personal data protection. It also aimed to tackle the challenges of – and take the opportunities presented by – the “digital disruption” of current working processes by the proliferation of new technology.

The ICRC, on behalf of the Movement, actively participated in international meetings and consultation processes of the Internet

Corporation for Assigned Names and Numbers, as part of efforts to negotiate permanent protection for the “red cross,” “red crescent” and “red crystal” designations and the names of Movement components in the internet domain name system.

DATA PROTECTION OFFICE

The Data Protection Office, working in cooperation with field and headquarters units, began implementing a four-year action plan to ensure that the ICRC's procedures and policies were in line with its Data Protection Reference Framework and international data protection requirements. It helped these units integrate the rules into their processes, and trained staff accordingly. It also helped them update current practices and analyse risks related to the processing of personal data. The department began assessing the impact of data protection on the ICRC's major information-processing operations in the field and at headquarters.

The ICRC raised awareness of humanitarian concerns linked to personal data processing – for example, for protection activities – among authorities such as those at the Council of Europe and the European Union. As an observer, it provided input from a humanitarian standpoint at international conferences dealing with the development of data protection policy. With the European Data Protection Supervisor, it organized a workshop on data protection for international organizations.

The ICRC remained alert to the opportunities offered by new technologies to improve humanitarian action. Together with the University of Brussels research centre, the Brussels Privacy Hub, it led a series of workshops on data protection and humanitarian action, covering the data protection implications of the use of drones, big data, biometric data, cash-transfer programming, instant messaging applications and cloud-based solutions.

COMMUNICATION COMMUNITY ENGAGEMENT

The Public Communication Division stepped up its support to delegations, in order to strengthen the latter's engagement with, and increase their proximity to, communities affected by conflicts or other situations of violence, and to disseminate messages on priority themes. For example, it developed guiding principles for ICRC field staff, and provided technical advice, tools and other support. Delegations in Myanmar, the Philippines, Ukraine and Yemen were among those that received particular assistance in this regard.

The International Federation and the ICRC finalized a practical guide for National Societies on engaging with communities and ensuring accountability. The ICRC hosted and participated in several events and developed partnerships with media and educational organizations, to raise awareness of its key role in the humanitarian field.

PUBLIC AND MEDIA RELATIONS

The ICRC continued to raise awareness of the needs of people affected by conflicts and other situations of violence, and of its efforts to address those needs, among various stakeholders – including in the political, diplomatic and financial fields and in the

media – through public relations activities conducted with National Societies. These activities positioned the ICRC as a reference organization on IHL and other legal norms, and advocated better respect for these norms, particularly in relation to the treatment of detainees, safe access to health care and the prohibition of torture.

Public communication initiatives – news releases, interviews and opinion pieces – promoted greater acceptance of the ICRC by highlighting its neutral, impartial and independent humanitarian action, for instance, in facilitating the evacuation of wounded people in the Syrian Arab Republic (hereafter Syria) and Yemen, and other activities in Iraq, South Sudan and other key contexts. They drew attention to themes of particular concern, including respect for IHL and access to health care in conflict-affected areas. The International Federation and the ICRC created communication material on key topics, including migration and nuclear weapons, and on events such as the World Humanitarian Summit and World Red Cross and Red Crescent Day (8 May).

Traditional and online media released features on the ICRC's operations and on issues of concern to it. The ICRC was mentioned some 18,000 times in the media, over 5,500 of which were in major media outlets and news agencies such as AFP, Al Jazeera, BBC News, CNN, Le Monde, Sputnik News, The Daily Beast, The Guardian, The New York Times and Xinhua.

Journalists learnt more about IHL and the protection it affords them during seminars. They also learnt about reporting on armed conflict through an IHL training tool. Over a dozen media professionals directly contacted the ICRC via its dedicated hotline for journalists on dangerous assignments.

ICRC communication staff had access to an online training catalogue, which helped them find opportunities for skills development. At regional meetings, over 60 heads of field communication teams shared good practices to help improve coordination between delegations and headquarters. Specialists were recruited, in the field and at headquarters, to ensure the availability of trained communication staff globally, especially during crises.

DIGITAL COMMUNICATION AND PRODUCTION

The Public Communication Division strengthened the ICRC's approach to digital communication by implementing an audience-oriented digital engagement and positioning strategy. Responding to audience expectations, it increased its use of multimedia content, strong visuals, infographics and live event coverage. Six regional communication centres – in Buenos Aires (Argentina), Cairo (Egypt), Moscow (Russian Federation), Nairobi (Kenya), New Delhi (India), and a new one in Dakar – served field units. Strengthening the ICRC's digital presence in Africa and the Middle East was a priority. Plans to establish a pan-Asia centre were approved for 2017.

Thousands of ICRC videos were made available to the media and the public through the ICRC's digital platforms. Twenty-nine video news releases were issued to journalists via the video newsroom and the European Broadcasting Union. Over 1,300 channels from around the world edited ICRC material into some 5,700 broadcasts – 27% more than in 2015 – on international channels such as Africa 24, Al Jazeera, BBC News, CNN and TV5, and those based in China, the Islamic Republic of Iran, Morocco, the Russian Federation, Saudi Arabia and Yemen. New digital platforms such as AJ+ made use of ICRC material in their posts.

The most popular stories picked up by broadcasters came from Syria; they included footage showing people receiving aid in Rural Damascus Governorate and being evacuated from Aleppo.

By expanding its social media presence, the ICRC forged closer ties with existing target groups and attracted new ones. It had over 1.1 million “likes” on Facebook, 1 million followers on Twitter, 50,000 on Instagram and some 21,700 article views on Medium. Several delegations, including Colombia and Iraq, created social media accounts, with the department's support.

The department continued publishing content in Arabic, Chinese, English, French, Portuguese, Russian and Spanish on www.icrc.org. The dedicated online ordering and distribution platforms for delegations (internalshop.icrc.org) and external customers (shop.icrc.org) processed around 1,900 orders and distributed about 400,000 copies of ICRC publications and films, in English and French, worldwide; the external e-shop received some 125,000 visits during the year, with over 25,000 PDFs downloaded.

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

SOCIAL MARKETING

Social marketing was used to enhance the organization's brand and reputation, promoting IHL and the ICRC's role and activities.

The Health Care in Danger campaign – for which the department produced web clips, publications, newsletters and other communication tools in several languages – continued to draw attention to attacks on health-care providers and facilities while promoting good practices for protecting the delivery of, and access to, health-care services. The campaign maintained a strong media presence: its Twitter account had over 2,000 followers in 2016, and mainstream media ran over 200 articles on the issue – double the number compared to 2015.

An online IHL campaign to raise awareness of the rules of war among the general public was kicked off with a video, *Victory by Any Means*. Translated into five languages, the video achieved an unprecedented level of engagement: 2.6 million views, 32,000 reactions, 29,000 shares and almost 650 comments following its release. Shortly afterwards, a report based on the *People on War* survey – wherein people in 16 countries were asked about their views on some of the rules of war – was launched in several cities around the world.

Communication tools and materials were developed to explain the purpose of the common Movement logo and its proper use on various materials and platforms. With the International Federation, a coordination plan and process map were produced to ensure an efficient response to requests for the use of the logo during crises. Materials, including fliers and a video, were produced to explain the red cross and red crescent emblems and the need to respect them. Some 20 requests by private enterprises and academic institutions to use the red cross emblem and the ICRC logo were screened, thereby helping prevent misuse.

The exhibit *Humanizing War? ICRC: 150 years of humanitarian action*, first held in Switzerland in 2014, was mounted for six weeks at the Capital Museum in Beijing, China, allowing over 30,000 visitors to learn more about the ICRC.

MULTILINGUAL COMMUNICATION

The ICRC continued to communicate with stakeholders worldwide in its working languages, thereby helping to extend its support base in countries of global or regional influence. Its language staff edited, translated and proofread over 10 million words of public communication material and statutory, legal, operational and donor-related documents; the projects they took on were greater in number and more diverse in terms of topics. Headquarters staff provided technical support for translation teams at the ICRC's regional communication centres in Buenos Aires, Cairo and Moscow.

ENVIRONMENT SCANNING AND RESEARCH

The department helped the ICRC optimize its understanding of its working environment, monitoring and analysing public information sources to produce actionable insights and reports in a timely manner. Research using big-data analytics technologies strengthened the department's capacity to filter large volumes of information and identify influencers and valuable content for security, protection and communication purposes. The department also developed real-time dashboards, as part of the ICRC's business intelligence system, for monitoring the extent of the organization's media coverage.

During acute crises, particularly where security incidents directly affected the ICRC, the department produced daily digests of key information from open sources for crisis-management teams. Delegation analysts boosted their environment-scanning capacities, notably at regional workshops in Amman (Jordan), Dushanbe (Tajikistan) and Kampala (Uganda); through shadow missions in Geneva for some analysts from Damascus (Syria) and Caracas (Bolivarian Republic of Venezuela); and through coaching/training missions for the ICRC's delegations in Bogota (Colombia), Beirut (Lebanon), Pretoria (South Africa), Harare (Zimbabwe) and Tehran (Islamic Republic of Iran).

Public opinion polls, conducted annually in partnership with an external research agency, examined the public's perception of the organization in 14 countries. Further research was undertaken on the ICRC's reputation, to gauge the organization's relationship with 15 emerging donors, based on the trust that these stakeholders place in the ICRC and how this affects their support in terms of funding and advocacy.

INTERNAL COMMUNICATION

Internal communication helped the organization respond to humanitarian crises and manage security incidents affecting its staff, and build support for institutional endeavours such as the People Management Programme (see *Human Resources*) and the Information Management Programme. The department advised ICRC managers on how to make communication between staff more efficient. Internal communication strategies were developed to facilitate the implementation of institutional decisions and projects.

The intranet remained a key internal communication channel; the most-read news articles had some 5,000 views. ICRC staff increasingly used its interactive features; they gave feedback on news articles, and produced and shared content for the homepage.

ARCHIVES AND INFORMATION MANAGEMENT INFORMATION MANAGEMENT

The Archives and Information Management Division continued to redefine the Information Management Framework, including

the implementation of new tools and policy review. It helped define the governance for the future digital work environment and spearheaded the implementation of the Information Environment Strategy, which supported work processes and decision-making around the organization's enterprise architecture and information security. To help ensure efficient implementation, the compatibility of current and planned projects with the ICRC's enterprise architecture was analysed, and measures were taken to mitigate risks linked to information security and corporate transparency.

The division also continued to standardize the ICRC's digital working environment, taking into account the needs of ICRC staff. It began deploying collaborative spaces to facilitate work between staff in different departments and across the world; these spaces were set up for 80% of field delegations and 95% of headquarters units. The department also deployed a more interactive intranet, and undertook projects to digitalize the ICRC's transactions and documents.

These efforts fostered cooperation between users, and enhanced overall information access and security. Outstanding information management-related challenges included governance issues (relating in particular to the structure and sharing of information), changes in information-handling processes, and, in some places, slow internet connection.

The division reviewed its management of information, with the aim of improving security and the proper categorization of information. It planned the installation of an advanced electronic records management system, and endeavoured to further develop and enforce rules on creating and retrieving information. Staff members continued to receive information management support from eight regional advisers and through other channels.

LIBRARY AND PUBLIC ARCHIVES

The Archives and Information Management Division responded to over 3,300 internal and external requests for information and documents, and processed 1,200 requests from victims of past armed conflicts and/or their relatives. It contributed several articles to historical reviews and books, welcomed some 2,300 visitors to the archives and library, and prioritized easing online access to the historical archives and the library's documentary collections, notably by digitalizing content and promoting their use. To raise awareness of the content of the ICRC 1966–1975 archives – which has been open to the public since 2015 – and encourage research on this period, the division published a study that provided a chronological and geographical overview of the organization's activities during this period.

The public version of the audiovisual archives portal was launched in February, giving the general public access to some 100,000 documents, including films, photos and sound recordings. By the end of the year, the public portal had received over 35,000 visits and reached 22,000 downloads. As in the past, the division used social media platforms, including a blog (icrchistory.tumblr.com), to raise awareness of the ICRC's collections among various target groups.

The division supported ICRC projects with external partners. It provided historical and archival material and expertise for events such as the 2016 Memorial Annual Colloquium, the centenary of the Battle of Verdun, and the three-part exhibition *Generating respect for the law*.

PRESERVATION, RESEARCH AND INVENTORIES

The Archives and Information Management Division continued to collect and preserve essential records; research and analysis of information from the archives contributed to sound decision-making in operations and other areas. Overall, the improved management of the archives made it easier to process requests for reports; over 600 internal research requests were met. Twenty summaries and timelines of archived documents helped ICRC staff enhance their knowledge of the ICRC's activities, past and present.

The division continued to update preservation measures to better secure its archives and thus avoid loss of institutional memory. It managed to safeguard the index cards of 90,000 Second World War POWs following serious water damage in the area where these were kept.

The rules on public access to the ICRC's archives were revised, to better protect personal data and ensure the integrity of the organization's mission. The new rules were set to be submitted to the Assembly for final approval in early 2017.

INFORMATION AND COMMUNICATION TECHNOLOGY

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

BUSINESS CONTINUITY OF ICT SYSTEMS

The ICT Division sustained efforts to ensure that over 10,000 users, in the 110 countries where the ICRC operates, had consistent access to a stable ICT system. It increased the number of ICT solutions it supported, from 89 in 2015 to 122. It enhanced its delivery of services, in line with the defined service-level agreements for global ICT services: 95% of calls were answered (target: 95%), unresolved issues fell to 6% (target: 20%), and global ICT services reached almost 100% availability.

As part of the ICT Transformation Programme (see below), a new global service model was deployed at headquarters and in Africa, Europe and Central Asia. This ensured service continuity between local and global services and the availability of ICT services for over 50% of users worldwide.

CONTRIBUTION TO BUSINESS TRANSFORMATION

The ICT Division continued to deliver projects with an ICT component to meet the ICRC's business needs. It completed over 20 projects, including new tools and the digitalization of internal processes, which helped the organization improve its management of digital communication, finances, human resources, logistics and operations. It also took measures to reinforce the ICRC's operational response, for example: upgrading Prot6, the software used to manage ICRC protection data; developing a new data-collection tool used, for instance, during material-distribution activities; and continuing to roll out the case-management system, Family-links Answers, to National Societies and to upgrade the ICRC's family-links website (familylinks.icrc.org) (see *Operations*). These projects aimed to enhance internal coordination, knowledge-sharing and performance management with the launch of new collaborative spaces, a more interactive intranet and a series of

dashboards that support the ICRC's business intelligence strategy and performance management.

The division pursued efforts to upgrade its tools and services involving ICT security, service management and communication; for instance, it undertook a project that streamlined the management of staff access to institutional applications. It also supported the development of ICT tools for specific projects, such as the Humanitarian Impact Bond¹. An application for the collection of ante/post-mortem data and identification of human remains was developed for the Mexico City regional delegation and shared with the region's forensic agencies.

Several external assessments were conducted on ICT projects and activities. The department also explored areas of interest to the organization, including artificial intelligence, big data, and facial and pattern recognition crowdsourcing.

ICT TRANSFORMATION PROGRAMME

The ICT Division worked to improve the quality of its services while optimizing costs. Responsibility for responding to most ICT incidents or requests, for example, was transferred from headquarters to the ICRC's Shared Services Centre in Belgrade, Serbia, which was set to provide round-the-clock ICT support services worldwide by early 2017.

Roughly 10% of ICT services for developing and maintaining ICRC business applications were outsourced to a support centre in Tunisia. In parallel, virtual teams began to help field personnel take over certain telecommunication and security services formerly handled by headquarters staff.

The division worked with the Information Management and Logistics Units to develop tools and processes so that information systems could better ensure continuity of ongoing projects and their compliance with business needs. It closely managed its ICT transformation, to prevent any negative impact on ICT business continuity or its ability to deliver projects.

Some 200 ICT field staff attended training – in Geneva, Switzerland, or elsewhere – to increase their knowledge of ICT services, including technology for high-quality internet connection in places where telecommunication infrastructure is lacking.

1. The Humanitarian Impact Bond is an innovative funding mechanism created to mobilize private capital to support the ICRC's health programmes, particularly in the field of physical rehabilitation.

HUMAN RESOURCES

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

In 2016, 12,209 resident¹ and 2,256 mobile employees worked in the field, and 983 staff at headquarters.

POSITIVE CHANGE

In line with the strategy developed under the People Management Programme (PMP), the Human Resources (HR) Department made structural changes to meet the organization's needs more efficiently and effectively. In keeping with the institutional desire to direct more funds towards people affected by armed conflicts and other situations of violence, it sought to reduce administrative costs by optimizing transactional activities and focusing on strategic HR services.

The new HR service delivery model became operational in 2016. It consists of four divisions: HR Operations, HR Services, Global Talent Management, and Learning and Development. The model is supported by HR partners and managers tasked with providing advice to field and headquarters managers, and by three centres of expertise (COEs) in charge of developing internal policies.

The department maintained its services for employees in the field and at headquarters amid these transitions, and in the face of the operational growth anticipated in the Institutional Strategy 2015–2018.

PEOPLE MANAGEMENT PROGRAMME

As planned, the PMP became fully integrated into the HR structure in 2016. The programme's projects were taken over by the HR divisions and COEs. Established in the first quarter of 2016, the Global Talent Management Division began overseeing tasks that ensured appropriate and adequate staffing worldwide (see below). The PMP launched module three of the Humanitarian Leadership and Management School and handed the project over to the Learning and Development Division.

Pilot testing of HR Space – the new HR information system that will integrate all HR functions and information, including the new performance management process, into a single online platform – began. HR Space is to be rolled out organization-wide in 2017.

CONTINUOUS DELIVERY

HR Operations Division

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

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

The division continued to support the Corporate Services Initiative, which aims to decentralize various tasks, and the Headquarters Mobility Initiative, which endeavours to facilitate the transfer of competencies between the field and headquarters. It monitored the implementation of the 2015–2018 social plan in close collaboration with employee representatives. It also provided managers with professional guidance, and, in accordance with legal and ethical standards, furnished support to staff affected by the transition.

The division pursued an assessment of the working conditions at headquarters, with a view to improving the work environment and the well-being of staff.

HR Services Division

Throughout the year, the division consolidated the provision of routine, transactional administrative services – including salaries, social security, insurance and benefits – for headquarters and mobile field staff. The process of delocalizing these services from headquarters to the Manila Shared Services Centre (MSSC) in the Philippines had been mostly completed by year's end.

The division also organized field missions, while striving to ensure timely and cost-effective travel conditions. In March, travel services for headquarters and mobile field staff were outsourced to an external agency, based at ICRC headquarters.

The division received over 61,800 queries from mobile and Geneva-based employees and achieved a response rate of around 95% for the year. It continued to monitor the application of guidelines and to update articles of the Collective Staff Agreement for Geneva-contracted staff.

Global Talent Management Division

Established in the first quarter of 2016, the division staffed various positions, particularly mobile postings. It released compendia of job openings in April and October, and oversaw over 2,600 international moves. The division also outsourced language testing for applicants to an external provider. The HR marketing service – with offices in eight countries worldwide – continued its outreach activities, attending over 200 career fairs and other events, including in London (United Kingdom of Great Britain and Northern Ireland), Cairo (Egypt) and Dubai (United Arab Emirates).

The division launched a new pool-management framework and conducted training for pool managers.

A core competency framework that aimed to clarify performance expectations for staff was validated by the ICRC's governing bodies. A career development unit was established to offer various career management services, such as coaching and training for managers and HR service providers.

1. Daily workers not included

To better forecast the organization's global staffing and development needs, the division started developing tools and processes aimed at strengthening the quality and reliability of data used for workforce planning and analysis.

Learning and Development Division

The division continued to support professional skill development among the ICRC's global workforce. It pursued the establishment of a coherent, organization-wide learning and development architecture, for example, by introducing integrated software tools for producing learning resources more efficiently. It also provided other departments with support for designing their courses.

The division conducted institutional training courses for a total of 4,689 personnel (3,536 resident and 1,153 mobile staff). New employees participated in the Staff Integration Programme at the ICRC's training facility in Ecogia, Switzerland, and at the learning and development regional units in Colombia, Jordan, Kenya, Thailand and Senegal. Senior and middle managers attended all three modules of the Humanitarian Leadership and Management School. Other courses included those aimed at helping staff boost their training skills and ensure their security and safety in the field.

The Individual Development (iDevelop) budget – launched in 2014 to encourage the professional development of staff of a certain grade level – supplemented institutional training by providing funding for external training, coaching and career assessment. iDevelop requests from some 280 mobile and 960 resident field staff, and 360 from headquarters, were approved in 2016. This amounted to over CHF 5.5 million out of CHF 6.7 million allocated for the year.

CENTRES OF EXPERTISE

Compensation and benefits

The centre continued to develop a new job-grading system by defining and evaluating the 750 roles that covered activities throughout the ICRC. The definitions of all field roles were validated by staff in seven pilot delegations. Work continued on defining new salary scales and compensation and mobility policies.

Framework and compliance

Through a series of workshops, HR service providers familiarized themselves with the concepts and tools that came with a newly launched framework for ensuring coherence and consistency across all HR documents. In line with the Directorate's decision to design a new compliance architecture (see *Office of the Director-General*), the centre began preparing an HR compliance strategy and laying the groundwork for implementation of a more comprehensive and cost-effective compliance check throughout all delegations in 2017.

Work began on digitalizing HR documents at headquarters, in view of the full delocalization of administrative duties to the MSSC and the launch of HR Space.

Health and well-being

In accordance with the 2015–2018 staff health strategy, the centre continued to offer services connected with the ICRC's duty of care towards its staff. As in the past, the centre's personnel helped health delegates and focal points provide preventive and curative health care to all field personnel. The centre was involved in managing several security incidents in the field. It started recruiting and training more staff health delegates and stress counselors.

Through briefings and informational materials, the centre helped raise staff awareness of institutional mechanisms for preventing or dealing with harassment.

GENDER AND DIVERSITY

In 2016, the department conducted an internal review of the ICRC's Gender Equality Policy, which was adopted in 2006 with the following key aims: to create a fair and equal work environment for all staff, and to achieve gender parity in all positions and at all hierarchical levels by 2016. A report on the findings was submitted to the Directorate and made accessible to ICRC staff members. The review highlighted progress made with regard to gender balance in staffing; notably, that more female staff occupied top-management positions compared to ten years ago. In 2006, women held 19% of such positions in the field and 18% at headquarters, and constituted 26% of the Assembly. By January 2016, the figures stood at 24%, 45% and 37%, respectively. Complete gender parity was maintained in the Directorate. The global target of having 40% female staff representation in all positions and at all levels, however, had not been achieved by year's end, with the figures falling especially short in middle and top management.

Building on the policy and the review's findings, the department began working on a 2017–2021 institutional framework on diversity and inclusion – a process incorporating the consultation of staff in the field and at headquarters.

Mentoring and executive leadership training were offered for women in management positions, although to a limited extent.

COOPERATION WITH NATIONAL SOCIETIES

The position of advisor on cooperation with National Societies regarding HR-related matters – such as recruitment, staff secondment, and staff-on-loan agreements – was redesigned to reflect the ICRC Institutional Strategy 2015–2018. The guidelines on such cooperation were also revised, and made available to all National Society and ICRC offices.

The department reinforced partnerships with some National Societies, with a view to increasing the number of National Society staff deployed on ICRC positions. For instance, proposals for increased talent sourcing and HR marketing initiatives were agreed with the Australian Red Cross and the Canadian Red Cross.

FINANCIAL RESOURCES AND LOGISTICS

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

In 2016, the scale of the ICRC's operations and financial growth required the Department of Financial Resources and Logistics to step up its efforts to raise funds, manage finances and infrastructure, and purchase and deliver goods and services. Thanks to strong donor backing, the ICRC was able to surmount various financial challenges and meet its financial objectives by the end of 2016, closing what had been a widening spread between expenditure and income. It continued to pursue initiatives to diversify its funding sources.

In addition to mobilizing resources in response to vast humanitarian needs, the department participated in initiatives to shape the future of humanitarian funding. For example, it helped to articulate the Movement's commitments to the Grand Bargain – a set of proposed reforms put forward by major donor countries and humanitarian organizations – with a view to improving the efficiency and effectiveness of humanitarian financing.

The department remained heavily involved in the launch or expansion of projects aiming to increase institutional efficiency. OSCAR (Operational Supply Chain Agile and Reliable), the global supply-chain solution launched in 2014, was rolled out in four more delegations, and the Logistics Transformation Project (LTP), designed to strengthen the Logistics Division, began to be implemented. The new Financial Regulatory Framework was adopted.

The ICRC's work on the issue of sustainability continued to bear fruit, with 35 delegations (50% of the total) committing to the sustainable development programme. The Framework for Sustainable Development was revised with a view to mainstreaming environmental indicators into decision-making.

FINANCE AND ADMINISTRATION FINANCIAL MANAGEMENT

Financial management provides relevant, trustworthy and timely information to ICRC leadership, to aid decision-making, and to donors and partners, for transparency and accountability.

In 2016, the Finance and Administration Division:

- ▶ provided the Directorate with financial forecasts, helping it to manage financial risks and steer the institution towards financial break-even by year-end;
- ▶ in response to the evolving financial environment in which the ICRC operates, developed the new Financial Regulatory Framework, which clearly sets out the principles of sound financial management, and the roles and responsibilities

of personnel authorized to perform financial transactions on the ICRC's behalf, including in the course of activities undertaken in cooperation with National Societies;

- ▶ completed the upgrade of its main financial software, and provided training for the staff concerned, thus bolstering implementation of the Institutional Strategy 2015–2018 with financial information for decision-making;
- ▶ increased efficiency and cost savings by fully virtualizing the accounts payable and invoice validation functions, and delocalizing the expense claims process to the Manila Shared Services Centre (MSSC);
- ▶ further strengthened the treasury management system – including by further enhancing the breadth and scope of services at the MSSC – in order to minimize the impact of a treasury shortfall on operations, and to guard against fraud;
- ▶ supported the establishment of the new Global Compliance Office (see *Office of the Director-General*); and
- ▶ initiated the streamlining of budgeting and forecasting processes and tools, based on a recent review.

Over the past 16 years, the ICRC has disclosed its financial statements in full compliance with the International Financial Reporting Standards (IFRS). It will continue to update its financial statements, in observance of new and revised reporting requirements. Its financial statements and internal financial controls are audited on an annual basis by a leading external and independent audit firm and have always received an unrestricted audit opinion. The ICRC deems this to be part of its due-diligence obligation to provide donors with complete, robust and transparent financial information.

INFRASTRUCTURE MANAGEMENT

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

In partnership with the canton of Geneva, the ICRC began the preparatory work for the comprehensive renovation of the historical Carlton building at headquarters, with a view to reducing the building's environmental footprint and improving accessibility. It will commence the actual renovation in 2017, with financial support from the Swiss Confederation.

FUNDING¹

Funding is channelled through the External Resources and the Private Fundraising Divisions, which obtain the financial resources the ICRC needs to carry out its humanitarian activities while upholding its independence. Delegations contribute to donor relationship management by sharing their understanding of the situation on the ground and their technical expertise. Delegations also play a key role when donors make field visits. To meet its objectives, the ICRC seeks the widest possible range of flexible, predictable and durable sources of financial support. It guarantees that donor requirements are given due consideration and that contributions are managed in a coordinated way.

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

BUDGETS

The ICRC's initial 2016 budget, presented to donors in December 2015, totalled CHF 1,722 million, CHF 148.5 million more than the initial 2015 budget. The increase was mainly in the Appeals 2016: Operations, which amounted to CHF 1,525 million, compared to CHF 1,379 million in 2015. The Appeals 2016: Headquarters rose from CHF 194.3 million in 2015 to CHF 196.5 million in 2016.

During the year, donors received information about budget extensions, launched in response to immense humanitarian needs in 12 contexts. These contexts included Burundi and Libya, where hostilities resurged or intensified; the Syrian Arab Republic, where the ICRC and the National Society saw some improvements in their access to people in need; and Iraq, where certain developments in the conflict were projected, based on an internal analysis. One budget extension covered the Lake Chad region, where violence persisted in Cameroon (covered by the Yaoundé regional delegation), Chad, Niger and Nigeria; and another was for Armenia and Azerbaijan, following the escalation of the Nagorno-Karabakh conflict. Other budget extensions were issued to elicit support for the ICRC's activities to alleviate the severe plight of asylum seekers in Jordan, and of migrants in Greece (the latter covered by the Paris regional delegation).

As a result of these budget extensions, which amounted to CHF 88 million, the final field budget was CHF 1,614 million.

EXPENDITURE

Overall expenditure
CHF 1,666 million (including overheads)
Headquarters
CHF 204 million
Field operations
CHF 1,462 million

The implementation rate – total field expenditure in cash, kind and services, divided by the final field budget and multiplied by 100 – for activities planned in 2016 was 90.6% (2015: 88.9%; 2014: 92.3%).

CONTRIBUTIONS

Total contributions received in 2016: CHF 1,655 million

Funding sources were similar to previous years (see also *Diversity in funding sources*). In 2016, the proportion of support received from governments was 84.8% (2015: 84.4%; 2014: 83.0%). The proportion received from the European Commission increased to 9.7% (2015: 8.3%; 2014: 9.4%). That from National Societies fell to 1.8% (2015: 2.2%; 2014: 3.4%). Contributions from other public and private sources decreased to 3.6% (2015: 5.0%; 2014: 4.1%).

The United States of America (hereafter United States) remained the ICRC's largest donor, accounting for 24.6% (CHF 407.2 million) of all contributions and 25.7% (CHF 387.8 million) of funding for field operations. The United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom) ranked second, with 13.5% (CHF 224.2 million) of all contributions and 14.9% (CHF 224.1 million) of funding for field operations. The European Commission was third, with total contributions of CHF 160.2 million, or 9.7% of all contributions and 10.6% of funding for field operations (CHF 160.2 million). Switzerland was fourth, with total contributions of CHF 146.0 million, or

8.8% of all contributions and 4.4% of funding for field operations (CHF 65.7 million).

The ICRC met its financial objectives by end-2016, thanks to the strong support of its donors. Its operational flexibility was also preserved, as a number of governments continued to provide non-earmarked or loosely earmarked contributions. However, the downward trend in the proportion of non-earmarked funds – which dropped by more than three points between 2015 and 2016 (2014: 27.4% of total funds; 2015: 26.0%; 2016: 22.6%) – is cause for concern. The ICRC worked to reverse this trend, emphasizing the importance of non-earmarked funds in promoting and protecting neutral, impartial and independent humanitarian action (see *Flexibility in funding*).

As its field expenses were increasing at a faster rate than that of donor contributions, the ICRC took out its first bank loan since 2001 to maintain cash flow. It faced several other major financial challenges in 2016, including the continued negative impact on revenue of the 2015 decision by the Swiss National Bank regarding the Swiss franc-euro exchange rate, and the devaluation of the pound sterling, in the lead-up to and following the decision of voters in the United Kingdom to leave the European Union.

The Donor Support Group (DSG)² comprised 19 members in 2016 (based on 2015 contributions). Switzerland hosted the DSG annual meeting, which, along with two DSG policy forums, enabled members to share views and discuss topics relevant to humanitarian action.

Based on donor contributions by end-2016 (see table on the next page), the DSG will have 20 members in 2017.

CONTRIBUTIONS IN RESPONSE TO THE HEADQUARTERS APPEAL

Contributions for the headquarters budget totalled CHF 146.5 million: CHF 137.1 million from 59 governments, CHF 2.4 million from 15 National Societies and CHF 7.0 million from private and public sources.

CONTRIBUTIONS IN RESPONSE TO THE OPERATIONS APPEAL

Cash component
CHF 1,500.7 million (2015: 1,340.2 million; 2014: 1,179.2 million)
In-kind component
CHF 3.8 million (2015: 5.0 million; 2014: 3.6 million)
Services
CHF 4.2 million (2015: 5.0 million; 2014: 6.3 million)
Assets
CHF 0.0 million (2015: 0.0 million; 2014: 0.0 million)

In total, CHF 1,266.3 million was provided for ICRC field operations by 45 governments, CHF 160.2 million by the European Commission, CHF 27.6 million by 49 National Societies, CHF 2.7 million by several supranational and international organizations, and CHF 52.0 million by public and private sources. These included the canton of Geneva, Mine-Ex Rotary Liechtenstein and Switzerland, the Union of European Football Associations

2. The DSG is made up of governments that each contribute at least CHF 10 million in cash annually to the ICRC.

In CHF million						
NAME OF DONOR (DSG member)	CASH – HEADQUARTERS	CASH – FIELD	TOTAL CASH	TOTAL KIND	TOTAL SERVICES	GRAND TOTAL
Australia	2.9	29.3	32.2			32.2
Belgium	0.5	28.2	28.7			28.7
Canada	1.9	55.2	57.1			57.1
Denmark		18.4	18.4			18.4
European Commission		160.2	160.2			160.2
Finland	1.1	9.7	10.8	1.2		12.0
France	0.5	16.5	17.1			17.1
Germany	1.9	121.1	123.0			123.0
Ireland	0.1	15.3	15.4			15.4
Italy	7.1	8.9	16.0			16.0
Japan		51.6	51.6			51.6
Kuwait	0.2	9.9	10.1			10.1
Luxembourg	0.9	9.1	10.0			10.0
Netherlands	7.7	45.7	53.4			53.4
Norway	2.3	68.9	71.1			71.1
Sweden	5.9	68.4	74.3			74.3
Switzerland	80.1	65.7	145.8		0.2	146.0
United Arab Emirates	0.1	9.8	9.9			9.9
United Kingdom	0.1	224.1	224.2			224.2
United States of America	19.3	387.8	407.2			407.2

(UEFA), members of the ICRC Corporate Support Group (CSG)³, and thousands of other donors – private individuals, foundations and companies.

FLEXIBILITY IN FUNDING

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

2016 non-earmarked cash contributions

CHF 371.1 million / 22.6% (26.0% in 2015; 27.4% in 2014)

2016 tightly earmarked cash contributions

CHF 246.8 million / 15.0% (11.4% in 2015; 14.6% in 2014)

In 2016, cash contributions earmarked for a given region, country or programme represented 62.4% (CHF 1,026 million) of total cash contributions (2015: CHF 929.1 million, or 62.6%; 2014: CHF 769.2 million, or 57.9%).

At 22.6% in 2016, the proportion of non-earmarked cash contributions (“core funding”) was lower than in previous years (2015: 26.0%; 2014: 27.4%). Apart from some private donations, the bulk of non-earmarked funds came from governments (notably, Australia, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States), the German Red Cross, the Norwegian Red Cross and the canton of Geneva.

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

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

- ▶ act rapidly to protect and assist people affected by armed conflict and other situations of violence – including those in contexts that receive little public attention – on the basis of their most urgent needs and vulnerabilities, in ways that are supportive of their early recovery and aim to help contribute to their longer-term welfare in a sustainable manner, with a view to facilitating the conduct of development activities;
- ▶ invest in volatile or fragile contexts, particularly to develop emergency preparedness and networks of contacts among all pertinent parties, even before the outbreak of an armed conflict – for example, in northern Mali (see *Mali*) and northern Nigeria (see *Nigeria*) – allowing it to immediately implement life-saving measures, including in situations where few or no other humanitarian organizations can operate;
- ▶ cover funding gaps that would otherwise require the organization to change its operational approach or to close chronically underfunded operations; and
- ▶ front-load cash – boosted by ICRC reserves – for its work, guaranteeing its immediate response capacity by bridging the gap between the onset of a given emergency and the start of fundraising efforts for the operation launched in response.

PREDICTABILITY IN FUNDING

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

To minimize financial risks, the ICRC seeks to secure a degree of funding predictability. In the spirit of good humanitarian donorship, clear indications from donors early in the year regarding their estimated level of funding and the timing of their transfers facilitate financial planning. Despite planning constraints and national budget and financial regulations that make it difficult for donors to commit funding over the medium term, the ICRC will continue, whenever deemed relevant, to seek longer-term funding commitments.

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

Donor commitments spanning several years are particularly useful. In 2016, the ICRC drew on such commitments made by Belgium, Canada, Finland, Germany, Italy, Mexico, the Netherlands, New Zealand, Sweden, Switzerland and the United Kingdom, and by certain private donors. Other donors have engaged the ICRC in discussions on their making similar commitments, within and outside the Grand Bargain framework. The amount of money available for implementation coming from this type of contract has generally been on the increase since 2012, with 2016 registering the highest amount thus far. The organization has been adapting its programming and monitoring procedures to better manage multiyear contributions.

DIVERSITY IN FUNDING SOURCES

Italy and Luxembourg rejoined the DSG in 2016 and Kuwait maintained its membership for the fourth consecutive year. Efforts to attract more donors into the group bore fruit for 2017, with the United Arab Emirates set to become a new member (see *Contributions*). Nevertheless, the ICRC remained reliant on a small number of donors for the bulk of its funding. In view of its universal mandate and worldwide activities, the ICRC continued to seek broader support in Asia, Latin America, Central Europe and the Middle East.

Overall ICRC funding	CHF 1,655.2 million
73 governments and the European Commission	CHF 1,563.6 million / 94.5% (2015: 92.6%; 2014: 92.4%)
Top 10 governments, including the European Commission	CHF 1,368.1 million / 82.7% (2015: 80.5%; 2014: 79.6%)
Top 5 governments, including the European Commission	CHF 1,060.5 million / 64.1% (2015: 64.6%; 2014: 61.5%)

The number of contributing National Societies remained at 56, as in 2015, compared to 60 in 2014.

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

PRIVATE SECTOR FUNDRAISING

The overall income raised by the Private Fundraising Division decreased to CHF 59.0 million, mainly owing to a drop in legacy income: CHF 8.6 million in 2016, compared with CHF 25.1 million in 2015. The 2015 amount included one large legacy.

The total donations from individuals continued to rise as a result of targeted campaigns and special appeals. Although the "Friends of the ICRC" group⁴ shrank from 203 members in 2015 to 173 members in 2016, its contributions rose from CHF 1.43 million to CHF 2.53 million. The value of individual contributions from within and outside Switzerland increased to CHF 14.9 million, from CHF 10.5 million in 2015; these included donations secured through online fundraising. Gifts from major donors decreased, however, to CHF 7.6 million, from CHF 10.1 million in 2015.

The ICRC strengthened its engagement with corporations, research institutes and academic circles by organizing an international event on health-sector innovations and building the partnership

with the World Economic Forum. It developed its partnerships with private entities, with an emphasis on increasing non-financial support. The CSG retained its roster of members – AAB, Avina Stiftung, Credit Suisse, Fondation Hans Wilsdorf, Fondation Lombard Odier, LafargeHolcim, Novartis, Philips Foundation, Roche, Swiss Re Foundation, Vontobel, and Zurich Insurance Group – and the ICRC's work with these members expanded in scope, with the financial value holding steady at CHF 14 million. The income from foundations outside the CSG, however, declined to CHF 5.1 million.

Private fundraising efforts with National Societies endeavoured to build on common interests and opportunities so as to obtain funding from companies, high net-worth individuals and members of the general public. The ICRC continued to promote the coordination of fundraising approaches among the Movement's components, and the development of Movement-wide principles on resource mobilization.

REPORTING TO DONORS

Donors were informed of the ICRC's objectives and plans of action in the Appeals 2016: Operations, the Appeals 2016: Headquarters, the Special Appeals 2016 (*Disability and mine action* and *Strengthening the response to sexual violence*), and the budget extensions (see *Budgets*).

The Midterm Report described field operations from January to May. Context-specific reports contained in the present Annual Report cover the entire year and describe activities carried out for each target population, most of which were announced in the 2016 Appeals: Operations. The reports are result-based and include standard figures and indicators for ICRC activities. The Supplement to the Annual Report 2015, the Special Reports 2015 (*Disability and mine action*, *Health care in danger*, and *Strengthening the response to sexual violence*), and updates on a wide range of operations and topics kept donors abreast of the main developments in ICRC operations, and related humanitarian issues and priorities.

The ICRC published "mobilization tables" related to the Appeals 2016: Operations, which helped facilitate in-kind or cash-for-kind contributions from donors. It provided monthly financial updates covering February to October 2016. In September, it issued its Renewed Operations Appeal, which presented the overall funding situation at that time for field operations, including the contexts with the highest outstanding needs.

The ICRC Extranet for Donors, a password-protected site on which all documents issued by the External Resources Division are posted, continued to give donors immediate access to reports and other funding-related documents, including weekly updates on humanitarian issues as published on the ICRC's public website.

Work began on enhancing the ICRC's reporting tools to meet donor needs more effectively; a survey was conducted among donors to guide the design of an improved reporting platform that will eventually replace the Extranet. The design of certain documents was transformed, in an ongoing push to make them clearer and more reader-friendly. The ICRC's capacity to produce short and timely reports, in case of sudden crises, was also enhanced.

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

LOGISTICS

A GLOBAL NETWORK

The Logistics Division oversees the delivery of goods and services to the sites of ICRC operations, the management of transport assets, the safe movement of passengers and cargo, and compliance with procurement and other major processes. Global supply-chain and logistics services are coordinated from headquarters. These are implemented through the Geneva Logistics Centre, which manages the delivery of centrally procured items or services that are high-value, light-weight, or low-volume (mostly pharmaceutical, orthopaedic and engineering materials), and six logistics support centres handling lower-value or heavy items, located in the ICRC regional hubs of Abidjan (Côte d'Ivoire), Amman (Jordan), Kuala Lumpur (Malaysia), Nairobi (Kenya), Panama City (Panama) and Peshawar (Pakistan).

In 2016, the Geneva Logistics Centre supported an important part of the ICRC's operational growth, while progressively devolving activities to the logistics support centres, in accordance with the LTP. The main activities and achievements included:

- ▶ providing relief, medical and engineering supplies – and thereby directly contributing to the growth of ICRC operations (see *Operational highlights*) – which involved the procurement of CHF 510 million worth of goods and services⁵ – including CHF 297 million worth of items distributed to beneficiaries in 72 delegations – and the management of a fleet of 21 aircraft and 5,177 other units (cars, trucks, trailers, generators), and of over 230,000 square metres of warehouse space with an end-2016 stock value of CHF 156 million;
- ▶ at headquarters and in the field, recruiting and managing some 3,300 resident and 185 mobile logistics staff – 40 were new hires, and some 20% filled unforeseen personnel needs – such that all but two critical positions were staffed in a timely manner;
- ▶ training the above-mentioned staff in general logistics – especially enterprise resource planning (ERP), in line with the OSCAR project (see below) – medical logistics, purchasing, air operations and fleet management; improving the alignment of training between logistics and assistance personnel; and completing the new training strategy – work on which commenced in 2015, in view of the requirements of the People Management Programme and the ICRC's updated organizational structure – for implementation starting 2017;
- ▶ launching the LTP, which aims to facilitate streamlined purchasing, storage and delivery worldwide by strengthening the logistics support centres; accordingly, redefining roles and responsibilities across the global logistics set-up;
- ▶ in relation to the OSCAR project:
 - further reinforcing the Oracle/JD Edwards ERP system and deploying it in four more delegations;
 - enhancing the long-term operational support structure for the ERP system;
- ▶ initiating a comprehensive review of the institutional procurement strategy, with a view to updating it;
- ▶ bolstering quality assurance, and risk and compliance management; specifically:
 - finalizing a fleet safety management system and tools;
 - based on a codified air safety policy, fully implementing an air operations safety management system, including by setting up an air operations quality and compliance unit in Nairobi;

- incorporating good distribution practices for pharmaceutical products throughout the global logistics network, and establishing a new policy on pharmaceutical quality, in coordination with the Health unit;
- laying the groundwork for a compliance and risk management unit at the MSSC;
- ▶ continuing to upgrade business intelligence and data management processes and tools (see *Communication and information management*);
- ▶ further updating and documenting logistics processes and tools, such as for the OSCAR project; and
- ▶ strengthening partnerships with Movement partners, other humanitarian agencies, private organizations and academic circles, thereby enhancing access to additional knowledge or resources.

SUSTAINABLE DEVELOPMENT

The ICRC's work on the issue of sustainability continued to bear fruit in 2016. Fifteen more delegations committed to the sustainable development programme, bringing the number of participating delegations to 35 (50% of all delegations), and of personnel volunteering their involvement to over 200. In December, some of these volunteers attended a seminar in Kenya at which they learned more about advancing sustainable development in their respective delegations, including through the use of practical tools.

Partnerships with other organizations facilitated sustainability-related activities. A joint project was developed with the Kenya Red Cross Society to improve waste management and livelihood opportunities at one refugee camp, by recycling plastic (see *Nairobi*). The ICRC's logistics support centre in Nairobi was selected for a pilot test of a private company's micro-grid technology, which supplies more reliable and renewable electricity. Ways to improve the ICRC's hazardous-waste management were explored with another private company.

The Framework for Sustainable Development was revised and adopted for the period from 2016 to 2022. Founded on a rigorous methodology, the framework more tightly integrates environmental indicators into decision-making, thus paving the way for all delegations to tackle sustainability. It aims, *inter alia*, to help delegations better manage resource consumption and waste generation.

5. This amount almost doubled between 2012 and 2016, growing 25% faster than the ICRC's overall budget over the same period.

OPERATIONS

THE ICRC AROUND THE WORLD

AFRICA

AMERICAS

ASIA AND
THE PACIFIC

EUROPE AND
CENTRAL ASIA

NEAR AND
MIDDLE EAST

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	142,560
RCMs distributed	131,963
Phone calls facilitated between family members	570,113
People located (tracing cases closed positively)	4,751
People reunited with their families	910
<i>of whom unaccompanied minors/separated children</i>	1,409
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	987,203
Detainees visited and monitored individually	33,056
Number of visits carried out	4,825
Number of places of detention visited	1,649
Restoring family links	
RCMs collected	23,911
RCMs distributed	11,738
Phone calls made to families to inform them of the whereabouts of a detained relative	29,841



ICRC headquarters



ICRC delegation



ICRC regional delegation



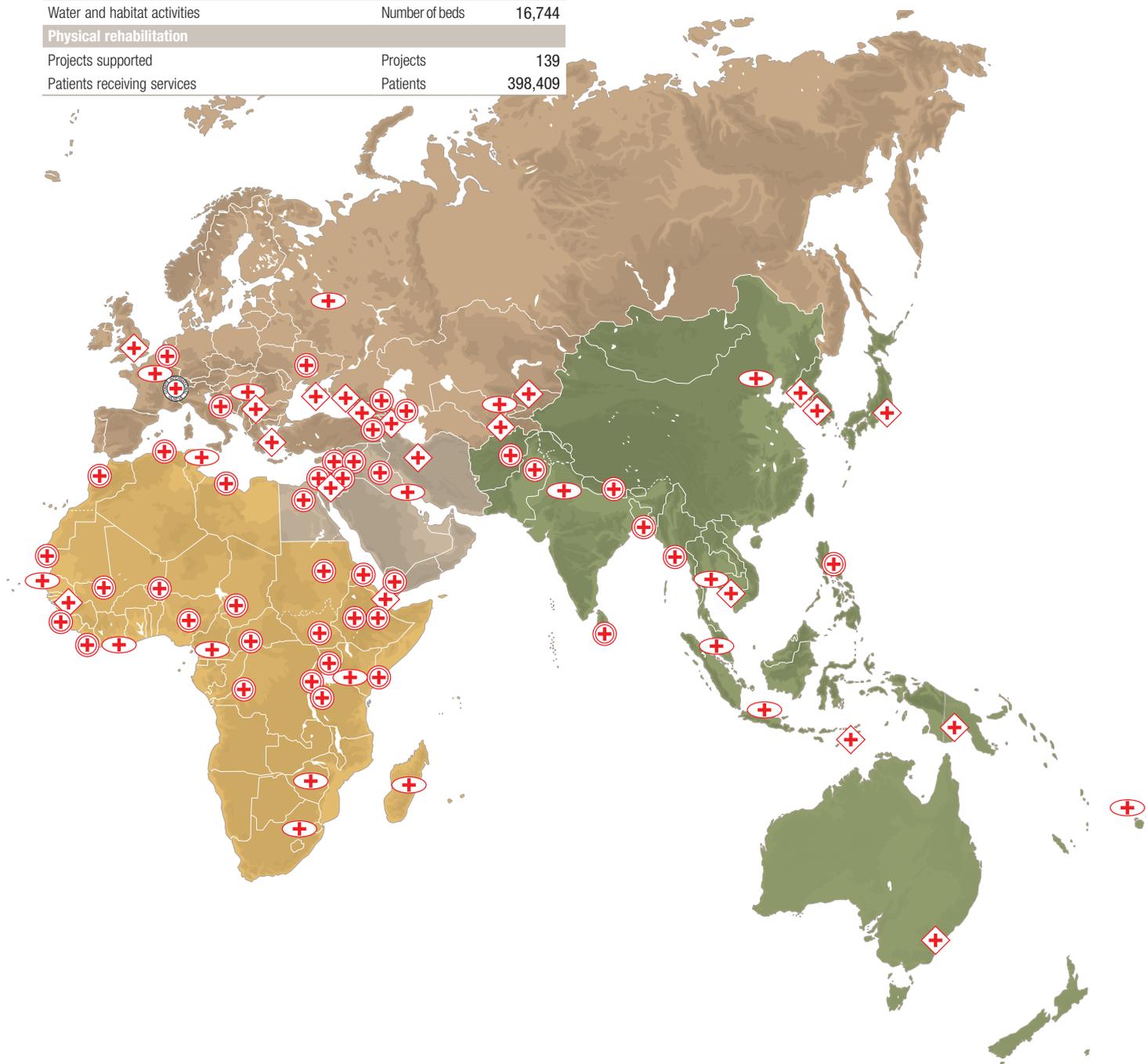
ICRC mission

ASSISTANCE		Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	14,699,000
Essential household items	Beneficiaries	5,101,185
Productive inputs	Beneficiaries	2,639,773
Cash	Beneficiaries	838,895
Vouchers	Beneficiaries	21,425
Services and training	Beneficiaries	2,060,981
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	28,061,308
Health		
Health centres supported	Structures	271
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	441
Water and habitat		
Water and habitat activities	Number of beds	16,744
Physical rehabilitation		
Projects supported	Projects	139
Patients receiving services	Patients	398,409

EXPENDITURE IN KCHF	
Protection	232,655
Assistance	990,657
Prevention	150,160
Cooperation with National Societies	79,669
General	8,874
Total	1,462,014
<i>Of which: Overheads</i>	<i>88,979</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	91%

PERSONNEL	
Mobile staff	2,256
Resident staff (daily workers not included)	12,209



OPERATIONAL HIGHLIGHTS



Iraq, Mosul district. Director of Operations Dominik Stillhart visits a camp for displaced persons.

CONFLICT ENVIRONMENTS AND CHALLENGES FOR HUMANITARIAN ACTION

Like the past several years, 2016 was characterized by the absence of political solutions to many armed conflicts and other situations of violence around the world that continue to take a toll on the lives and hopes of millions of people, for instance in the Lake Chad region, Myanmar, Somalia, South Sudan and Ukraine. While some of these conflicts were in the media spotlight, others were largely forgotten. In all of them, countless lives and livelihoods were destroyed. This unrelenting suffering called for increased neutral and impartial humanitarian assistance.

Conflicts in the Middle East continued to weigh heavily on the international agenda. In Iraq, the Syrian Arab Republic (hereafter Syria) and Yemen, the violence was exacerbated by local grievances combined with regional rivalries and complex geopolitical interests, and increasingly spilled over into neighbouring countries. The potential for a further escalation of hostilities between the numerous States and other parties involved posed significant risks to people caught up in the fighting.

Fighting continued between the Islamic State group and various government forces and other groups. While the group lost some territory in Iraq and Syria, it maintained its capacity to operate and to attract the allegiance of other groups. The activities of other armed groups, such as al-Qaeda, also had implications in numerous conflicts in the Middle East, Asia and Africa. Armed group networks extended their influence across borders, recruited tens of thousands of fighters in different countries, and carried out attacks in countries involved in operations against them, such as Belgium, France, Indonesia and Lebanon.

The hostilities in Aleppo (Syria), Mosul (Iraq), Sirte (Libya), Taiz (Yemen) and several cities in eastern Ukraine reflected the growing tendency to turn urban areas into battlefields. More than ever, aid activities in such areas required complex logistical set-ups and specialized personnel, given the sophistication and interconnectiveness of urban infrastructure and services like electricity, water, sewage systems, waste disposal and health care. In addition, the effects of explosive weapons were multiplied when these were used in overcrowded or densely populated areas. The tendency is likely to intensify as urbanization gathers pace in many parts of the world, and to require innovative humanitarian responses that are adapted to the specific characteristics of urban areas.

Armed violence continued to ravage a number of cities across the world. Central America was particularly affected, with the number of homicide victims reportedly surpassing the number of people killed in war zones and increasingly overcrowded prisons having severe humanitarian consequences.

For many people affected by conflict or other violence, moving to other countries in search of safety and livelihood opportunities seemed like the only alternative to their plight at home. Certain migration routes, particularly in Asia, from Central America to the United States of America, and from Africa and the Middle East into Europe, remained heavily travelled and dangerous. For instance, some 5,000 people lost their lives trying to cross the Mediterranean. Meanwhile, millions of IDPs struggled with the circumstances in their home countries; these included some 3.3 million people in Iraq, 2.3 million in Nigeria and 1.9 million in South Sudan. In all, an estimated 0.8% of the global population was on the move owing to conflict. This amounted to 65 million

people, among whom 40 million were IDPs. Meeting the urgent needs of these people and finding lasting solutions for them will require increased international cooperation and willingness to address the root causes.

The prevailing bleakness was relieved by some bright spots. For example, the decades-long conflict between the government of Colombia and the Revolutionary Armed Forces of Colombia – People’s Army (FARC-EP) came to an end when the two parties reached a peace agreement.

OPERATIONS: REVIEW, APPROACH AND THEMATIC CHALLENGES

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

The initial 2016 field budget amounted to CHF 1.53 billion. Budget extensions for 12 contexts increased this amount by CHF 88 million, for a total of CHF 1.614 billion, with an implementation rate of 90.6%. Overall, the ICRC managed to expand its activities for violence-affected populations in spite of a very challenging environment. It made certain gains in terms of proximity to its beneficiaries in Somalia, South Sudan, Ukraine and Yemen. In many contexts – for example, parts of Iraq, Libya and Ukraine – it was one of the few humanitarian organizations on the ground. When renewed hostilities broke out in the Nagorno-Karabakh conflict in April, the ICRC was able to respond immediately, as it was the only international humanitarian organization present on both sides of the Line of Contact. By making strategic cuts to its budget in certain contexts, the ICRC was able to invest more in others, particularly for conflict-stricken communities in the Lake Chad region or the Middle East, for violence-affected people in Central America, or for migrants stranded in Greece.

Disregard for the most elemental rules of war was still too common. The ICRC worked in a variety of domains to enhance respect for the rights of the civilian population, including through programmes to help families ascertain the fate of missing relatives, improve the treatment of detainees or influence global debates so as to promote compliance with IHL. However, serious violations of the rights of vulnerable people by both States and armed groups continued. IHL norms were flouted with impunity, and some parties continued to deny their applicability to hostilities involving them. In some situations of protracted conflict, the lack of concrete solutions continued to generate immense suffering and record numbers of forcibly displaced people.

In responding to needs in both acute and protracted crises, the ICRC sought to reinforce and diversify its multidisciplinary approach according to particular vulnerabilities, paying specific attention to children, women, detainees, persons with disabilities, IDPs and migrants. It stepped up its holistic response to the needs of victims of sexual violence, which included psychosocial support, medical treatment or referral, and material assistance, backed up by confidential dialogue with weapon bearers and campaigns to raise awareness of the victims’ specific needs. Implementing these programmes in contexts where sexual violence was still a highly sensitive issue nevertheless remained a challenge.

As much as possible, the ICRC involved the beneficiaries at all stages of its programmes – from assessment to implementation, monitoring and evaluation. It adapted its operations to address the indirect impact of conflict, such as the effects of prolonged restrictions on movement and pressure on host communities, or to alleviate less visible forms of suffering, such as long-term psychological trauma due to sustained violence, exposure to severe ill-treatment or the disappearance of a loved one. It encouraged the application of new approaches aimed at heightening impact and efficiency, giving delegations the flexibility needed to implement new projects better able to address beneficiaries’ needs.

The ICRC’s working methods, notably its neutral, impartial and independent approach to humanitarian action, and its confidential dialogue, were crucial in enabling access and proximity to those whom it sought to assist, especially in operationally difficult or isolated areas. However, security management remained a major challenge. The ICRC lost one staff member during an upsurge of fighting in the Central African Republic, and another was held captive in Yemen for ten months. The situation of the three staff members abducted in Syria remained unresolved.

A vital aspect of the ICRC’s operations was to maintain existing relationships with all stakeholders, forge new ones and create networks across political, ideological or religious divides, so as to foster not only acceptance but also dialogue on key protection concerns. These relationships and the different stakeholders’ understanding of the ICRC’s neutrality enabled the organization to act as an intermediary in a number of situations, such as the evacuation of civilians from besieged areas in Syria, the peace talks between the Colombian government and the FARC-EP, and the exchange or transfer of detainees in several contexts.

Equally crucial were partnerships across programmes – primarily with Movement components, but also with local organizations. The International Federation, the National Societies and the ICRC sought to strengthen cooperation and coordination with the aim of delivering an improved Movement response. Enhanced ways of working with Movement partners were successfully tested in situations such as the earthquake in Ecuador and Hurricane Matthew in Haiti.

The ICRC continued to implement the Health Strategy 2014–2018, thanks to which the number of hospital projects carried out by ICRC staff gradually increased, from close to zero in 2012 to 22 in 2016, thereby reaching the critical mass needed to rotate the teams, provide them with the necessary training and maintain an adequate level of institutional expertise. Also in line with the strategy, delegations tested innovative ideas and explored partnerships with other institutions. For example, the ICRC and the local authorities in Tegucigalpa, Honduras, reached an agreement allowing ICRC surgeons to work alongside local doctors treating people injured in gang violence while honing their skills in weapon-wound management. In addition, most ICRC delegations worked with national authorities and other partners to strengthen protection for the delivery of health care in emergencies, in line with the objectives of the Health Care in Danger project.

Increasingly aware of the importance of education for people affected by armed conflicts and other violence, the ICRC studied what it could do to help address disruptions in access to education, taking advantage of its proximity to vulnerable communities.

In response to the specific vulnerabilities of migrants along the world's main transit routes, the ICRC worked with National Societies across borders to ensure that thousands of migrants received support, enabling them, for example, to access health care, address protection concerns or restore family links.

The humanitarian community as a whole continued to face numerous challenges; some of them stemmed from the way aid organizations were perceived in some contexts, and from efforts by some States to “nationalize” aid. These difficulties intensified the need for a neutral, impartial and independent approach to delivering assistance.

AFRICA

Across a large part of the African continent, stability remained elusive. The ICRC maintained large-scale operations in countries such as the Central African Republic, the Democratic Republic of the Congo, Mali, Niger and Somalia, and responded to urgent needs in several other contexts, expanding its operations in Libya, for example. It also sought to address the spillover effects of ongoing conflicts on neighbouring countries. For instance, while Nigeria's population bore the brunt of the violence in that country, Cameroon, Chad and Niger also found themselves facing attacks and coping with the arrival of hundreds of thousands of refugees. In response, the ICRC strengthened its presence in all four countries and coordinated a regional response with the National Societies.

Tensions lingered in Burundi following an upsurge of violence in April 2015, which had caused mass displacement; some 300,000 people continued to take refuge in neighbouring countries. To prepare for potential flare-ups of fighting, the ICRC helped local medical staff and Burundi Red Cross teams boost their emergency response capacities. It also provided family-links services and visited detainees, including those held in relation to the situation.

Many people in South Sudan have lived the last two years on the run. Clashes continued despite the peace agreement, and nearly 3 million people remained displaced within South Sudan or in neighbouring countries. Food shortages also continued to inflict suffering on hundreds of thousands. South Sudan was one of the ICRC's largest operations; key activities involved provision of food and health care, projects to ensure proper sanitation and access to water, and visits to detainees.

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

AMERICAS

The ICRC's operations in Colombia remained the organization's largest in the Americas, with activities centred on addressing the consequences of longstanding armed conflict and other violence. The long-awaited breakthrough in the four-year peace talks between the government and the FARC-EP came in December, and implementation of the final peace agreement started following its approval by the Colombian Congress. The situation nevertheless remained precarious for millions of people amid ongoing violence involving other groups, and the ICRC continued to respond to the needs of the most vulnerable IDPs, civilians affected by weapon contamination, victims of sexual violence, families of missing persons, and people

deprived of their freedom. It also continued to act as a neutral intermediary in the release of people held by armed groups.

In Mexico, Central and South America, the ICRC, often with the local National Society, assisted people affected by organized armed violence, which disrupted the provision of essential public services for thousands of people. In El Salvador, Guatemala and Honduras, it worked with specific communities to alleviate the consequences of such violence. In Brazil, the authorities replicated some activities of the “Rio Project”, which was concluded in 2013, beyond Rio de Janeiro to other cities or municipalities. A partnership between the Brazilian authorities and the ICRC, the project helped mitigate the effects of armed violence by facilitating communities' access to health care, education and other basic services.

Across Central America, support was given to tens of thousands of migrants who risked their lives on the dangerous journey north, and to the families of missing migrants. The ICRC and the National Societies in Guatemala, Honduras and Mexico encouraged migrants to take safety measures, and provided emergency aid and opportunities to contact their families along the way. In 14 countries across the Americas, the ICRC visited detainees regularly and supported the authorities' efforts to improve prison conditions and ease overcrowding.

ASIA AND THE PACIFIC

South Asia continued to be an important focus of ICRC operations in this vast region. Afghanistan, in particular, saw an alarming level of bloodshed and displacement; the ICRC continued to provide essential medical support, clean water and other assistance to those most in need, and visited thousands of detainees.

In Myanmar, the ICRC worked to assist those affected by the conflict in the north-east and the rise of violence in Rakhine state. It visited detainees and engaged in regular dialogue with the authorities on the inmates' welfare.

In addition to emergency aid, an important area of response was physical rehabilitation for people disabled by conflict, mines or unexploded ordnance, or owing to the lack of health-care services. In 10 countries in this region, including Afghanistan, Bangladesh, Cambodia and Pakistan, the ICRC supported physical rehabilitation projects, providing prostheses and orthoses, micro-credit loans and vocational training, all of which promoted greater social inclusion. In India, the finalists in “Enable Makeathon” – a contest launched by private-sector and government organizations and the ICRC in 2015 – produced and tested prototypes of innovative and affordable assistive devices.

In South and South-East Asia and the Pacific, hundreds of thousands of migrants, including asylum seekers, faced terrible conditions and lost contact with their relatives. In response, the ICRC and National Societies did their best to reunite family members separated from each other.

The ICRC delegations in China, Indonesia, Malaysia and Thailand, and its offices and missions in Australia and Japan, played a major role in deepening the organization's dialogue with the authorities on humanitarian priorities and approaches.

EUROPE AND CENTRAL ASIA

The humanitarian consequences of the conflict in eastern Ukraine remained extremely serious: according to reports, over 2.8 million

people had been displaced and over 9,600 killed since the fighting erupted. The ICRC continued to work in proximity to those affected; in certain areas, such as Crimea and Donetsk, it was one of the few humanitarian agencies with a meaningful operational presence. It was thus able to assist tens of thousands on all sides, and worked to secure access to people held in relation to the conflict. Some people returned to find their homes damaged or destroyed. The ICRC provided construction materials, food, hygiene items and other basic necessities to help them get through the long winter.

Following the brief flare-up of the Nagorno-Karabakh conflict in April, the ICRC expanded its activities for the people affected; its presence on both sides of the Line of Contact enabled it to respond to the population's needs in a timely manner.

The ICRC continued to bolster its activities for vulnerable migrants, re-establishing its missions in Athens, Greece, and Budapest, Hungary, and backing National Society efforts in countries hosting migrants. It remained focused on key areas of expertise: monitoring detainees' treatment and living conditions, restoring family links, strengthening the protection of migrants and other vulnerable individuals, clarifying the fate of missing persons and providing forensic support. In several contexts, notably in the northern and southern Caucasus, the Western Balkans and Tajikistan, the ICRC pursued its long-term efforts to address the issue of missing persons and the consequences for their families.

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

NEAR AND MIDDLE EAST

Much of the world's attention centred on the Middle East, the scene of relentless hostilities and unimaginable atrocities that subjected millions of people to enormous hardship and suffering. The ICRC provided support for those who remained in the countries concerned and those who had fled to neighbouring countries.

Syria remained the ICRC's largest operation worldwide. From its bases in Damascus, Aleppo, Homs and Tartus, the ICRC worked closely with the Syrian Arab Red Crescent to respond to needs in both government- and opposition-controlled areas: millions received food and household essentials and/or benefited from drinking water projects. Detainees held at eight central prisons were visited by ICRC delegates.

In Iraq, the situation did not improve. During the last quarter of the year, around 100,000 people were displaced from Mosul and nearby villages; over 3.3 million people had fled their homes since the conflict erupted in 2014. Tens of thousands of people were wounded or killed, and others allegedly arrested. Across the country, the ICRC assisted hundreds of thousands of the most affected, including those displaced, by distributing food and essential items and facilitating their access to health care; it also visited tens of thousands of detainees. In addition to helping reconnect members of families separated because of the current

situation, the ICRC continued its work related to people missing in connection with past international armed conflicts involving Iraq.

In Yemen, intensified hostilities led to a sharp deterioration in the situation, with indiscriminate attacks on health-care facilities and on civilians struggling to obtain basic necessities. The ICRC delivered life-saving assistance and acted as a neutral intermediary, for example, in the retrieval or transfer of human remains. Activities in Yemen and in Israel and the occupied Palestinian territory ranged from emergency response to longer-term programmes.

The delegations and missions in Egypt, the Islamic Republic of Iran and Kuwait sought to engage in deeper dialogue on humanitarian priorities and approaches with various stakeholders in the region.

ICRC OPERATIONS IN 2016 – FACTS AND FIGURES

PRESENCE

In 2016, the ICRC was present in more than **80 countries** through delegations, sub-delegations, offices and missions. Its delegations and missions were distributed as follows:

Africa	31
Americas	14
Asia and the Pacific	20
Europe and Central Asia	19
Near and the Middle East	10

FINANCE

ICRC expenditure in 2016			
In millions	CHF	USD	EUR
Headquarters	203.7	206.3	186.6
Field	1,462.0	1,481.3	1,339.6
The sub-total comes to CHF 1,665.7 million, from which field overheads (CHF 89.0 million) must be deducted in order to reach the final total.			
Final total	1,576.7	1,597.5	1,444.7

Exchange rates: USD 1.00 = CHF 0.9870; EUR 1.00 = CHF 1.0914

15 largest operations in 2016 in terms of expenditure			
In millions	CHF	USD	EUR
1 Syrian Arab Republic	159.7	161.8	146.4
2 South Sudan	120.5	122.1	110.4
3 Iraq	104.8	106.2	96.0
4 Afghanistan	85.2	86.3	78.1
5 Nigeria	83.6	84.7	76.6
6 Somalia	65.9	66.8	60.4
7 Democratic Republic of the Congo	63.3	64.1	58.0
8 Israel and the Occupied Territories	47.9	48.5	43.9
9 Yemen	45.9	46.5	42.1
10 Ukraine	43.8	44.4	40.1
11 Lebanon	39.1	39.6	35.8
12 Central African Republic	38.8	39.3	35.6
13 Mali	38.0	38.5	34.8
14 Jordan	36.6	37.1	33.5
15 Niger	30.4	30.8	27.9

Exchange rates: USD 1.00 = CHF 0.9870; EUR 1.00 = CHF 1.0914

VISITS TO DETAINEES

ICRC delegates visited **987,203 detainees** held in **1,649 places of detention** in 98 contexts; they included detainees held by or in relation to the decisions of four international courts/tribunals. A total of 33,056 detainees were monitored individually (1,575 women; 2,751 minors); among them, 21,528 detainees (1,242 women; 2,518 minors) were registered and visited for the first time in 2016.

Nearly 11,300 people received detention attestations.

RESTORING FAMILY LINKS

The ICRC collected **166,471** and distributed **143,701 RCMs**, enabling members of families separated as a result of armed conflict, unrest, migration or other circumstances to exchange news. Of these messages, 23,911 were collected from and 11,738 distributed to detainees. The ICRC facilitated **570,113 phone and video calls** between family members, and made **29,841 phone calls** to

PERSONNEL

The average number of ICRC staff in 2016 was as follows:

Headquarters	983
Field: mobile staff	2,256
<i>of whom National Society staff</i>	108
Field: resident staff	12,209
Field: total	14,465
Final total	15,448

families to inform them of the whereabouts of a detained relative visited by its delegates. With support provided by the ICRC, **14,843 detainees** received visits from their families.

The ICRC established the **fate or whereabouts of 4,751 people** for whom tracing requests had been filed by their families. Its family-links website (familylinks.icrc.org) listed the **names of 16,057 people** in a bid to reconnect them with their relatives. A total of **910 people** (including minors – see below) **were reunited** with their families. At the end of the year, the ICRC was still taking action to locate 73,436 people (6,471 women; 11,697 minors at the time of disappearance) at the request of their families.

The ICRC registered **3,504 unaccompanied minors/separated children** (1,239 girls), including 380 demobilized children (36 girls). Once their families had been located and with the agreement of the children and their relatives, it organized the **reunification of 836 children** (264 girls) with their families. By the end of the year, the cases of 4,637 unaccompanied minors/

separated children (including 205 demobilized children) were still being handled, which involved tracing their relatives, maintaining contacts between the children and their families, organizing family reunification and/or identifying other long-term solutions for the children concerned.

As a neutral intermediary, the ICRC facilitated the **transfer or repatriation of 1,525 people**, including 63 detainees after their release, and the **remains of 2,059 people**. It relayed **927 official documents** of various types between family members across borders and front lines. ICRC-issued **travel documents** enabled

5,475 people to return to their home countries or to settle in a host country.

A total of **995,893 people** contacted ICRC offices worldwide for family-links services or other concerns.

ASSISTANCE

ICRC assistance programmes were carried out by **62 delegations and regional delegations**. The bulk of the work was carried out in the 15 largest operations (see above).

ASSISTANCE SUPPLIES

In 2016, the ICRC purchased or received as in-kind contributions the following assistance supplies:		
Relief items		CHF 219 million
Top 10 distributed items		
Food parcels (5 people/1 month)	2,084,000 parcels	
Food parcels (1 person/1 month)	596,973 parcels	
Kitchen sets	318,757 sets	
Rice	45,501,904 kilograms	
Hygiene parcels (5 people/1 month)	627,920 parcels	
Blankets	2,619,961 units	
Sorghum	8,043,079 kilograms	
Tarpaulins	360,925 units	
Matting	470,123 units	
Beans	15,911,365 kilograms	
Medical and physical rehabilitation items		CHF 49 million
Water and habitat items		CHF 40 million
	TOTAL	CHF 308 million
		USD 312 million
		EUR 282 million

Exchange rates: USD 1.00 = CHF 0.9870; EUR 1.00 = CHF 1.0914

ECONOMIC SECURITY

During the year, ICRC activities to ensure economic security, often implemented together with National Societies, directly benefited individuals, households and communities in **61 countries and territories** worldwide. Some **14,812,470** people (residents, IDPs, returnees, refugees – in many cases, people living in rural areas and/or areas difficult to reach owing to insecurity and/or lack of infrastructure – and people deprived of their freedom) received aid in the form of **food**, and **5,498,050** in the form of **essential household items**. Approximately 77% and 71% of the beneficiaries of food and essential household items, respectively, were **IDPs**. Close to **21,430** people were given **vouchers** that they could exchange for basic commodities or services, and **843,240** people received **cash** for launching micro-economic initiatives, in exchange for their work on community projects, or as relief assistance. More than **2,677,000** people benefited from **productive inputs**, such as seed, tools or equipment, which they used to spur food production or pursue their livelihoods. Assistance in the form of **services and training** – for instance, animal vaccination campaigns or skills training – helped some **2,066,460 people** boost their income-generating opportunities.

WATER AND HABITAT

ICRC engineers and technicians, often with local authorities and communities, built or rehabilitated water-supply, sanitation and other infrastructure in **49** contexts. This work translated to clean water for drinking or irrigation, reduced health risks or generally

better living conditions for **28,061,308 civilians** (residents, IDPs, returnees, refugees) and **355,665 detainees**.

Infrastructural repairs also contributed to improving services at health facilities with a total capacity of **16,744 beds**.

HEALTH

During the year, the ICRC supported – regularly or on an ad hoc basis – **441 hospitals** in 29 countries or territories. Statistics were available for 143 of these hospitals, where **54,167 weapon-wounded** and **148,347 non-weapon-wounded surgical patients** were admitted, and **182,066 operations** were performed. Over **386,000 other patients** were also admitted, including **148,557 women and girls** receiving gynaecological/obstetric care. Nearly **1,997,600** people were treated as **outpatients**, and **2,807** people had their treatment paid for by the ICRC. The ICRC supported **124 first-aid posts** located near combat zones, which provided emergency treatment, mainly for weapon-wounded patients.

Community health programmes were implemented in 24 countries or territories, in many cases with the help of National Societies. The ICRC supported **271 primary-health-care centres** (covering an estimated population of **8,804,725** people, on average), where **3,805,082 curative consultations** (children: 34%; women: 27%) and **356,406 ante-natal consultations** were carried out.

PHYSICAL REHABILITATION

A total of **398,409 people** (including 80,634 women and 139,529 children) received physical rehabilitation services through **139 projects** (including physical rehabilitation centres, component factories and training institutions) supported by the ICRC in **31 contexts**. A total of **10,514 new patients** were fitted with **prostheses**, and **50,457** with **orthoses**. ICRC-supported projects produced and delivered **22,363 prostheses** (of which 5,826 were for mine victims) and **97,533 orthoses** (of which 740 were for mine victims). In addition, **6,321 wheelchairs and tricycles** were distributed, most of them locally manufactured. Training for local staff was a priority in order to ensure sustainable services for patients.

WEAPON CONTAMINATION

The ICRC carried out activities for people living in weapon-contaminated areas in **36 countries or territories**. These included mine-risk education sessions, collecting and analysing data on mine-related incidents and contaminated areas, clearance activities and training for local actors. The ICRC also worked with the UN and NGOs to further develop and strengthen international mine-action standards and coordination.

FORENSICS

The ICRC carried out forensic activities in **70 contexts** to ensure the proper and dignified management of human remains and to help prevent and resolve cases of missing persons. Activities consisted primarily of promoting best practices in collecting, analysing and managing forensic data, and for the recovery, management and identification of human remains in the context of armed conflict, other situations of violence, natural disasters or other circumstances, such as shipwrecks involving migrants. Training and dissemination activities helped build local and regional forensic capacities.

COOPERATION WITH NATIONAL SOCIETIES

Sixty-four delegations implemented different ICRC activities in cooperation with the respective National Societies. An important dimension of the ICRC's collaboration with National Societies aimed to strengthen the latter's capacities to carry out their mandates and activities either independently or jointly with the ICRC.

In 2016, the total expenses devoted to cooperation with National Societies, including direct financial support, amounted to **CHF 109 million**. These activities were implemented in close coordination with the International Federation of Red Cross and Red Crescent Societies and with National Societies working internationally.

STATE PARTICIPATION IN IHL TREATIES AND DOMESTIC IMPLEMENTATION

The ICRC continued to pursue active dialogue with national authorities worldwide in order to promote ratification of or accession to IHL treaties and their domestic implementation. It provided legal and technical advice to governments and supported them in their endeavours to establish interministerial committees entrusted with the national implementation of IHL.

In 2016, one new national IHL committee was created (the Palestinian National Commission for the Implementation of IHL),

bringing the total number worldwide to **109**. The national IHL committee of the Bolivarian Republic of Venezuela created at the end of December 2015 became operational.

The ICRC organized or contributed to **14 regional events** related to IHL and its implementation in domestic law and policy, and **8 regional IHL training events** for national authorities. Around **1,000 people**, including civil servants, judges and parliamentarians, from 109 countries attended these events.

This work contributed to **43 ratifications of or accessions to IHL-related treaties** (including one of Additional Protocol III to the Geneva Conventions) by **32 countries**. In addition, **20 countries** adopted **35 pieces of domestic legislation** to implement various IHL treaties, and many others prepared draft laws on related topics.

RELATIONS WITH WEAPON BEARERS

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, non-State armed groups and staff of private military companies.

- ▶ Specialized ICRC delegates conducted or took part in over **1,470 courses, workshops, round-tables and exercises** involving some **85,280 military, security and police personnel** in **167 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 **25 international military exercises**.
- ▶ Over **90 high-ranking officers** from **71 countries** attended the Senior Workshop on International Rules governing Military Operations, held in Lucerne, Switzerland.
- ▶ The ICRC engaged in dialogue with **119 armed groups or coalitions of armed groups** in **13 countries**. It tried to establish a dialogue with other armed groups elsewhere, amidst numerous challenges.

RELATIONS WITH ACADEMIC CIRCLES

The ICRC interacted with over **700 universities** in more than **120 countries**, providing support for IHL teaching, humanitarian policy and related activities. Outside the classroom, individual professors participated in the development, implementation and promotion of IHL. Over 50 ICRC delegations and missions provided training for university lecturers, co-organized seminars, supported student competitions and/or stimulated academic debate on humanitarian law, policy and related issues, while some 15 delegations collaborated with universities, undertaking academic research and/or joint projects on specific themes.

Notably, the ICRC organized, co-organized or supported:

- ▶ **11 regional and international IHL training seminars and round-tables**, involving over **600** professors, experts, lecturers and graduate students;
- ▶ **4 regional IHL competitions**, involving some **150** students and lecturers;
- ▶ the annual Jean-Pictet Competition on IHL, involving over **140** students from around the world.

The *International Review of the Red Cross*, a peer-reviewed academic journal produced by the ICRC and published by Cambridge University Press, produced **3 issues** on key law and policy themes:

principles guiding humanitarian action, the human cost of nuclear weapons, and the evolution of warfare. A total of **35,100 copies** of the journal were printed and distributed in **76 countries** around the world, with selected articles translated into Arabic, Chinese, French, Russian and Spanish and distributed regionally. The *Review's* main page on icrc.org received **211,351 unique page views**. The main readership of the journal included lawyers, military experts, academics, humanitarian practitioners and policy-makers.

ICRC headquarters received 180 groups totaling about **4,870 people** (university students: 61%; National Society staff and volunteers: 11%; members of armed forces: 8%; NGOs and religious groups: 6%; representatives of the diplomatic community: 5%; the private sector: 5%; and secondary school and vocational training students: 3%).

LAW AND POLICY CONFERENCES AND OUTREACH

The ICRC acted as a convener of public debates and conferences on IHL and humanitarian policy. Movement components and members of aid, diplomatic and academic circles reflected on solutions to current challenges and sought to identify ways to improve humanitarian action.

In cooperation with various partners, the ICRC organized a conference cycle on “Generating Respect for the Law”, comprising **19 events** that gathered more than **2,000 participants in 11 countries**: Australia, Italy, Côte d’Ivoire, Jordan, Kenya, Lebanon, the Netherlands, the Russian Federation, South Africa, Switzerland and the United States of America.

Throughout the year, the Humanitarium at ICRC headquarters hosted **14 public conferences** on international law and policy, bringing together **2,400 diplomats, humanitarians and academics** based in Geneva.

The events reached a global audience through live webcasts, video summaries, conference reports, blog posts and other online resources, with over **55,000 online content views**.

PUBLIC COMMUNICATION

The ICRC’s humanitarian concerns and activities were widely covered by the media. According to the Factiva database, which compiles data on print and online media, the ICRC was mentioned in media sources about **18,000 times**.

The ICRC produced **60 new print or electronic publications** and over **160 audiovisual products**, including video clips for news and social media. Its news material was carried by over **1,300 channels** worldwide. Some **400,000 publications and films** in French and English were distributed for various audiences, and more than **25,000 documents** were downloaded from its external e-shop (shop.icrc.org).

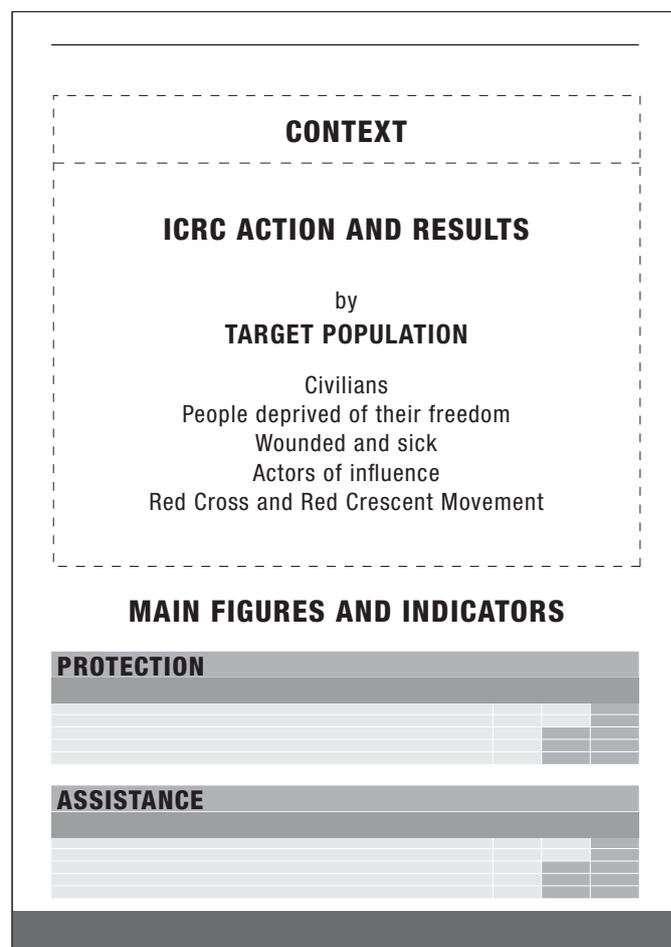
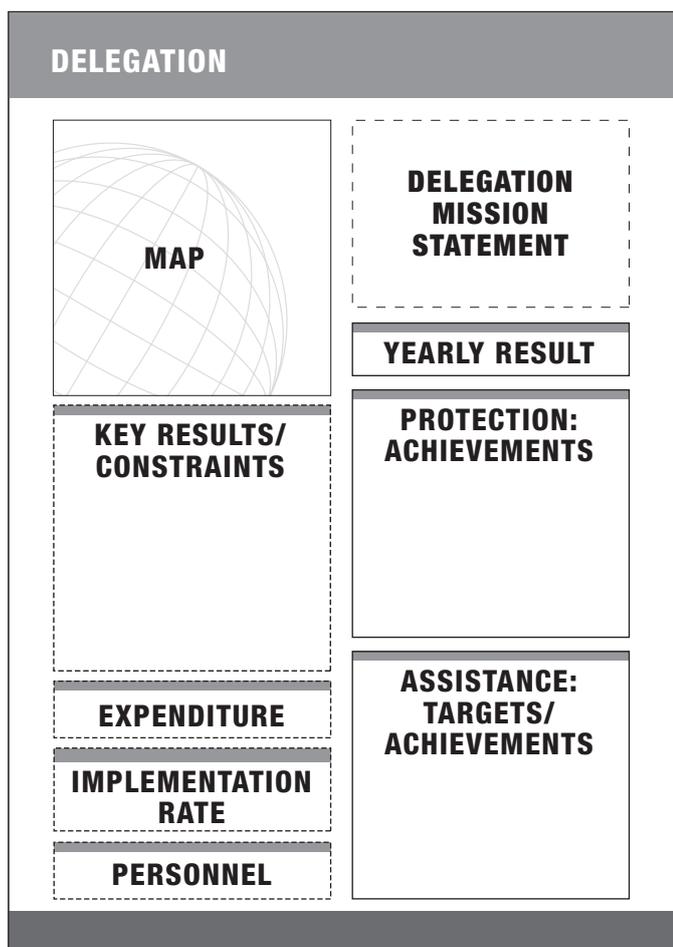
Its main website (icrc.org) generated over **5.8 million visits**; content and visibility were optimized, particularly for key operational contexts. Updates posted on social media helped spread further awareness of humanitarian issues. The ICRC had 1.1 million Facebook “likes”, 1 million followers on Twitter and 50,000 on Instagram, 21,700 article views on Medium, and 1.2 million views on YouTube.

ARCHIVE AND INFORMATION 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 **30,000 books** and articles and **270 journals**. A total of **97,225 photos, 2,212 videos and films**, and **2,775 digital sound files** were made available online. The Division welcomed some **2,300 visitors** to the archives and library and responded to over **3,300 internal and external requests** – including from National Societies, NGOs, academia, government departments and the media – for information and documents, processing **1,200** such requests from victims of past armed conflicts or their relatives. On the basis of existing archives, it produced 20 summaries and timelines that contributed to enriching knowledge about past and present ICRC activities.

Translators and editors working for or contracted by the ICRC through its language service translated, edited and proofread some **10 million words** for various documents, including public communication material, law and policy publications and donor reports.

USER GUIDE: LAYOUT 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:

- 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 result:** the level of achievement of the ICRC's objectives and plans of action
- Key results/constraints:** up to six major achievements or examples of progress made by the ICRC – or constraints it faced – in meeting its humanitarian objectives in a given context
- Protection:** a table providing key indicators regarding activities for restoring or maintaining family links and for people deprived of their freedom
- 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
- Expenditure:** total, and by programme
- Implementation rate:** expenditure divided by yearly budget multiplied by 100 (indicator)
- Personnel:** the average number of mobile and resident staff employed over the course of the year
- 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
- ICRC action and results:** an executive summary of the ICRC's action and results in the given context
- ICRC action and results – by target population:** a description of the ICRC's action and the results by target population

These descriptions follow up 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.

- Main figures and indicators:** two tables providing key output and outcome figures relating to ICRC protection and assistance programmes in a given context

USER GUIDE: YEARLY RESULT

The ICRC aims to ensure that people affected by armed conflict and other situations of violence receive effective and relevant support, in fulfilment of the organization's mandate and its responsibility to use donor funds optimally. It employs result-based management, a structured approach that focuses on the desired and expected results for the beneficiaries throughout the management cycle.¹ A central element of this approach is the ICRC's yearly planning process and continuous monitoring of its activities; where necessary, it re-assesses the needs of the people affected to ensure that its response is adapted to their circumstances. Each year, specialists and managers in the field and at headquarters assess and analyse all ICRC operations, reviewing the progress made in terms of project implementation and the results achieved against the objectives defined during

the planning process. On this basis, the ICRC appraises its performance in each operation and defines new plans for the year to come. This process is consistent with the ICRC's corporate management framework, which describes its programmes and target populations.²

The present report provides the outcomes of these appraisals, made exclusively according to the objectives and plans of action defined for each context.

The "yearly result" indicates the level of success in achieving these objectives and plans of action, using the scale below:



The score for each context's yearly result is based on the response to these questions: **What is the level of achievement of the ICRC's objectives and plans of action for the given year? To what extent did the ICRC implement its plans of action as defined in its appeals?** These objectives and plans of action are presented in

the yearly appeals and budget extension appeals issued to donors. Scores are not based on the overall humanitarian situation in the context or on the institutional ambition the ICRC may have in that context.

1 See *The ICRC's operational approach to result-based management: improving humanitarian action*

2 See *ICRC management framework and descriptions of programmes*

USER GUIDE: FIGURES AND INDICATORS – EXPLANATIONS

INTRODUCTION

Standard figures and indicators detail protection and assistance programmes worldwide.

- ▶ Each context section contains, where relevant:
 - key figures for each programme, on the front page;
 - summary tables by programme, at the end of the section;
 - additional tables within the report, with specific disaggregated indicators relevant to the operations in that context.
- ▶ The chapter introduction for each geographical region¹ – Africa, Americas, Asia and the Pacific, Europe and Central Asia, and Near and Middle East – includes:
 - key figures for each programme (totals for the region);
 - summary tables for each programme, broken down by context.
- ▶ At the end of the operational chapters, the section “Figures and indicators” provides comprehensive worldwide summary tables¹.

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. Factors such as cultural and/or State-imposed restrictions (e.g. government policies against providing data on health-care activities or gender-specific breakdowns of beneficiaries); inaccessibility due to conflict, violence or other crises; adverse environmental conditions; and internal constraints 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.

The standard indicators and their definitions are listed below.

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

Woman

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 their destination, during the reporting period

RCMs distributed

The number of RCMs distributed, regardless of their origin, during the reporting period

OTHER MEANS OF FAMILY CONTACT

Phone calls facilitated between family members

The number of calls, including those made via cellular or satellite phone, facilitated by the ICRC between family members

Phone calls made to families to inform them of the whereabouts of a detained relative

The number of calls made by the ICRC to inform families of the whereabouts of a detained relative

Names published in the media

The number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published in the media (e.g. newspaper or radio broadcast)

Names published on the ICRC family-links website

The number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published on the ICRC’s family-links website (familylinks.icrc.org)

REUNIFICATIONS, TRANSFERS AND REPATRIATIONS

People reunited with their families

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

People transferred or repatriated

The number of people transferred or repatriated under the auspices of the ICRC during the reporting period (not including those in the context of detention)

Human remains transferred or repatriated

The number of people whose remains were transferred or repatriated under the auspices of the ICRC during the reporting period (not including those in the context of detention)

TRACING REQUESTS²

People for whom a tracing request was newly registered

The number of people for whom tracing requests were initiated by their families during the reporting period, for instance, because there had been no news of them, they could not be located using RCMs, or they were presumed to have been arrested and/or detained

1. Annual Report only

2. All cases of people whose fates are unknown either to their families or to the ICRC, and for whom the ICRC is going to undertake some kind of action to clarify their fate or to confirm their alleged fate; these can include allegations of arrest and co-detention, and tracing requests collected following unsuccessful attempts to restore family links by other means

Tracing cases closed positively

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

Tracing cases still being handled at the end of the reporting period

The number of people for whom tracing requests were still open and pending at the end of the reporting period.

UNACCOMPANIED MINORS (UAMS)³/SEPARATED CHILDREN (SC)⁴/DEMobilized CHILD SOLDIERS

UAMs/SC/demobilized child soldiers newly registered

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

UAMs/SC/demobilized child soldiers reunited with their families

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

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

The number of UAMs/SC/demobilized child soldiers whose cases were opened but who had not yet been reunited with their families – by the ICRC or the National Society concerned, or by another organization – during the reporting period; these include cases concerning children whose parents were being sought or had been found but with whom the children had not yet been reunited

DOCUMENTS

People to whom travel documents were issued

The number of individuals to whom the ICRC issued travel documents during the reporting period

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 – forwarded or transmitted during the reporting period

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees visited

The number of detainees visited, whether monitored individually or otherwise, during the reporting period. This number covers: 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

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 visited by their relatives with ICRC/National Society support

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

Detainees released and transferred/repatriated by/via the ICRC

The number of detainees who were released and whose transfer or repatriation was facilitated by the ICRC

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

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

POWs released

The number of POWs released during the reporting period; this number includes those transferred or repatriated under the auspices of the ICRC after their release

Number of visits carried out

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

Number of places of detention visited

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

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

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

3. A person under 18 or under the legal age of majority separated from both parents and from all other relatives and not being cared for by an adult who, by law or custom, is responsible for doing so

4. A person 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

CIIs and others released

The number of CIIs and other persons protected by the Fourth Geneva Convention who, per information received from various credible sources, were released during the reporting period; this number includes those transferred or repatriated under the auspices of the ICRC after their release

Number of visits carried out

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

Number of places of detention visited

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

ASSISTANCE FIGURES AND INDICATORS

GENERAL

Woman

Female person aged 15 and above

Man

Male person aged 15 and above

Girl

Female person under the age of 15

Boy

Male person under the age of 15

Basis for the figures

- ▶ Depending on the environment and circumstances of the context concerned, 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 used when the figures are based on estimates and secondary sources.
- ▶ In the field of *economic security*, beneficiary numbers for *cash*, *vouchers* and *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 sources.
- ▶ In the field of *health*, beneficiary numbers are based mainly on figures provided by local health authorities and health teams in charge of health facilities. Figures related to health facilities regularly supported are based on reliable records.
- ▶ In the field of *physical rehabilitation*, the numbers of beneficiaries and devices are based on the registration of individuals and the number of devices (units) provided.

Target figures

For each context, a table juxtaposes the achieved beneficiary numbers or other result indicators for the target populations *Civilians* and *Wounded and sick* against the initial targets set by delegations for the whole year; these targets are determined during

the planning process undertaken in the middle of the previous calendar year or, in emergency cases, ad hoc planning processes during the year itself.

Targets are indicated in the section *Main targets for 20XX* of ICRC appeals to donors. These include only what can be defined in advance.

During the planning process, delegations use standard averages for the number of individuals per household; these figures may be found to be higher or lower than the actual household sizes once the activities are implemented. Delegations also cannot specifically predetermine the number of health 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 assistance they will receive. For example, they may establish targets for emergency relief, such as *food* or *essential household items*, and record beneficiaries accordingly during their planning. However, the circumstances during the delivery of the assistance could make it more appropriate to provide the relief through *cash* or *vouchers*, with which these commodities may be procured. Moreover, while delegations may count beneficiaries under *productive inputs* during their planning, beneficiaries may instead receive livelihood support by way of *cash* or *services and training* during project implementation, according to what best suits their needs and capacities, and the situation. Even then, some eventual beneficiaries of *cash* or *services and training* are not always included in the targets defined for those categories. This may be because cash allowances and training are often provided as complements to *productive inputs* (e.g. beneficiaries of farming equipment will also receive training on how to operate them; donations of livestock may come with financial support for veterinary services). Despite efforts to harmonize definitions and data entry, operational constraints or differences in interpretation may also affect the results presented.

Major differences between targets and achievements – both when targets are not met or are exceeded – highlight the difficulty of precisely foreseeing needs and implementing humanitarian responses, as the dynamics of instability, security and access, as well as operational capacities, can shift very rapidly during the year. These changes may prompt delegations to adapt their approaches – initiating, rescaling, or cancelling certain activities, as appropriate – to the prevailing conditions. The narrative report provides, explicitly or implicitly, information explaining major differences.

ECONOMIC SECURITY BENEFICIARIES

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

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 includes people who have benefited from food as compensation for work they carried out, for example, on community

projects. Food items distributed typically include rice, wheat flour, maize, beans, oil, sugar, salt and, sometimes, canned food and ready-to-use therapeutic or supplementary food.

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, benefited from at least one form of livelihood input (e.g. fertilizer, animal vaccines, seed, tools, fishing boats, equipment) or other type of material assistance for microeconomic 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 includes those who have received cash either as a form of relief assistance or for launching microeconomic initiatives, and those who have received cash in exchange for work they carried out, for example, on community projects.

Beneficiaries of vouchers

Per population group, the number of individuals who have benefited from vouchers to be exchanged for specified commodities, services or training, at least once during the reporting period.

Beneficiaries of services and training

Per population group, the number of individuals who have benefited at least once during the reporting period from services (e.g. agricultural services, such as tractor ploughing, or veterinary support, such as animal vaccinations) or training that helped them pursue their livelihoods.

WATER AND HABITAT

One beneficiary is one person who has benefited from a water and habitat project at least once over the course of the reporting period. A person who has benefited from a project several times is counted only once.

For recurrent projects like water-trucking or the regular provision of materials (chlorine, spare parts, etc.), beneficiaries are counted only once.

Civilians

The number of people – residents, IDPs, returnees and, in some cases, refugees – who have benefited from a water and habitat project at least once during the reporting period. Projects include the repair or construction of wells, boreholes, springs, dams, water-treatment plants, latrines, septic tanks or sewage plants; shelter provision or repair; hygiene promotion; and vector-control activities.

People deprived of their freedom

The number of detainees in places of detention where the ICRC has undertaken water and habitat projects (e.g. rehabilitation of detention centres, repairs to water-supply, sanitation and kitchen facilities serving detainees, hygiene promotion, vector-control activities).

Wounded and sick

The number of beds in the structures supported. Projects include the construction or rehabilitation of hospitals and physical rehabilitation centres.

HEALTH

It should be noted that in a number of contexts, data about patients and health activities cannot be provided or are only provided in part. The main reasons include the lack of proper data collection systems at facility level and difficulties in transmitting information from the facility to the central level and/or the ICRC – both of which result in incomplete information. For regularly supported facilities, the ICRC endeavours to help local teams establish data management systems to address these deficiencies. In some cases, restrictions by the authorities may limit the types of data made available to the ICRC or the organization's ability to make further use of the information.

PRIMARY HEALTH CARE

The beneficiaries of primary-health-care activities are registered and tallied based on the particular service they have received (e.g. antenatal consultation, curative consultation, immunization, referral).

Health centres supported

The total number of health facilities supported (target figures include only regularly supported health facilities)

Average catchment population

The estimated number of people covered by ICRC-supported health centres, on average, per month

Consultations

The number of consultations carried out at ICRC-supported health centres, further broken down by type of consultation (curative or antenatal)

Immunizations

The number of patients who benefited from immunization activities; this includes children aged five or under who were vaccinated against polio

Referrals to a second level of care

The number of patients who were referred to other health facilities or service providers for further care

HEALTH ACTIVITIES FOR PEOPLE DEPRIVED OF THEIR FREEDOM

Visits carried out by health staff

The number of visits made by health staff as part of the ICRC visiting team, or visits carried out by health staff for medical issues

Places of detention visited by health staff

The number of places of detention visited by health staff as part of the ICRC visiting team or visited by health staff for medical issues

Health facilities supported in places of detention visited by health staff

The number of health facilities supported in places of detention visited by ICRC health staff

HOSPITAL SUPPORT

Hospitals supported

The total number of hospitals supported (target figures only include regularly supported hospitals)

Patients whose treatment was paid for by the ICRC

The number of patients whose consultation, admission and/or treatment fees at non-ICRC-supported facilities are regularly or occasionally paid for by the ICRC

Admissions

The number of patients admitted to ICRC-supported hospitals; beneficiaries are registered and tallied based on the particular service they have received (surgical, internal medicine, paediatric, gynaecological/obstetric)

Operations performed

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

Outpatient consultations

The number of outpatients served at ICRC-supported hospitals; beneficiaries are registered and tallied based on the particular service they have received (surgical, internal medicine, paediatric, gynaecological/obstetric)

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

The number of patients (amputees and non-amputees) who received services from ICRC-supported projects 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

The number of amputees who received services 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

The number of new patients (new to the ICRC) who received prostheses during the reporting period – both those fitted for the first time and patients who had previously received prostheses from a centre not assisted by the ICRC

Prostheses delivered

The total number of prostheses delivered during the reporting period

Non-amputees receiving services

The number of non-amputees who received services 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

The number of new patients (new to the ICRC) who received orthoses during the reporting period – both those fitted for the first time and patients who had previously received orthoses from a centre not assisted by the ICRC

Orthoses delivered

The total number of orthoses delivered during the reporting period

Patients receiving physiotherapy

The number of patients who received physiotherapy services during the reporting period

Walking aids delivered

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

Wheelchairs or tricycles delivered

The number of wheelchairs or tricycles delivered during the reporting period

AFRICA

KEY RESULTS/CONSTRAINTS IN 2016

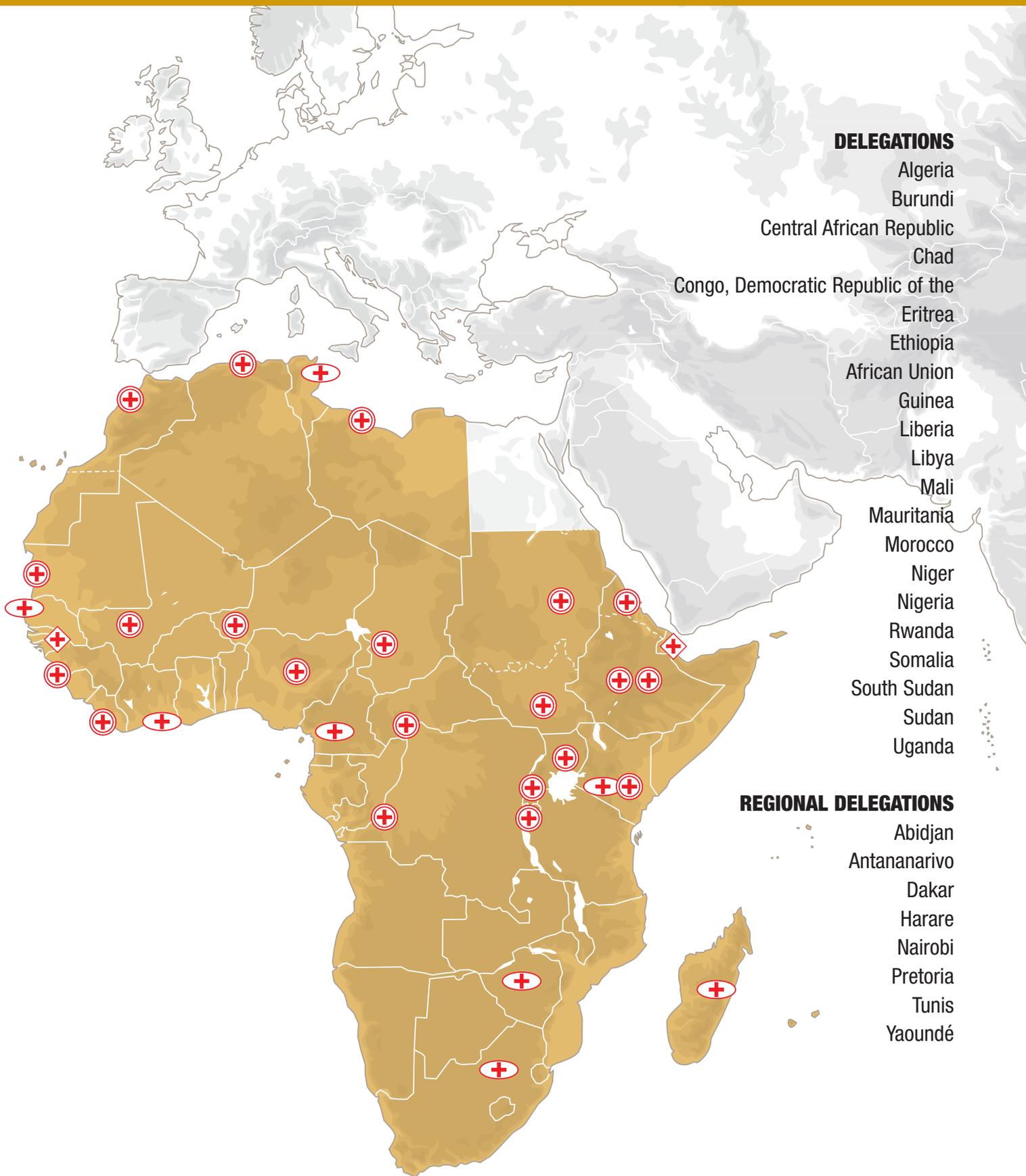
- ▶ Contact with parties to conflicts in the Lake Chad and Great Lakes regions, Libya, Mali, Somalia and South Sudan and cooperation with National Societies helped the ICRC reach beneficiaries accessible to few humanitarian actors.
- ▶ Following developments in certain countries – notably expanded access to people in north-eastern Nigeria – and budget extension appeals, the ICRC provided more people than initially planned with food and other forms of assistance.
- ▶ Where possible, people resumed their livelihoods with ICRC support, such as seed, equipment and services for agro-pastoralists, and cash grants for vulnerable households, including those headed by women.
- ▶ Weapon-wounded people were treated by ICRC surgical teams and staff at ICRC-supported facilities. People received psychosocial care for emotional trauma caused by armed conflict or violence, including sexual violence.
- ▶ Detainees – in particular, people held by national and international forces in connection with armed conflict – and people held by armed groups – received ICRC visits. Visits to inmates in Libya did not resume.
- ▶ States and regional bodies advanced the implementation of IHL treaties and organized regional events to foster greater understanding of specialized IHL topics. Five countries ratified the Arms Trade Treaty.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	130,016
RCMs distributed	115,146
Phone calls facilitated between family members	428,645
Tracing cases closed positively (subject located or fate established)	2,190
People reunited with their families	887
<i>of whom unaccompanied minors/separated children</i>	831
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	323,816
Detainees visited and monitored individually	18,245
Number of visits carried out	1,894
Number of places of detention visited	627
Restoring family links	
RCMs collected	6,443
RCMs distributed	3,208
Phone calls made to families to inform them of the whereabouts of a detained relative	5,947

ASSISTANCE		2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	2,322,970	2,877,895
Essential household items	Beneficiaries	1,454,700	1,221,071
Productive inputs	Beneficiaries	1,666,620	2,066,110
Cash	Beneficiaries	300,750	332,841
Vouchers	Beneficiaries	105,500	13,782
Services and training	Beneficiaries	838,698	1,396,434
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	4,965,655	3,283,508
Health			
Health centres supported	Structures	108	98
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	23	55
Water and habitat			
Water and habitat activities	Number of beds	1,222	3,382
Physical rehabilitation			
Projects supported	Projects	38	45
Patients receiving services	Patients	17,400	38,184

EXPENDITURE IN KCHF	
Protection	90,456
Assistance	423,804
Prevention	53,540
Cooperation with National Societies	35,478
General	2,779
Total	606,056
<i>Of which: Overheads</i>	<i>36,868</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	94%
PERSONNEL	
Mobile staff	975
Resident staff (daily workers not included)	4,688



DELEGATIONS

- Algeria
- Burundi
- Central African Republic
- Chad
- Congo, Democratic Republic of the
- Eritrea
- Ethiopia
- African Union
- Guinea
- Liberia
- Libya
- Mali
- Mauritania
- Morocco
- Niger
- Nigeria
- Rwanda
- Somalia
- South Sudan
- Sudan
- Uganda

REGIONAL DELEGATIONS

- Abidjan
- Antananarivo
- Dakar
- Harare
- Nairobi
- Pretoria
- Tunis
- Yaoundé

 ICRC delegation
  ICRC regional delegation
  ICRC mission



Niger, Diffa regional hospital centre. A surgical operation is carried out.

In 2016, the ICRC worked from 29 delegations in Africa to protect and assist people suffering the effects of ongoing and past armed conflicts and other situations of violence. Continued fighting and widespread insecurity made operations in the following countries some of the largest worldwide: the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), Mali, Niger, Nigeria, Somalia and South Sudan. The ICRC also issued budget extension appeals to expand its operations in Burundi, the Lake Chad region (Nigeria, Cameroon, Chad and Niger) and Libya. In Sudan, where it was able to implement only a limited range of activities, the ICRC further downsized its operational set-up.

Security constraints hampered ICRC activities in some countries: in northern Mali, staff movements were temporarily restricted following three security incidents; and some staff from the Libya delegation supported operations in Libya from Tunisia. However, in other contexts, dialogue with the authorities, weapon bearers and community leaders, and the help of National Societies enabled the ICRC to reach vulnerable people affected by fresh outbreaks of violence and those inaccessible to most other humanitarian organizations. The ICRC remained operational in isolated areas of South Sudan and Somalia, and gained access to communities in Nigeria which it had previously been unable to assist.

A few million people, mostly IDPs, met their urgent needs with the help of food and household essentials distributed by the ICRC and National Societies. In northeastern Nigeria and Diffa region in Niger, IDPs, residents and returnees benefited from expanded distributions of relief. In Nigeria, the ICRC distributed more food than initially planned, to assist communities with unmet, urgent needs. Over 1.2 million people benefited, some of whom reported having staved off malnutrition thanks to such aid. In

South Sudan, hundreds of thousands of beneficiaries in areas rendered inaccessible by fighting continued to receive aid from the ICRC, which in some cases air-dropped supplies to South Sudan Red Cross and ICRC personnel for onward distribution. In Mali, Somalia and elsewhere, ICRC supplies helped vulnerable families cope with food insecurity. Following outbreaks of violence in countries such as the CAR, the DRC, Ethiopia, Libya and Mali, distributions of rations and household essentials helped people cope with displacement and/or resettle in their communities. For example, ICRC-provided tarpaulins and blankets gave IDPs some protection from the elements. In Nigeria, Somalia and elsewhere, beneficiaries with access to markets were provided with cash to purchase essentials, instead of material aid.

ICRC livelihood support – provided to more beneficiaries in Africa than anywhere else – helped vulnerable people work towards self-sufficiency. In Eritrea, Nigeria, Somalia and South Sudan, and, to a lesser extent, the CAR, the DRC, Ethiopia and Mali, farmers increased food production thanks to ICRC-provided seed, equipment and advice. In Mali, herders maintained the health and market value of their livestock with the help of ICRC-supported animal vaccination and deworming services and fodder banks. In the DRC and South Sudan, IDPs and other vulnerable people received portable fishing kits. Victims of abuse, including sexual violence, and households whose main breadwinners had perished or gone missing as a result of conflict, violence or migration were also assisted to establish or supplement their income or food sources. For instance, with ICRC cash grants and technical advice, widows in Nigeria and women heads of household in Mali, Niger and Senegal started small businesses, and families of missing people in Uganda set up loans and savings associations.

In many contexts, the ICRC worked with local entities to improve infrastructure and launch other projects that helped around 3 million people access essential services, notably water and sanitation, and find shelter more easily. ICRC-supported upgrades to water infrastructure in urban centres in the CAR, the DRC, Nigeria, South Sudan and elsewhere ensured residents had supply of clean water. In rural areas, for example in Ethiopia, Mali and Somalia, agro-pastoralists obtained water for their crops and livestock from water points constructed or repaired by the ICRC. In the CAR, IDPs far from water networks drank, or washed with, water trucked in by the ICRC. In Nigeria, repairs to shelters and water infrastructure in IDP camps and informal settlements, and to damaged homes, benefited IDPs and returnees, respectively. The construction of sanitation facilities, including showers and latrines, and hygiene promotion sessions conducted with National Societies helped people, notably in camps, settlements and rural areas, avoid diseases such as cholera.

Amid conditions hampering access to health and medical care in many contexts, thousands of people in conflict-affected or under-served areas accessed services at health facilities that the ICRC provided with supplies, equipment, staff training and infrastructure upgrades. ICRC-supported primary-health-care centres in Nigeria, Somalia and other countries provided preventive and curative care to vulnerable people, including minors, pregnant women and nursing mothers, in volatile and far-flung areas. In the CAR, Nigeria and Somalia, malnourished children were enrolled in therapeutic feeding programmes. The distress of people suffering emotional trauma in relation to conflict or violence, including sexual violence, was eased thanks to ICRC-supported providers of psychosocial care in the CAR, the DRC, Mali, Niger, Nigeria and Somalia.

Weapon-wounded people were treated in ICRC-supported hospitals or by ICRC medical teams in several contexts. There were five such teams in South Sudan (in both government- and opposition-controlled areas), two each in Mali and Nigeria, and one each in the CAR, the DRC and Niger. To make treatment more readily available to injured people and ensure continuity of care, the ICRC organized first-aid training for National Society volunteers and other potential first responders, and war-surgery courses for doctors/surgeons, including those working in Burundi and Libya. In Somalia, the ICRC helped the National Society establish emergency response teams.

Disabled people in Burundi, Chad, the DRC, Ethiopia, Guinea-Bissau, Libya, Mali, Niger, South Sudan and Sudan, and those among Sahrawi refugees in Tindouf, Algeria, regained some mobility thanks to physical rehabilitation services at ICRC-supported centres. Training sessions and other events were organized for local specialists, to help ensure sustainability. In Chad, the ICRC handed over support for the physical rehabilitation sector to other organizations, while in Burundi, it helped the centre that it was supporting transition to autonomous operation.

ICRC delegates continued to monitor the situation of vulnerable people and to document reported abuses, including sexual violence; when possible, such allegations were shared with the parties concerned, with a view to preventing their recurrence. The ICRC's dialogue with parties involved in a conflict or other situation of violence also emphasized the protection due to people providing/seeking medical care, in line with the goals of the Health Care in Danger project. Where necessary, victims were provided with medical care, psychological support, material assistance and family-links services.

Families separated by armed conflict, situations of violence and other circumstances maintained contact using Movement family-links services. People who had fled Burundi, the CAR, the DRC, Mali, Nigeria, Somalia and South Sudan exchanged RCMs and phone calls with their relatives back home; such efforts were facilitated by strong regional coordination between National Societies in the host and home countries and the ICRC. Unaccompanied minors in the DRC, Nigeria, the United Republic of Tanzania and elsewhere, including those formerly associated with armed groups, rejoined their families with ICRC support; their reintegration was monitored by ICRC delegates. The re-opening of the Ivorian-Liberian border enabled Ivorian minors in Liberia to rejoin their families in Côte d'Ivoire. The ICRC offered tracing and other family-links services to people in countries such as Libya, Morocco, Senegal and Tunisia, from which many migrants began journeys by sea to Europe. Training initiatives, for example, courses for forensic personnel and regional workshops in Senegal for National Society volunteers, helped boost local family-links capacities. Family-links services also helped detainees and their families keep in touch.

Detainees in several countries were visited by ICRC delegates in accordance with ICRC standard procedures, amid some constraints. Among those visited were people detained for security reasons or in relation to an armed conflict, including those held by: international bodies, particularly peacekeeping forces of the African Union (AU) and the UN; the French army; and armed groups in the CAR, the DRC and Mali. Vulnerable people, such as foreigners, women and children, also received special attention. In Libya, the ICRC did not resume visits to detainees, and instead focused on visiting migrants in retention centres. Afterwards, its findings, recommendations and other technical input were shared confidentially with the detaining authorities, to help them improve detainee living conditions and treatment, notably in relation to respect for judicial guarantees. In Burundi, Madagascar and elsewhere, the ICRC drew the authorities' attention to cases of people in prolonged pre-trial detention, with a view to speeding up their sentencing; this contributed to the release of detainees in some cases. Drawing on years of ICRC input, Algeria included new provisions on pre-trial detention, arbitrary arrest and access to legal counsel in its constitution, thereby increasing the legal protection of detainees.

The authorities, with ICRC support, undertook to improve penitentiary services. Various training initiatives, such as regional courses in Côte d'Ivoire, helped penitentiary officials across the region improve their managerial skills, and security and penitentiary officials strengthen their grasp of internationally recognized standards of detention. The penitentiary authorities, and health, justice and other ministries concerned were advised on improving system-wide policies, notably with regard to food and health services and infrastructure maintenance. For instance, the Ivorian and Malian penitentiary authorities implemented standardized menus, and their counterparts in Rwanda, Swaziland and Zimbabwe were helped to increase the productivity of prison farms. In countries such as Algeria, Côte d'Ivoire, Ethiopia and Mauritania, the penitentiary authorities and health and justice ministries were assisted to improve the quality and availability of health care. For instance, training sessions helped prison health staff improve their skills – in Ethiopia, staff were trained to identify and assist detainees with mental health problems – and tackle ethical issues in their work. Where gaps occurred, the ICRC provided care for sick and malnourished detainees.

In countries such as Cameroon, Madagascar, Mauritania, Niger, Nigeria and Somalia, detainees were provided with food supplements. In Burundi, ICRC financial and material aid helped the penitentiary authorities ensure adequate food supplies for detainees, amid countrywide shortages. In many countries, the penitentiary authorities also worked with the ICRC to upgrade water and sanitation, cooking and living facilities, and to conduct pest-control and hygiene campaigns.

Military and security forces, including troops deploying abroad or participating in AU and UN peacekeeping missions, reinforced their understanding of their responsibilities under IHL, international human rights law and other applicable international norms, at information sessions held or supported by the ICRC and advanced courses abroad. In Senegal and Somalia, members of armed groups received briefings urging them to respect IHL principles. Acting on ICRC technical advice, military commands furthered the integration of IHL into their operations and training. Train-the-trainer courses were held for instructors of IHL or international human rights law; Malian forces drafted a new IHL manual.

With encouragement and technical support from the ICRC – directly or under the auspices of regional bodies – States worked on implementing IHL. For example, Cabo Verde, Côte d’Ivoire, Lesotho, Madagascar and Zambia ratified the Arms Trade Treaty. The ICRC also organized regional IHL courses in Côte d’Ivoire, Kenya, Nigeria, the Seychelles, South Africa and Tunisia for State officials, notably from foreign and justice ministries. Dialogue with representatives of governments, multilateral/international organizations and civil society groups covered humanitarian concerns, including migration, sexual violence, the protection due to those seeking/providing health care, the recruitment of children into fighting forces and weapon contamination. Such discussions took place at meetings and other events organized by the ICRC and/or other stakeholders, including regional conferences on teaching IHL (Cameroon, Kenya and the United Republic of Tanzania) and on applying IHL to humanitarian work (Kenya and Senegal). ICRC and National Society public communication efforts, initiatives with media representatives and other events helped raise awareness of the proper use of the Movement’s emblems and bolster support for neutral, impartial and independent humanitarian action. These activities also helped establish a broad base of support for Movement action in Africa.

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION															
	CIVILIANS												Detainees visited	of whom women	of whom minors
	RCWs collected	RCWs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	of whom UAM/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued			
Algeria	11	11	11								4		22,388	281	63
Burundi	6,051	7,566	371			6	4	21			120	127	11,532	562	334
Central African Republic	528	555	269			57	51	94	5		79		1,249	80	44
Chad	404	592	9,851			53	50	218	1		31		5,695	91	112
Congo, Democratic Republic of the	42,317	35,654	1,139			347	331	707	277		212		22,618	512	861
Ethiopia	3,460	1,929	17,021					35			154		57,474	2,150	1,587
Eritrea	496	1,103									44	47			
Guinea	47	57	53			1		1			5		3,822	180	252
Liberia	95	42	636			29	29	59			2	29	2,336	65	43
Libya	12	9	100					1			2	2	343	96	57
Mali	567	292	6,604					10	1		58		3,639	152	170
Mauritania	122	87	104			1	1	1			20		2,677	36	89
Morocco															
Niger	405	416	11,254			10	10	43	2		72		4,302	113	193
Nigeria	576	271	1,553	290		150	138	395			89		25,219	770	914
Rwanda	6,428	3,764	37,671	204		50	44	1,135	23		68		56,523	4,112	439
Somalia	33,391	34,355	48,611	7,377	5,466			1			264	16	4,497	85	337
South Sudan	4,578	2,628	77,619	583	300	22	10	77	194	173	321		5,275	298	412
Sudan	1,261	328	326					26			87				
Uganda	2,371	1,221	12,450			17	17	291	9		19	13	15,385	675	50
Antananarivo (regional)	19	73									6		17,406	780	824
Abidjan (regional)	218	162	748			2	2	15			4		13,752	312	413
Dakar (regional)	6	5	14								6		757	22	21
Harare (regional)	515	377	145			1	1	149			12		15,035	319	29
Nairobi (regional)	25,095	22,947	197,685			130	132	809			139	9	945	43	32
Pretoria (regional)	372	327	3,660	1							8	102	5,658	247	
Tunis (regional)	69	106	726								6		15,680	537	168
Yaoundé (regional)	602	269	24			11	11	527			358		9,609	489	220
Total	130,016	115,146	428,645	8,455	5,766	887	831	4,615	512	173	2,190	345	323,816	13,007	7,664

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

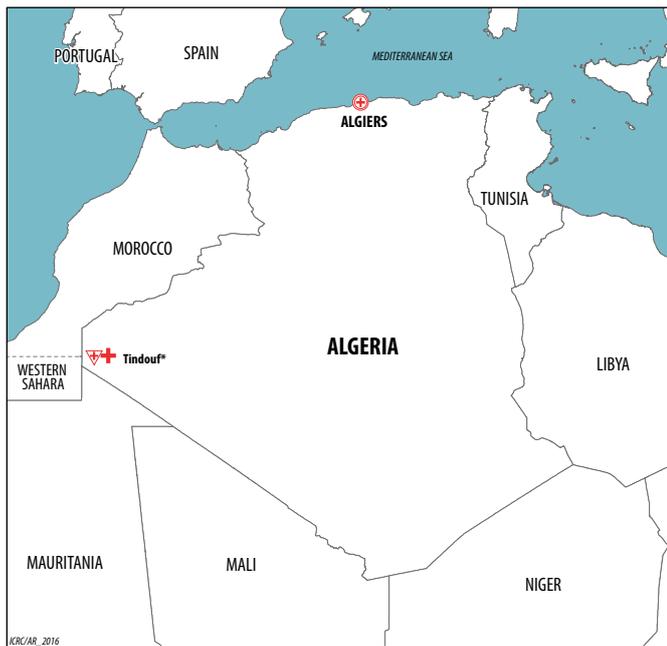
Detainees visited and monitored individually	of whom women	of whom girls	of whom boys	Detainees newly registered	of whom women	of whom girls	of whom boys	Number of visits carried out	Number of places of detention visited	RCWs collected	RCWs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
223	3		4	158	1		4	56	50	32	20	412				Algeria
2,216	96	16	93	1,646	93	16	82	180	37	304	311	481		2	32	Burundi
91	2		4	73	1		3	88	34	131	28	136				Central African Republic
523	15	1	18	353	15	1	13	72	13	632	314	391			3	Chad
2,282	18	13	228	1,613	11	11	202	246	53	3,025	1,382	35			57	Congo, Democratic Republic of the
262	10	2	7	134	2		4	59	38	317	157	1,008			53	Ethiopia
															12	Eritrea
45	2	1	2	31	1	1	2	106	33	84	28	66			2	Guinea
49	1		3	29	1		3	103	16	86	29	1		1		Liberia
210	13	4	9	210	13	4	9	7	2	63	7	17			1	Libya
541	2	1	22	388	2	1	18	155	28	156	74	566		6		Mali
96	2	1		65	2	1		34	18	9		31				Mauritania
															1	Morocco
1,626	24	1	48	396	13	1	15	77	10	443	206	321				Niger
7,026	505	231	664	5,122	456	226	600	65	28	27	23	19				Nigeria
239	14		4	36	3		3	74	28	99	131	196			32	Rwanda
238	1	3	102	218		3	101	50	24	30	11	158		1		Somalia
383	6	1	6	206	4	1	6	107	43	283	75	180			10	South Sudan
															1	Sudan
225	15		6	117	12		4	70	16	182	176	149	29		4	Uganda
141	9	1	5	126	9	1	5	86	33	136	16	370				Antananarivo (regional)
293	7		2	123	6		2	80	36	64	16	143			2	Abidjan (regional)
6				6				7	6	3	2	7				Dakar (regional)
89	6	1	12	40	6	1	10	48	27	10	7	129	39			Harare (regional)
42	2			6				17	5	146	88	821			2	Nairobi (regional)
12								18	7	18	2	14				Pretoria (regional)
372	40	3	6	173	29	3	6	44	15	105	95	129				Tunis (regional)
1,015	65	2	57	725	55	1	48	45	27	58	10	167	38			Yaoundé (regional)
18,245	858	282	1,302	11,994	735	272	1,140	1,894	627	6,443	3,208	5,947	106	10	212	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE														
	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM		
	CIVILIANS - BENEFICIARIES						HEALTH CENTRES							
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations	Immunizations (patients)	Food commodities	Essential household items	Water and habitat activities
Burundi						11,792								15,171
Central African Republic	95,315	52,309	91,810	8,752		787,942	2	30,750	53,308	14,114	46	1,242	680	
Chad	30,312	8,426	40,746									2,205	3,700	
Congo, Democratic Republic of the	139,319	88,672	140,421	3,399		1,200	671,984	14	199,333	76,248	99,727	4,664	25,323	10,324
Eritrea		3,025	427,880	3,723			87,400							
Ethiopia	708	61,139	95,580	2,305			100,992						25,939	36,346
Guinea		97					73,950						2,928	3,000
Liberia							10,336					2,100		1,200
Libya	59,208	103,984											970	
Mali	91,548	25,098	108,084	25,458	1,188	801,746	196,283	10	56,499	47,749	68,067	120	3,702	2,791
Mauritania							16					2,122	3,814	2,100
Niger	271,362	61,509	49,898	2,400		524,102	285,645	6	104,129	63,665	17,920			3,796
Nigeria	1,205,589	396,174	267,787	163,314	12,594	26,981	364,484	25	667,402	518,099	707,038	18,038	13,107	7,600
Rwanda	86	100		27										54,085
Somalia	239,407	150,570	284,977	102,442		425	402,523	33	519,125	498,835	244,142	6,465	7,885	5,230
South Sudan	646,256	214,184	514,836	184		451	168,069	6	193,383	96,818	38,417	620	3,199	3,114
Sudan														
Uganda	10	1,301	101	7								1,957	12,353	6,200
Abidjan (regional)	2,016	3,866				39,600	32,976						7,507	8,736
Antananarivo (regional)												2,424	2,188	12,187
Dakar (regional)	52		9,214	3,898		408	6,126							
Harare (regional)												18,031	19,556	7,400
Nairobi (regional)	6,210	5,000	6,210	3,000		1,521	22,000							880
Pretoria (regional)												8	781	
Tunis (regional)														6,814
Yaoundé (regional)	90,497	45,617	28,566	13,932			60,990	2	37,882	26,046	200,569	37,068	4,606	2,400
Total	2,877,895	1,221,071	2,066,110	332,841	13,782	1,396,434	3,283,508	98	1,808,503	1,380,768	1,389,994	93,663	137,305	193,754
of whom women	852,021	364,952	785,362	136,391	2,994	478,059	809,195					2,872	4,358	10,415
of whom children	1,408,451	541,245	628,969	101,559	7,675	458,208	865,318					3,511	2,747	7,236
of whom IDPs	2,178,847	984,521	432,309	165,577	4,538	107	323,379							

WOUNDED AND SICK														
FIRST AID			HOSPITALS				PHYSICAL REHABILITATION							
First-aid posts supported	of which provided data	Wounded persons treated	Hospitals supported	of which provided data	Admissions	of whom weapon-wounded	Projects supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
			2				1	3,989	25	506	34	841	1,665	Burundi
			2	2	2,608	289	1							Central African Republic
							2	4,661	62	117	236	347	3,491	Chad
12	10	84	22	20	12,366	1,502	5	1,150	248	124	438	209	465	Congo, Democratic Republic of the
														Eritrea
			2				11	6,121	690	681	1,335	1,732	2,240	Ethiopia
														Guinea
														Liberia
			4	4	26,153	6,772	1	175	63	10	82	10	6	Libya
			2	2	5,796	320	4	11,129	138	123	317	435	8,927	Mali
														Mauritania
			1	1	497	186	3	1,001	176	451	126	431	216	Niger
			35	12	4,178	354	1	50	50		52			Nigeria
														Rwanda
7			12	11	18,485	5,333								Somalia
			10	3	6,104	618	3	2,649	128	107	455	222	1,178	South Sudan
							11	4,578	361	440	803	1,048	5,146	Sudan
														Uganda
														Abidjan (regional)
														Antananarivo (regional)
							1	1,811	102	51	102	63	1,699	Dakar (regional)
														Harare (regional)
														Nairobi (regional)
														Pretoria (regional)
							1	870	1	31	43	82	851	Tunis (regional)
														Yaoundé (regional)
19	10	84	92	55	76,187	15,374	45	38,184	2,044	2,641	4,023	5,420	25,884	Total
		6			23,988	2,185		7,903	414	395	824	831	4,946	of whom women
		8			18,042	1,302		14,269	177	1,580	345	3,521	12,225	of whom children

ALGERIA



ICRC/AR, 2016
 ⊕ ICRC delegation + ICRC presence ▽ ICRC-supported physical rehabilitation project
 *Projects in Tindouf are run under the supervision of the Tunis regional delegation

The ICRC has been working in Algeria, with some interruptions, since the 1954–1962 Algerian war of independence. Aside from visiting people held in places of detention run by the justice ministry and people remanded in police stations and *gendarmeries*, it supports the authorities in strengthening national legislation with regard to people deprived of their freedom and promotes IHL. The ICRC supports the Algerian Red Crescent in its reforms process and partners it to restore links between separated family members.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Algeria increased legal protection for detainees, based partly on ICRC findings and recommendations drawn from visits to detainees. The constitution had new provisions on pre-trial detention, arbitrary arrest and legal counsel.
- ▶ Vulnerable foreigners in Algeria reconnected with their families through Algerian Red Crescent and ICRC family-links services. Families abroad received news of relatives in Algeria, after the ICRC resolved their tracing cases.
- ▶ Through advanced courses and training initiatives with the ICRC, magistrates had a better grasp of their role in ensuring and bolstering respect for IHL and other norms protecting detainees and vulnerable people.
- ▶ The defence ministry and the ICRC concluded an agreement for the latter to help enhance military education, notably through the update of the military's IHL manual. Officers learnt more about IHL, at ICRC-organized events.

EXPENDITURE IN KCHF

Protection	1,215
Assistance	316
Prevention	687
Cooperation with National Societies	313
General	20
Total	2,551
<i>Of which: Overheads</i>	<i>156</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	15

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	11
RCMs distributed	11
Phone calls facilitated between family members	11
Tracing cases closed positively (subject located or fate established)	21
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	22,388
Detainees visited and monitored individually	223
Number of visits carried out	56
Number of places of detention visited	50
Restoring family links	
RCMs collected	32
RCMs distributed	20
Phone calls made to families to inform them of the whereabouts of a detained relative	412

CONTEXT

Despite insecurity in the region, and some degree of political and economic uncertainty in the country, Algeria remained relatively stable. It kept its borders – excluding that with Tunisia – closed and continued military/security operations against groups suspected of endangering the State, or of being associated with unregulated trade in various commodities. Reportedly, these operations led to arrests and casualties.

Migrants, including refugees and asylum seekers, continued to arrive in Algeria; flare-ups with residents took place occasionally. State services or the Algerian Red Crescent helped some of the people who had fled violence in Mali or the Syrian Arab Republic (hereafter Syria) meet their immediate needs.

Algeria adopted a new constitution in February.

The country continued to play an active role in multilateral forums, notably as a member of the African Union Peace and Security Council and the UN Human Rights Council.

ICRC ACTION AND RESULTS

In Algeria, the ICRC visited detainees in prisons and jails run by the police or the *gendarmérie*; it conducted these visits in accordance with its standard procedures. Vulnerable inmates – including security detainees, people in solitary confinement, foreigners, minors and sick people – continued to be monitored individually. Confidential feedback based on the above-mentioned visits and other technical input were provided by the ICRC to the detaining authorities, to help them improve detainees' living conditions and treatment, including respect for judicial guarantees, in the context of the overall penitentiary reform. These efforts, sustained over several years, contributed to the increased protection of detainees notably, new provisions covering pre-trial detention, arbitrary arrest, detainees' access to legal counsel and medical screening for detained minors in Algeria's constitution. With ICRC support, the health and penitentiary authorities pursued amendments to legislation and other means to improve detainees' access to health-care services, and two penitentiary officials expanded their managerial capacities.

The ICRC helped foreign detainees, and inmates held far from their homes, stay in touch with their families through RCMs, short oral messages and other family-links services. People separated from their relatives by migration or other circumstances also made use of family-links services provided by the Algerian Red Crescent and the ICRC. Some families, who had lodged tracing requests with the ICRC, received news of their relatives. The National Society also strengthened its organizational structure and its capacities in other areas: caring for wounded people, conducting assistance activities and applying the Safer Access Framework. It continued to lean on ICRC expertise in such matters as observing the Fundamental Principles and coordinating with other Movement components.

The ICRC continued to work with the authorities and others to reinforce respect for IHL and other applicable norms and standards. Various events organized by the ICRC helped magistrates and other government officials strengthen their grasp of IHL and norms protecting vulnerable people, and advance understanding of their role in promoting and ensuring compliance with these legal regimes. An agreement was reached with the defence ministry to organize ad hoc training sessions. The ICRC briefed military and security forces on IHL or international policing

standards at events it organized with the interior and justice ministries, and other local parties concerned. Together with the National Society, the national IHL committee and other local institutions, the ICRC strove to foster support for IHL and the Movement among diplomats, students and others. At the request of local organizations, ICRC representatives made presentations on humanitarian issues; Islamic leaders and scholars were briefed, at two international gatherings, on the ICRC's neutral, impartial and independent humanitarian approach. Joint initiatives with journalists and the national archives sought to broaden public awareness of ICRC activities in Algeria.

CIVILIANS

Families of vulnerable foreigners in Algeria receive news of their relatives

Members of families dispersed by armed conflict, detention, migration or other circumstances reconnected through RCMs, short oral messages and other family-links services offered by the Algerian Red Crescent with the ICRC's technical support. One family regularly saw and spoke to a relative held at the US internment facility at Guantanamo Bay Naval Station in Cuba through monthly video calls. Other families were able to contact their relatives detained in countries such as Iraq, Mali and Syria. The National Society and the ICRC followed up tracing requests, including those sent by other National Societies assisting the families of foreigners in Algeria. Around 20 people were located and their families informed.

The National Society continued to build its family-links capacities with ICRC support. In line with Movement-wide efforts to improve family-links services for migrants in the region, an Algerian Red Crescent official attended ICRC-organized workshops in Senegal (see *Dakar*) and Côte d'Ivoire (see *Abidjan*) to share the National Society's experiences in this area. Close coordination between local associations, international organizations, other actors and the ICRC helped facilitate the referral of migrants and other vulnerable foreigners in Algeria to the appropriate services for assistance.

The ICRC remained ready to support the authorities in responding to the needs of the families of people missing in connection with past internal violence.

PEOPLE DEPRIVED OF THEIR FREEDOM

Constitutional reforms increase legal protection for detainees

Detainees in 50 places of detention – including a central prison in Algiers to which the authorities had recently granted the ICRC access, and 32 jails run by the police or the *gendarmérie* – received visits from the ICRC, conducted in accordance with the organization's standard procedures. Particularly vulnerable inmates were monitored individually; among them were security detainees, people in solitary confinement, foreigners, minors and sick people.

Confidential feedback based on the above-mentioned visits, recommendations and other technical input were provided by the ICRC to the detaining authorities, to help them improve detainees' living conditions and treatment, in the context of the overall penitentiary reform. Dialogue with the justice ministry and security forces tackled respect for judicial guarantees. These efforts, sustained over several years, contributed to increasing the protection for detainees. Notably, a number of reforms led to Algeria's constitution (see *Context*) being more closely aligned with international norms applicable to the treatment of people in pre-trial detention. The constitution also contained new provisions

covering arbitrary arrest and detainees' access to legal counsel, and stipulated mandatory medical screening for detained minors.

At an advanced course abroad (see *Abidjan*), two penitentiary officials honed their prison-management skills, in particular their ability to replicate improvements made in certain prisons throughout the penitentiary system; the ICRC supported these officials' participation in these events.

Health and penitentiary officials take steps to ensure detainees' access to health care

After an ICRC-organized study tour in 2015, health and justice ministry officials strove to include provisions for improving detainees' access to health care – within and outside prisons – in domestic legislation. These provisions included amendments drafted by them to transfer responsibility for health care in prisons from the justice to the health ministry. Officials in charge of the prison health system learnt about best practices in their field partly through a study trip to Kuwait (see *Kuwait*) and a regional conference on medical ethics (see *Jordan*). The authorities and the ICRC also organized three workshops at which 120 health and penitentiary personnel explored ways to: improve detainees' access to health-care services; reinforce the application in places of detention of international standards for public health; and strengthen adherence to medical ethics, particularly in documenting detainees' treatment.

Around 60 sick inmates received follow-up visits from an ICRC doctor, with whom the authorities discussed how to ensure that detainees received adequate care.

Interior and justice ministry officials and security officers learn about international policing standards

To reinforce respect for applicable international law and standards, the interior and justice ministries and the ICRC organized train-the-trainer sessions for 64 police agents, *gendarmes*, and civilian and military magistrates, as well as for a Sahrawi judge and police officer (see *Tunis*). These sessions covered international policing standards, notably for the use of force, international human rights law and to IHL.

Briefings were organized for penitentiary officers and guards, and students of the national prison administration school (see *Actors of influence*).

Foreigners and people detained far from their homes contact their families

People held far from their homes, or whose families were abroad, exchanged news with their relatives through RCMs and short oral messages relayed by the Algerian Red Crescent and the ICRC. The ICRC helped nearly 100 detained foreigners notify their consular representatives of their situation. Consular representatives were urged to facilitate regular communication between foreigners held in Algeria and their families.

ACTORS OF INFLUENCE

Magistrates are better equipped to ensure observance of applicable international law

Various events organized by the ICRC helped magistrates and other government officials strengthen their grasp of IHL and other norms and standards, and of their role in ensuring respect for them. At advanced IHL courses abroad (see *Egypt*, *Lebanon* and *Tunis*), a senior official from the foreign ministry, two magistrates,

a military judge and other government officials learnt more about international law covering detainees, victims of sexual violence and people seeking and providing health care. At ICRC workshops, some 30 magistrates who monitored detainees' treatment and living conditions reviewed international law and other norms/standards applicable to detention.

At an ICRC workshop, 15 magistrates – past beneficiaries of IHL training – practised instructing their colleagues in IHL. At a conference in Jordan, a member of the Algerian national IHL committee gave a presentation on applicable frameworks for implementing IHL to his Jordanian counterparts.

The defence ministry agrees to use ICRC expertise to train troops

Following the Senior Workshop on International Rules governing Military Operations (SWIRMO), hosted by Algeria in 2015, an agreement was reached with the defence ministry to help improve military education. Under the agreement, the ICRC would assist in updating the military's IHL manual and, on an ad hoc basis, organize courses on treating people wounded by gunfire. Two senior officers attended the 2016 SWIRMO in Switzerland (see *International law and policy*), and some 40 senior officers were briefed on IHL issues by a military academy and the ICRC.

The interior ministry and the ICRC continued to discuss possibilities for joint training initiatives.

Academics, diplomats, prison officials and religious leaders learn more about the Movement

Continued support for Algerian government officials, religious leaders and academics facilitated ICRC activities in Algeria. The ICRC also strove to broaden awareness among them of IHL and the Movement. Meetings and other events organized by the ICRC helped to clarify the ICRC's mandate and its activities in the region. The Algerian foreign minister visited ICRC headquarters in Switzerland, where he and the ICRC's president discussed the ICRC's activities for detainees and its operations in Syria and other countries experiencing armed conflict.

Around 50 diplomats and diplomats-in-training exchanged views on the ICRC's work in Syria at a panel discussion organized jointly with the Algerian diplomat's school, and some 60 university students learnt more about IHL at briefings conducted with the Algerian Red Crescent. Penitentiary administrators and prison guards in training, and jail guards were briefed on the ICRC's activities for detainees.

Organizations and bodies such as the National Commission for the Promotion and Protection of Human Rights, the committee following up implementation of the Anti-Personnel Mine Ban Convention, the senate and academic and religious centres invited ICRC representatives to give talks about humanitarian issues at their events. At the request of the organizers, the ICRC made presentations – on its neutral, impartial and independent humanitarian approach – at two international gatherings of Islamic leaders and scholars.

The ICRC concluded an agreement with Algeria's national archives to produce, for public use, digital copies of ICRC documents pertinent to Algeria's war of independence. The ICRC promoted this partnership and its IHL-related publications at an international book fair. The national IHL committee and the ICRC

organized a seminar for 22 media professionals on the protection afforded by IHL to journalists. The public continued to learn about issues of concern to the ICRC from newspaper articles and television interviews.

RED CROSS AND RED CRESCENT MOVEMENT

The Algerian Red Crescent responded to the needs of vulnerable people in Algeria, including those who had fled from Mali or Syria. Acting on behalf of the Algerian government, it assisted conflict-affected people in Libya, Mali and Niger.

ICRC financial and technical support helped the National Society strengthen its organizational structure and the capacities of its volunteers in various areas. Volunteers were trained to: restore family links (see *Civilians*); care for wounded people, during

first-aid sessions and a Health Emergencies in Large Populations course; and carry out assistance activities, during a study trip with the Senegalese Red Cross Society. They were also briefed on ways to reduce their safety risks, in line with the Safer Access Framework. With ICRC support, the National Society promoted IHL and sent its legal adviser to an IHL conference abroad (see *Dakar*).

The National Society, with the Arab Red Crescent and Red Cross Organization, the International Federation and the ICRC, organized an event to celebrate World Red Cross and Red Crescent Day in Algeria; this served, among other purposes, to encourage closer cooperation between Movement components in the region. The National Society continued to lean on ICRC expertise in such matters as observing the Fundamental Principles and coordinating with other Movement components.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		11	1		
RCMs distributed		11			
Phone calls facilitated between family members		11			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		28	3	1	3
<i>including people for whom tracing requests were registered by another delegation</i>		15			
Tracing cases closed positively (subject located or fate established)		21			
<i>including people for whom tracing requests were registered by another delegation</i>		17			
Tracing cases still being handled at the end of the reporting period (people)		68	12	8	5
<i>including people for whom tracing requests were registered by another delegation</i>		23			
Documents					
Official documents relayed between family members across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		22,388	281	63	
			Women	Girls	Boys
Detainees visited and monitored individually		223	3		4
Detainees newly registered		158	1		4
Number of visits carried out		56			
Number of places of detention visited		50			
RCMs and other means of family contact					
RCMs collected		32			
RCMs distributed		20			
Phone calls made to families to inform them of the whereabouts of a detained relative		412			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Visits carried out by health staff		15		
Places of detention visited by health staff	Structures	16		

BURUNDI



ICRC/AR_2016
 ICRC delegation ICRC-supported physical rehabilitation project

The ICRC has been present in Burundi since 1962, opening its delegation there in 1992 to help people overcome the humanitarian consequences of armed conflict. ICRC activities focus mainly on working with the prison authorities to ensure that detainees' treatment and living conditions accord with internationally recognized standards. The ICRC helps bolster the Burundi Red Cross's work, notably in terms of emergency preparedness, and restoring links between separated family members, including refugees. It supports the armed forces' efforts to train their members in IHL. It also reinforces the quality and sustainability of physical rehabilitation services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **MEDIUM**

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ People arrested in relation to unrest and people in pre-trial detention received visits from the ICRC. Findings from these visits helped the authorities improve detainees' treatment and reinforce respect for judicial guarantees.
- ▶ The authorities, with ICRC support, improved food and health services, and infrastructure in 11 prisons. They used ICRC funds and supplies to continue providing food to detainees, amid food shortages and budgetary constraints.
- ▶ Members of families dispersed by unrest or armed conflict stayed in touch with the Burundi Red Cross and the ICRC's assistance. Minors in neighbouring countries rejoined their relatives in Burundi with the ICRC's help.
- ▶ In Bujumbura, police agents and military troops assigned to support them strengthened their grasp of international policing standards via ICRC-supported training. Peacekeepers headed abroad were briefed on applicable IHL rules.
- ▶ Health-care providers in Bujumbura, including the Burundi Red Cross, expanded their capacities with ICRC-provided supplies and training. Staff in two hospitals drew on the ICRC to update their emergency plans.

EXPENDITURE IN KCHF

Protection	3,356
Assistance	4,686
Prevention	1,166
Cooperation with National Societies	887
General	36
Total	10,130
<i>Of which: Overheads</i>	<i>618</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	25
Resident staff (daily workers not included)	75

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	6,051
RCMs distributed	7,566
Phone calls facilitated between family members	371
Tracing cases closed positively (subject located or fate established)	205
People reunited with their families	74
<i>of whom unaccompanied minors/separated children</i>	69
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	11,532
Detainees visited and monitored individually	2,216
Number of visits carried out	180
Number of places of detention visited	37
Restoring family links	
RCMs collected	304
RCMs distributed	311
Phone calls made to families to inform them of the whereabouts of a detained relative	481

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash ¹	Beneficiaries	
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	26,000 11,792
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	2
Physical rehabilitation		
Projects supported	Projects	1 1
Patients receiving services	Patients	2,500 3,989

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

The security situation in the capital, Bujumbura, remained precarious owing to the unrest around the presidential elections in April 2015. Occasional outbreaks of violence, including indiscriminate grenade attacks in populated areas, in Bujumbura and nearby provinces, caused casualties. Police and military personnel were deployed to maintain public order; arrests were reported after security operations. Fewer incidents of violence were reported towards the end of 2016.

Around 300,000 people, most of whom had fled Burundi in 2015, remained in neighbouring countries (see, for example, *Nairobi* and *Rwanda*); tens of thousands of IDPs lived in camps or with host communities. Refugees from the Democratic Republic of the Congo (hereafter DRC) lived in UNHCR camps in Burundi.

An economic slump, due partly to the developments mentioned above, threatened the delivery of essential services, including in prisons, as cuts in the national budget and some delays in the disbursement of funds were reported. Floods and landslides caused by heavy rains in some parts of the country added to people's difficulties.

Burundi continued to contribute troops to international missions, notably the African Union Mission in Somalia and the UN Multidimensional Integrated Stabilization Mission in the Central African Republic.

ICRC ACTION AND RESULTS

The ICRC's Burundi delegation intensified its efforts to assist people suffering the consequences of past unrest and detainees; and local services, notably the Burundi Red Cross, to prepare for outbreaks of violence and other emergencies.¹

Detainees in Burundi continued to receive visits conducted in accordance with standard ICRC procedures; people arrested in connection with the security situation, and especially vulnerable inmates, were individually monitored. After visits, the ICRC shared its findings confidentially with the authorities, to help them improve detainees' living conditions and treatment – particularly, respect for judicial guarantees. Cases of people in pre-trial detention were referred to judicial officials, and the legal departments of two prisons were given support for systematizing the registration, archiving and follow-up of detainees' files, with a view to expediting the processing of cases.

The authorities continued to draw on ICRC expertise to improve penitentiary services; the ICRC contributed to the newly established national penitentiary policy. The ICRC also increased its direct support for improving services in selected prisons, which helped the penitentiary authorities prevent crises from worsening. Thus, in Burundi's 11 prisons, ICRC support helped: health services care for sick and malnourished detainees or refer them to hospital; the penitentiary authorities provide detainees with adequate food, amid food shortages and budgetary constraints; and the penitentiary authorities renovate prison infrastructure, including cooking and food storage facilities, clinics, family-visit areas and water and sanitation facilities. Inmates were also urged to practise good hygiene and given soap and cleaning materials.

Members of families separated by unrest, armed conflicts in neighbouring countries or detention reconnected using National Society and ICRC family-links services. Burundians kept in touch with relatives who had fled the country, and refugees in Burundi contacted their families back home. The ICRC also helped families reunite; Burundian minors in the DRC and Rwanda rejoined their families in Burundi. Some families also received news of their missing relatives, after the ICRC located them.

The National Society led the regular provision of material assistance – food, water, household essentials and shelter – to people displaced by natural disasters and living in three IDP camps. In one camp, the ICRC constructed latrines and showers, helping the IDPs there to maintain good hygiene conditions. The ICRC and local water authorities also undertook projects to improve vulnerable peoples' access to clean water; in Bujumbura, repairs to pipelines in one violence-affected area began and were scheduled for completion in 2017. Some IDPs and vulnerable residents made use of ICRC livelihood aid – cash grants and cash-for-work initiatives – to earn sufficient income for their household needs.

Medical services strengthened their emergency response with ICRC support. In particular, two Bujumbura hospitals were given medical supplies and guidance for updating contingency plans. National Society first-aid posts and mobile teams, and some health centres, received one-off donations of supplies and equipment. The ICRC continued to lend technical expertise to the Saint Kizito Institute in Bujumbura, which provided good-quality physical rehabilitation services to many disabled people, especially children; this support will end in 2017.

The ICRC worked to reinforce respect for applicable international law and standards among State weapon bearers. At ICRC briefings, military and security forces learnt more about legal frameworks covering their operations in Bujumbura and about the importance of facilitating access for wounded people to medical care. ICRC training helped military instructors teach troops the basic principles of IHL. The ICRC continued to counsel the authorities on advancing the ratification of IHL-related treaties, notably the Arms Trade Treaty. Communication efforts by the ICRC and the National Society fostered support for Movement action in Burundi.

CIVILIANS

The ICRC intensified its efforts to assist people affected by violence in Burundi, notably those displaced within the country and abroad in 2015. It prepared for outbreaks of violence and other emergencies (see also *People deprived of their freedom* and *Wounded and sick*) by stocking household essentials and materials for repairing public facilities. An agreement between the WFP and the ICRC – the former would supply food and the latter distribute it during emergencies – remained in force.

Burundians contact relatives displaced abroad

Members of families dispersed by unrest in Bujumbura, armed conflicts in neighbouring countries, or other circumstances restored or maintained contact using RCMs, phone calls and other family-links services provided by the Burundi Red Cross and the ICRC. Burundians contacted relatives who had fled the country, and refugees in Burundi contacted their families back home. When appropriate, the ICRC helped families reunite: Burundian minors in the DRC and Rwanda rejoined their families in Burundi; and people in Burundi, including vulnerable adults, returned to their families in the DRC and Rwanda.

1. To this end, the ICRC launched a Budget Extension Appeal for Burundi, available on the ICRC's Extranet for donors, at: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/87D91F7E017F457FC125802700225F2B/\\$File/UpD_Burundi_BE_REX2016_376_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/87D91F7E017F457FC125802700225F2B/$File/UpD_Burundi_BE_REX2016_376_Final.pdf)

Some tracing requests were resolved: families were informed of the fate of over 200 missing relatives, and, where appropriate, put in touch with them. At the authorities' request, the ICRC located the families of two detained minors, and helped these minors rejoin them after being released; 127 travel documents were issued to refugees, to help them resettle abroad.

The activities mentioned above were conducted in coordination with other organizations and State agencies, some of which were provided with technical support for their own family-links activities. National Society staff and volunteers working in UNHCR camps or elsewhere received on-the-job and other training; among them, 104 also got financial incentives. Representatives from various ministries, the military, police forces and the National Society were trained, at ICRC workshops, in the proper handling of human remains, to lessen the difficulty of identifying the dead during and after emergencies. The authorities, urged by the ICRC, included management of human remains in the national emergency plan and created an emergency coordination mechanism for State agencies concerned.

People displaced by natural disasters maintain adequate hygiene and living conditions

Around 5,400 IDPs in one camp benefited from ICRC-constructed latrines and showers. In another camp, people displaced by floods assembled temporary shelters using supplies distributed by the National Society with ICRC technical, financial and material support. Some 6,000 inhabitants of the Makamba province obtained clean drinking water from a water point upgraded by the National Society and the ICRC. In Bujumbura, the water authorities and the ICRC began to repair pipelines in one violence-affected area; poor soil conditions and administrative constraints delayed completion of the repairs until 2017.

Female breadwinners cover their families' needs with livelihood support

IDPs in host communities, remaining residents of largely deserted Bujumbura districts and other vulnerable people met the needs of their households with livelihood support from the ICRC and National Society volunteers. Thus, 288 female breadwinners earned an income from small businesses established with ICRC cash grants; and 300 heads of households earned a month's wages through cash-for-work projects for improving communal infrastructure.

PEOPLE DEPRIVED OF THEIR FREEDOM

People in pre-trial detention receive help to expedite their cases

Some 11,500 detainees in 11 prisons, 23 jails, 1 military camp and 2 re-education centres for minors received visits conducted in accordance with standard ICRC procedures. People arrested in connection with the security situation and vulnerable inmates – women, minors and sick people – were monitored individually. The ICRC also followed the situation of detainees transferred to Burundi from neighbouring countries.

Findings from the above-mentioned visits were shared confidentially with the authorities, to help them improve detainees' living conditions and treatment – particularly respect for judicial guarantees. The ICRC referred the cases of some 150 people in pre-trial detention to local judicial officials; afterwards, about half were closed, and the people in question released or convicted. Senior justice ministry officials agreed to receive cases of people in prolonged pre-trial detention. The legal departments of two prisons

– which had been established with ICRC support – continued to draw on the ICRC for systematizing the registration, archiving and follow-up of detainees' files.

Detainees restored or maintained contact with relatives within the country or abroad through RCMS, phone calls and other ICRC family-links services. The ICRC assisted some vulnerable detainees to return home after their release. Over 50 foreigners notified their consular representatives or UNHCR of their situation.

Penitentiary authorities use ICRC support to ward off food and health crises

Drawing on years of ICRC guidance, the authorities established a national penitentiary policy for the period 2017–2021; this would help systematize improvements to penitentiary services. ICRC support for services in Burundi's 11 prisons helped the penitentiary authorities manage crises and make improvements throughout the system. A senior penitentiary official attended a course in prison management held abroad (see *Abidjan*). The ICRC continued to urge penitentiary authorities and the justice ministry to coordinate their efforts to address overcrowding and budgetary constraints.

Detainees and the children living with them obtained health care from services guided and supplied by the ICRC. Prison health staff screened detainees for illnesses, including TB and HIV/AIDS, and then treated them and/or referred them to hospital; critically ill detainees – nearly 370 cases – received treatment directly from the ICRC. Seven jails outside Bujumbura were helped to establish referral agreements with nearby health facilities. Body-mass checks conducted by prison health workers, penitentiary officials and ICRC staff identified 1,163 malnourished detainees, who were then enrolled in ICRC-supported therapeutic feeding programmes.

Given the food shortages and budgetary constraints, the penitentiary authorities drew on ICRC support to meet detainees' nutritional needs and prevent the food situation in prisons from worsening. In March, the penitentiary authorities re-established food supply lines with ICRC funding and, after that, filled gaps in the food supply with ICRC-provided food. From June to December, the authorities received beans and maize flour, enough for about 1,500 detainees, and from May to December, salt and oil for approximately 10,000 inmates. The penitentiary authorities and detainees planted six vegetable gardens with agricultural supplies and tools, and advice, from the ICRC; this should help increase and diversify malnourished detainees' diet. Donations of measuring equipment helped the penitentiary authorities regulate food stocks more efficiently. The ICRC reminded the ministries concerned of national protocols stipulating detainees' access to adequate nutrition.

Detainees benefit from infrastructural upgrades carried out by the authorities and the ICRC

With ICRC support, the penitentiary authorities assessed infrastructure at all 11 prisons and then worked with the ICRC to make renovations. Over 5,100 detainees benefited: the upgrades to cooking and food storage facilities, clinics and family-visit areas improved their access to food and health care and facilitated family visits. The construction of separate quarters for men and women in one prison, and for minors and adults at another, progressed; one aim of this was to reduce risks of abuse. Following emergencies in three prisons, the ICRC carried out urgent infrastructural upgrades: 290 detainees in one prison slept more comfortably on newly installed bunk beds; about 590 inmates in another prison

had clean water from a rainwater-harvesting system; and some 240 detainees in a third prison benefited from renovated latrines.

Inmates were urged, through ICRC-supported information sessions at all 11 prisons, to practise good hygiene. They were also given soap and cleaning materials.

WOUNDED AND SICK

Two Bujumbura hospitals prepare for large influxes of wounded people

Staff at two hospitals in Bujumbura were given medical supplies and advice for updating contingency plans. They were also trained in the triage of wounded people, and, in one hospital, participated in a mass-casualty simulation. With ICRC support – staff training, sterilization equipment and infrastructural upgrades – these hospitals also implemented measures to reduce patients' risk of infection. ICRC agreements with both hospitals – to deploy surgical staff in case of emergencies – remained in force.

The ICRC also supported other medical services in Bujumbura. Burundi Red Cross first-aid posts and mobile teams, and some health centres, received one-off donations of supplies and equipment. National Society personnel practised coordinating first-aid services in situations of violence, at a workshop organized by the Red Cross of Monaco and the ICRC. Some 30 medical personnel from Bujumbura hospitals expanded their war-surgery skills at an ICRC seminar.

Over 420 students from schools in volatile areas learnt basic first aid, at presentations conducted by the National Society and the ICRC.

The needs of victims of sexual violence were assessed, with a view to assisting them in 2017.

Saint Kizito Institute works towards self-sufficiency

Almost 4,000 disabled people, mainly children, regained some mobility through physical rehabilitation services and assistive devices from the ICRC-supported Saint Kizito Institute. Around 60 particularly vulnerable patients, including wounded people and detainees, received these services free of charge. The institute's staff learnt how to sustain the quality of their services through e-learning courses, on-the-job training and other technical support provided by the ICRC. Of the four technicians studying physiotherapy/orthopaedic technology abroad with ICRC support, one had finished and was working at the institute again.

In preparation for the end of ICRC support in 2017, senior staff at the institute were given advice for improving managerial practices – for example, concerning the use of data-collection software – and support for their fundraising efforts, such as activities to attract potential donors.

During an ICRC seminar, health ministry officials drafted standards for accrediting Burundi's physical rehabilitation centres.

ACTORS OF INFLUENCE

Military and security forces learn more about legal frameworks regulating their operations in Bujumbura

At ICRC briefings in Bujumbura and five provinces, nearly 400 police officers reinforced their understanding of international policing standards, particularly on the use of force, and internationally recognized standards for detention. About 160 military

officers deployed alongside the police to maintain public order were briefed on the differences between IHL and international human rights law; they also did exercises to determine which framework applied to a given situation.

Aided by the ICRC, military instructors – past beneficiaries of IHL training from the ICRC – evaluated the military's grasp of IHL and other applicable norms, with a view to developing more effective training methods. New military instructors developed their ability to teach IHL-related subjects through ICRC workshops. These instructors gave lectures, on the legal frameworks mentioned above, to troops assigned to several regions. Other troops were briefed directly by the ICRC: over 2,800 military and police personnel bound for Somalia added to their knowledge of IHL provisions applicable to peacekeeping. Briefings used leaflets and training videos translated into the local language, making the material easier to understand and remember. A senior military official attended an advanced IHL workshop abroad (see *International law and policy*). IHL information sessions were also organized for cadets from three officer's schools.

While the draft law for ratifying the Arms Trade Treaty was awaiting parliamentary approval, the officials concerned learnt more, at an ICRC workshop, about other requirements for ratifying the treaty. At a regional conference (see *Nairobi*), Burundi and other Member States of the East African Community signed a cooperation agreement with the ICRC on promoting IHL. Officials from the public security ministry participated in the event with the ICRC's financial support.

Community leaders, medical staff and weapon bearers are urged to ease people's access to medical care

At various events that it organized or supported, the ICRC urged influential actors in Burundi to facilitate access to humanitarian aid and medical services, particularly during outbreaks of violence or other emergencies. At ICRC information sessions in Bujumbura, 180 community leaders, including heads of city districts, and some 90 hospital staff learnt more about the Movement and the goals of the Health Care in Danger project. Military and police officers were urged, at information sessions, to facilitate wounded people's access to medical care and to support Movement action. Briefings for personnel in charge of places of detention clarified the ICRC's activities for detainees. Former members of the armed forces were also briefed on the ICRC's mandate.

Journalists were made aware, through two press conferences, of the importance of respecting the red cross emblem and of the need for a law regulating its use in Burundi. They were also kept informed of the activities of the Burundi Red Cross and the ICRC in the country, which helped them report accurately on the two organizations' activities. National Society volunteers' public-communication capacities were strengthened through training in writing and photography.

Law students from six universities tested their knowledge of IHL at a moot-court competition abroad (see *Rwanda*). One university received ICRC publications on IHL; some graduating students used these reference materials for writing their theses.

RED CROSS AND RED CRESCENT MOVEMENT

National Society volunteers are trained to provide first aid and to assist IDPs

With the support of Movement partners and other humanitarian actors, the Burundi Red Cross led the regular provision of material assistance – food, water, household essentials and shelter – to over 6,500 IDPs in three camps. Volunteers drew on ICRC training to assess these people's needs and to set up temporary water and sanitation facilities.

The National Society was also given support for improving its overall emergency response. ICRC workshops trained volunteers, including members of 34 emergency response teams in Bujumbura, to administer first aid and teach it, provide psychosocial care, and restore family links. The ICRC urged them to apply the Safer Access Framework while working in violence-prone areas. The ICRC helped the National Society expand its logistical capacities by providing it with three vehicles, fuel, a generator and emergency supplies, and assistance in constructing a warehouse in Bujumbura.

The National Society undertook to promote respect for the red cross emblem and the Movement (see *Actors of influence*). With the ICRC's help, it strove to improve its organizational structure and financial management.

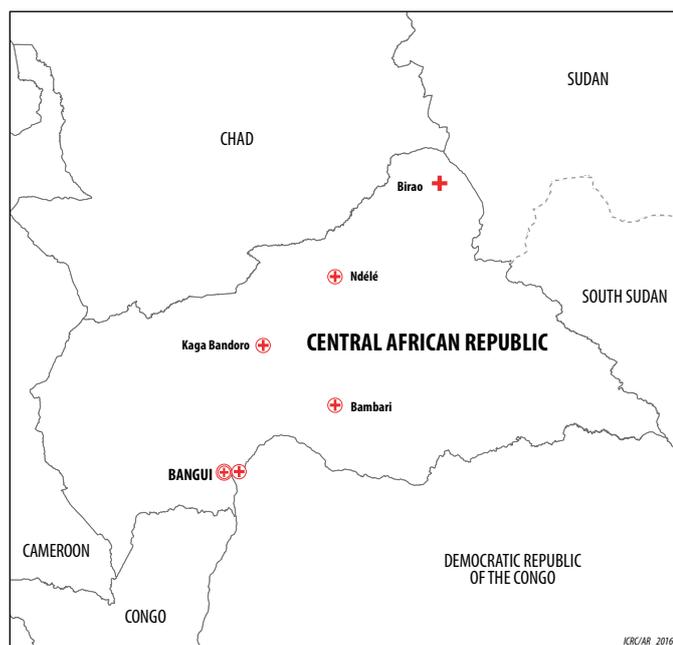
Regular meetings ensured coordination between Movement components in Burundi. They signed agreements to formalize their coordination mechanisms and capacity-building initiatives and to facilitate the joint implementation of security measures.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		6,051	278		
RCMs distributed		7,566	257		
Phone calls facilitated between family members		371			
Reunifications, transfers and repatriations					
People reunited with their families		74			
	<i>including people registered by another delegation</i>	68			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		413	78	89	87
	<i>including people for whom tracing requests were registered by another delegation</i>	179			
Tracing cases closed positively (subject located or fate established)		205			
	<i>including people for whom tracing requests were registered by another delegation</i>	85			
Tracing cases still being handled at the end of the reporting period (people)		578	114	165	139
	<i>including people for whom tracing requests were registered by another delegation</i>	351			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		27	15		
UAMs/SC reunited with their families by the ICRC/National Society		69	24		5
	<i>including UAMs/SC registered by another delegation</i>	65			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		21	11		
Documents					
People to whom travel documents were issued		127			
Official documents relayed between family members across borders/front lines		39			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		11,532	562	334	
			Women	Girls	Boys
Detainees visited and monitored individually		2,216	96	16	93
Detainees newly registered		1,646	93	16	82
Number of visits carried out		180			
Number of places of detention visited		37			
RCMs and other means of family contact					
RCMs collected		304			
RCMs distributed		311			
Phone calls made to families to inform them of the whereabouts of a detained relative		481			
Detainees released and transferred/repatriated by/via the ICRC		2			
People to whom a detention attestation was issued		32			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash ¹	Beneficiaries			
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	11,792	4,717	3,538
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities ¹	Beneficiaries			
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	15,171	1,062	303
Health				
Visits carried out by health staff		124		
Places of detention visited by health staff	Structures	17		
Health facilities supported in places of detention visited by health staff	Structures	14		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services	Patients	3,989	171	3,585
New patients fitted with prostheses	Patients	25	5	3
Prostheses delivered	Units	34	11	6
	<i>of which for victims of mines or explosive remnants of war</i>	8	1	1
New patients fitted with orthoses	Patients	506	24	456
Orthoses delivered	Units	841	34	779
Patients receiving physiotherapy	Patients	1,665	80	1,483
Walking aids delivered	Units	92	19	59
Wheelchairs or tricycles delivered	Units	4	1	

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CENTRAL AFRICAN REPUBLIC



○ ICRC delegation ○+ ICRC sub-delegation + ICRC office

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Violence-affected people, including the wounded, obtained health care at two ICRC-supported hospitals; victims of sexual violence received medical attention and psychosocial support at ICRC-backed facilities.
- ▶ Returnees and IDPs supported their families through livelihood activities undertaken with ICRC support, such as growing food with donated seed and tools or participating in cash-for-work projects.
- ▶ Communities in both urban and rural areas had a more reliable water supply after local authorities and the ICRC renovated or built water infrastructure; IDPs in camps benefited from water trucked in by the ICRC.
- ▶ People separated from their families restored contact with them through Central African Red Cross Society and ICRC family-links services; minors formerly associated with armed groups were reunited with their families.
- ▶ During dialogue with them, the ICRC reminded the authorities and weapon bearers of their obligations under IHL, particularly in relation to protecting medical personnel and facilities, and ensuring people's access to basic services.
- ▶ Detainees received hygiene items and medical care from ICRC teams. Detention authorities and the ICRC engaged in discussions on ensuring detainees' access to quality health care.

EXPENDITURE IN KCHF

Protection	4,213
Assistance	28,458
Prevention	3,223
Cooperation with National Societies	2,756
General	182
Total	38,831
<i>Of which: Overheads</i>	<i>2,367</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	83
Resident staff (daily workers not included)	367

The ICRC opened a delegation in the Central African Republic in 2007, but has conducted activities in the country since 1983. It seeks to protect and assist people affected by armed conflict and other situations of violence, providing emergency relief and medical and psychological care, helping people restore their livelihoods and rehabilitating water and sanitation facilities. It visits detainees, restores links between separated relatives, promotes IHL and humanitarian principles among the authorities, armed forces, armed groups and civil society, and, with Movement partners, supports the Central African Red Cross Society's development.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	528
RCMs distributed	555
Phone calls facilitated between family members	269
Tracing cases closed positively (subject located or fate established)	816
People reunited with their families	107
<i>of whom unaccompanied minors/separated children</i>	<i>96</i>
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	1,249
Detainees visited and monitored individually	91
Number of visits carried out	88
Number of places of detention visited	34
Restoring family links	
RCMs collected	131
RCMs distributed	28
Phone calls made to families to inform them of the whereabouts of a detained relative	136

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	113,970
Essential household items	Beneficiaries	40,000
Productive inputs	Beneficiaries	90,500
Cash	Beneficiaries	65
		8,752
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	632,500
		787,942
Health		
Health centres supported	Structures	5
		2
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	2
		2
Water and habitat		
Water and habitat activities	Number of beds	643
Physical rehabilitation		
Projects supported	Projects	1
		1

CONTEXT

In the Central African Republic (hereafter CAR), socio-political tensions and pockets of insecurity persisted despite a decrease in the prevalence of violence during and after the elections held in the first quarter of 2016. Clashes between armed groups resumed – with particular intensity in the latter part of the year, and especially in rural areas.

As a result, most of the hundreds of thousands of families displaced within the country and elsewhere were unable to return to their places of origin. Starting or resuming livelihood activities continued to be difficult for residents and returnees. The availability of health care and other public services remained limited.

France withdrew its troops from the country, with the exception of some soldiers in Bangui. The mandate of the UN Multidimensional Integrated Stabilization Mission in the CAR (MINUSCA) was extended to November 2017.

ICRC ACTION AND RESULTS

The ICRC helped people in the CAR cope with the effects of conflict and other situations of violence, carrying out some of its activities with the Central African Red Cross Society. In order to maintain access to communities in need of assistance, the ICRC developed its dialogue with the parties to the conflict. However, logistical and security constraints arising from incidents of communal violence and preparations for elections affected the implementation of the ICRC's activities in some areas.

The ICRC maintained its efforts to help prevent abuses by encouraging respect for IHL and broadening support for humanitarian action among weapon bearers, such as Central African soldiers, *gendarmes* and policemen, and members of armed groups. It reminded these groups, through briefings and confidential dialogue, of their obligation to: protect civilians, including medical personnel; facilitate people's safe access to medical and humanitarian aid; and prevent sexual violence. The ICRC documented allegations of abuse reported to it and, whenever possible, shared these with the parties concerned.

In areas where poor security conditions and limited resources affected the availability of health care, the ICRC helped health-care providers ensure the continuity of their services. Wounded, sick and malnourished people thus obtained primary health care and other medical services at ICRC-backed facilities. Some patients were transported to these facilities, via plane or other means, with ICRC assistance. An ICRC surgical team continued to help treat critically ill and injured patients at the community hospital in Bangui. Assistance to the hospital in Kaga Bandoro, which was suspended in October 2015, resumed after the signing of an agreement between the ICRC and hospital authorities. People suffering from violence-related trauma, including in relation to sexual violence, also received health care and psychosocial support at ICRC-supported facilities. At ICRC information sessions, communities learnt more about the importance of referring victims of sexual violence for appropriate care. Displaced children shared their experiences during group discussions, helping them ease their emotional distress. The ICRC continued to equip the workshop of a local organization that produced assistive devices for disabled people.

The ICRC helped people affected by conflict and other violence to restore their livelihoods. Vulnerable households were provided with

plant cuttings, seed and tools, which enabled them to grow more food; vaccination campaigns helped pastoral households keep their herds healthy. Infrastructure upgrades carried out by local authorities, with ICRC support, ensured the availability of clean water for household consumption and livelihood purposes. IDPs met their basic needs with the help of ICRC-provided food, household essentials and water.

People separated from their families restored or maintained contact with their relatives through National Society and ICRC family-links services. Several minors, including some formerly associated with armed groups, were reunited with their families. During ICRC training sessions, National Society volunteers honed their capacity to restore family links, helping them to provide such services in areas where the ICRC had limited access.

During information sessions and other ICRC-organized activities, community members and traditional leaders learnt more about their role in protecting people affected by conflict and other violence. They also discussed ways to develop and implement community-based strategies to reduce their exposure to risks. Dissemination sessions and a multimedia campaign helped to heighten public awareness of issues related to the protection of medical personnel and facilities. Members of the media, representatives of international organizations, parliamentarians and others received regular updates on Movement activities.

Following visits to detainees within its purview, the ICRC conveyed its findings and, where necessary, its recommendations confidentially to the detaining authorities. It continued to support the authorities' efforts to improve detainees' living conditions and access to health care, and supplemented these efforts with material assistance. ICRC surgical teams treated some wounded detainees.

The ICRC gave the National Society financial, material and technical support to strengthen its capacities in emergency response, restoring family links and managing human remains, and its coordination with Movement partners.

CIVILIANS

Authorities and armed groups were reminded, through dialogue, of their obligations under IHL and other applicable laws, particularly to respect medical personnel and facilities, and prevent sexual violence (see *Wounded and sick* and *Actors of influence*). The ICRC documented allegations of abuses reported to it, including of ill-treatment and sexual violence; when appropriate, it discussed these confidentially with the parties concerned.

At ICRC-facilitated workshops, people living in violence-affected areas discussed, among themselves and with ICRC staff members, ways to develop and implement community-based approaches to reducing their exposure to risks.

Violence-affected people obtain primary health-care services at ICRC-supported clinics

Poor security conditions and limited resources sometimes hampered the work of health-care providers in Nana-Grébizi. The ICRC thus continued to provide health facilities with various forms of support – such as medical supplies, additional staff and infrastructural upgrades – to help ensure service continuity. Plans to deploy mobile clinics to remote areas did not push through, owing to the security situation.

As a result, people were able to avail themselves of primary-health-care services at two ICRC-supported health centres, which

carried out 53,308 consultations in all. One hundred and forty-three patients who required emergency medical attention were referred to an ICRC-supported hospital (see *Wounded and sick*).

Under a national programme carried out with the help of ICRC teams, young children in Nana-Grébizi were vaccinated against disease. Children were also screened for malnutrition; over 2,400 who were found to be severely malnourished underwent therapeutic feeding at five health facilities, including an ICRC-run feeding unit in Kaga Bandoro (see *Wounded and sick*). These children and their families (around 8,700 people) were given food rations or financial assistance to help them meet their needs.

In the town of Birao and in three villages, of the 10,500 people who availed of free malaria testing, 9,334 received the necessary treatment from ICRC-trained community health workers. Families in Nana-Grébizi were provided with mosquito nets, which helped prevent the spread of disease.

Victims of sexual violence receive care within 72 hours of their assault

Victims of sexual violence availed themselves of the services offered by the two ICRC-supported clinics; at these clinics and at a counselling centre in Kaga Bandoro, more than 292 victims of sexual violence received psychosocial support from ICRC-trained counsellors.

Community members deepened their awareness of the consequences of violence – particularly the importance of post-exposure prophylactic treatment for victims of sexual violence within 72 hours of an assault – at ICRC information sessions. These sessions aimed to prevent the stigmatization of victims and to encourage their referral for suitable care. Following these efforts, 78% of the victims of sexual violence treated at ICRC-supported facilities received care within 72 hours of their assault, from an average of 38% in the latter half of 2015.

Displaced children in Kaga Bandoro eased their emotional distress by sharing their experiences with their peers during therapeutic group sessions.

Conflict-affected households work towards restoring their livelihoods

Some 12,700 households (around 63,000 people) – notably returnees and IDPs – in Bambari, Kaga Bandoro and Paoua used ICRC-provided seed, tools and disease-resistant cassava cuttings (see below) to grow more food. They also received two rounds of food aid, which helped them avoid consuming seed meant for planting and harvesting crops early. Nearly 5,700 herding households (some 28,500 people) maintained or improved the health and market value of their livestock after 59,600 animals belonging to them were vaccinated against disease through initiatives organized by the authorities and the ICRC.

Some 1,000 breadwinners (supporting some 5,000 people) covered part of their household expenses with money earned through cash-for-work projects to cultivate cassava cuttings for their communities; another 394 (supporting 1,970 people) repaired cattle corrals used during vaccination activities.

Urban and rural communities have a more reliable water supply

Some 615,000 people in urban areas had a better supply of safe water after local authorities upgraded infrastructure and treated their water supply with ICRC support, which included

water-treatment chemicals. Work progressed on projects set to similarly benefit people in Bangui.

More than 68,200 people living in rural and semi-urban areas had more clean water for household consumption and livelihood purposes after wells and pumps were constructed and repaired by the ICRC, and maintained by the National Society.

Displaced people meet their basic needs with emergency aid from the ICRC

Some 72,700 IDPs had more clean water after the ICRC trucked it in and repaired facilities at their sites. They also had access to latrines maintained by the ICRC, and learnt more about good hygiene practices at National Society information sessions.

Returnees and IDPs received food rations (1,445 households; 7,225 people) and essential household items (52,300 people) to help them meet their immediate needs; among them, around 330 households (over 1,500 people) who had returned to their places of origin rebuilt their homes using ICRC-provided shelter materials.

Minors formerly associated with armed groups reunite with their families

Members of families separated by conflict and other violence, or detention, reconnected using RCMs and phone calls facilitated by the Central African Red Cross, National Societies in neighbouring countries, and the ICRC. A total of 96 unaccompanied minors, 47 of whom were formerly associated with armed groups, were reunited with their families.

The ICRC engaged the authorities in discussions on their role and responsibilities in managing human remains and providing answers to the families of missing persons; some officials from the pertinent ministries learnt more about the subject at a conference.

National Society volunteers received training and other support (see *Red Cross and Red Crescent Movement*) that helped them offer family-links services in areas where the ICRC had limited access.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives through family-links services

More than 1,200 people held by the authorities and armed groups were visited by the ICRC, in accordance with its standard procedures. Particular attention was given to vulnerable detainees, such as minors, those suffering from medical conditions or people held in relation to the conflict; 91 detainees were followed up individually. After its visits, the ICRC gave the authorities confidential feedback and, as necessary, recommendations for improving detainees' living conditions and treatment, including respect for judicial guarantees. The ICRC sought access to all detainees, including those held by armed groups.

Detainees contacted their relatives through family-links services; several foreign detainees were helped to notify their embassies of their detention.

Authorities take steps to ensure the availability of health care in places of detention

The ICRC made oral and written representations to the authorities concerned to bring their attention to issues related to detainees' access to health care. Particularly, justice ministry officials learnt more about detainees' nutritional needs. Efforts of the authorities to

guarantee the availability of health care in prisons were augmented by the ICRC with medical supplies and technical advice.

Six wounded detainees were referred to Bangui hospital and treated by ICRC surgical teams. Some 650 detainees had better health conditions and were less at risk of illness or disease after the ICRC conducted campaigns to eradicate scabies and prevent cholera outbreaks. Over 1,200 detainees were provided with hygiene items, to help ease their conditions. Thirty detainees had improved access to sanitation facilities following infrastructure upgrades; other similar projects were under way.

WOUNDED AND SICK

Some 7,050 people – including community members and weapon bearers – developed their first-aid skills at training sessions organized by the National Society and the ICRC; this helped ensure the availability of prompt care for wounded people. Patients familiarized themselves with matters related to the protection of the wounded and the sick (see *Actors of influence*).

Wounded patients undergo emergency surgery at Bangui hospital

Critically wounded and ill patients were treated at Bangui community hospital, where ICRC surgical teams performed 879 operations. Over 140 wounded people were evacuated to the facility via an ICRC plane; 289 of the patients treated at the hospital had weapon wounds.

The hospital improved its services with ICRC technical and material assistance. It set up a room for stabilizing patients in critical condition, and developed procedures for managing these patients. Staff members and patients benefited from more sanitary conditions following infrastructural upgrades and staff training that helped improve the hospital's waste management system. The hospital's blood bank replenished its supply of safe blood for transfusions. Upgrades to the electrical system ensured a more reliable power supply, and support for the maintenance team helped them respond promptly to specific problems.

Some patients and their caretakers received meals cooked by hospital staff, which the ICRC supplemented with food rations.

Malnourished children are treated at an ICRC-run therapeutic feeding unit

The ICRC resumed its support – suspended in October 2015 – to Kaga Bando hospital after signing an agreement with hospital authorities in April 2016. It provided drugs and other medical supplies, and covered financial incentives for staff and other costs, with a view to ensuring free health care for patients.

The hospital's paediatric department increased its capacities to treat sick and malnourished children with help from ICRC-backed infrastructural improvements and other assistance. Nearly 350 children were treated at the ICRC's temporary therapeutic feeding unit in Kaga Bando (see *Civilians*); they were referred to the hospital after completion of the facility's upgrades.

Patients and staff at Ndele prefectural hospital had a more sustainable supply of clean water after the ICRC constructed a well on hospital premises.

Students continue their education in prosthetics and physiotherapy

Disabled people benefited from the services of a prosthesis/orthosis workshop run by the Association Nationale de Rééducation et d'Appareillage de Centrafrique. The workshop was renovated and supplied with materials and equipment by the ICRC.

Eight students studying prosthetics or physiotherapy continued their education with ICRC support. Discussions with the authorities, on the possibility of constructing a new physical rehabilitation centre, continued.

ACTORS OF INFLUENCE

Weapon bearers familiarize themselves with their obligations under IHL

At ICRC-organized briefings, more than 800 military and peace-keeping personnel, and over 1,200 members of armed groups, developed their understanding of IHL and other applicable laws, and their obligations under them. Some 400 members of the police and the *gendarmerie* familiarized themselves with internationally recognized standards applicable to law enforcement. All sessions and briefings emphasized the necessity of facilitating safe access for people to medical and humanitarian aid, and of preventing sexual violence during armed conflict and other violence.

Communities learn more about their role in contributing to the protection of violence-affected people

Dialogue with the authorities, weapon bearers, traditional leaders and community members focused on the humanitarian consequences of conflict and other violence, the need to protect civilians and the Movement's neutral, impartial and independent humanitarian action. Multinational forces and armed groups, newly elected members of parliament, diplomats and representatives of international organizations received regular updates from the ICRC on issues of humanitarian concern and Movement activities, at meetings and other events. Members of media reported on humanitarian issues with the help of information from briefings and interviews with ICRC delegates.

Dissemination activities, such as meetings and information sessions, helped strengthen acceptance for the ICRC among local communities, and thus also facilitated the organization's humanitarian activities. More than 4,800 people – including community and religious leaders, students, and members of women's associations and youth groups – learnt more about their role in contributing to the protection of people affected by violence, and to the safety of humanitarian personnel. Over 3,800 patients and the people accompanying them familiarized themselves with matters related to the protection of people seeking or providing medical assistance. Members of the general public learnt more about the latter through a public dissemination campaign carried out by the ICRC through radio broadcasts, mobile text messages and printed materials.

RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross Society continued to carry out its work, and develop its operational and managerial capacities, with material, financial and technical support from the ICRC. In particular, its staff members and volunteers learnt more about restoring family links, preparing for and responding to emergencies, and fostering awareness of and respect for IHL. The National Society distributed household items to people affected by natural disasters and, during the election period, put ICRC-trained first-aid teams on standby to tend to wounded people. With ICRC support, it assisted the government in evacuating casualties and managing human remains. National Society branches coordinated with headquarters – particularly in emergency response – and constructed or renovated office spaces with ICRC help.

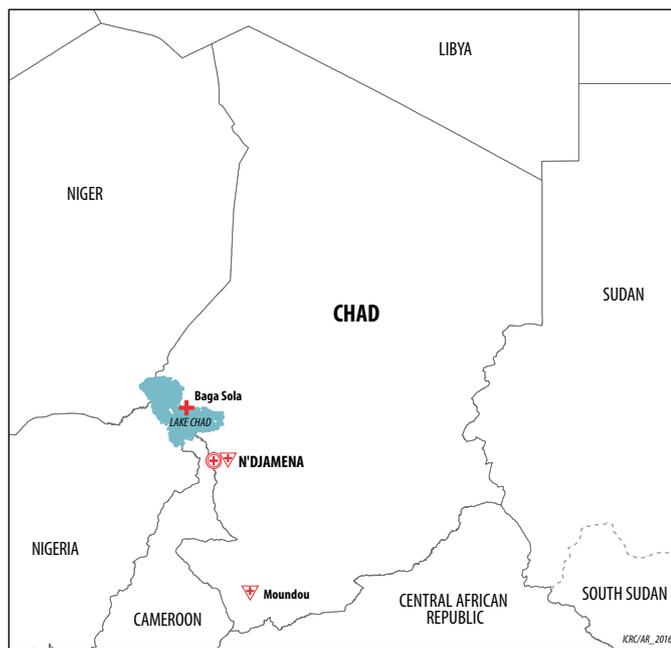
The National Society incorporated elements of the Safer Access Framework in training for its staff.

Regular meetings and bilateral dialogue helped ensure effective coordination between Movement components. The National Society presented a five-year strategic development plan to Movement partners and, with the ICRC, reviewed joint activities and defined priorities for action.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		528	102		
RCMs distributed		555	76		
Phone calls facilitated between family members		269			
Reunifications, transfers and repatriations					
People reunited with their families		107			
	<i>including people registered by another delegation</i>	50			
People transferred or repatriated		5			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		181	7	54	92
	<i>including people for whom tracing requests were registered by another delegation</i>	129			
Tracing cases closed positively (subject located or fate established)		816			
	<i>including people for whom tracing requests were registered by another delegation</i>	737			
Tracing cases still being handled at the end of the reporting period (people)		1,435	287	280	244
	<i>including people for whom tracing requests were registered by another delegation</i>	594			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		88	26		70
UAMs/SC reunited with their families by the ICRC/National Society		96	36		47
	<i>including UAMs/SC registered by another delegation</i>	45			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		94	36		32
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		1,249	80	44	
			Women	Girls	Boys
Detainees visited and monitored individually		91	2		4
Detainees newly registered		73	1		3
Number of visits carried out		88			
Number of places of detention visited		34			
RCMs and other means of family contact					
RCMs collected		131			
RCMs distributed		28			
Phone calls made to families to inform them of the whereabouts of a detained relative		136			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	95,315	47,460	20,494
	<i>of whom IDPs</i>	2,069	839	958
Essential household items	Beneficiaries	52,309	21,479	13,609
	<i>of whom IDPs</i>	10,146	4,081	2,219
Productive inputs	Beneficiaries	91,810	27,860	13,395
Cash	Beneficiaries	8,752	3,196	1,123
	<i>of whom IDPs</i>	276	120	119
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	787,942	25,446	21,811
	<i>of whom IDPs</i>	72,704	23,446	21,811
Health				
Health centres supported	Structures	2		
Average catchment population		30,750		
Consultations		53,308		
	<i>of which curative</i>	48,755	7,382	36,297
	<i>of which antenatal</i>	4,553		
Immunizations	Patients	14,114		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	7,024		
Referrals to a second level of care	Patients	202		
	<i>of whom gynaecological/obstetric cases</i>	22		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	46	46	
Essential household items	Beneficiaries	1,242	73	4
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	680	68	
Health				
Visits carried out by health staff		87		
Places of detention visited by health staff	Structures	3		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>of which provided data</i>	2		
Admissions	Patients	2,608	637	1,164
	<i>of whom weapon-wounded</i>	289	18	9
	<i>(including by mines or explosive remnants of war)</i>	16	4	
	<i>of whom surgical cases</i>	403	65	20
	<i>of whom internal medicine and paediatric cases</i>	1,660	302	1,131
	<i>of whom gynaecological/obstetric cases</i>	256	252	4
Operations performed		879		
Outpatient consultations	Patients	15,453	2,623	8,348
	<i>of whom surgical cases</i>	7,134	2,616	36
	<i>of whom internal medicine and paediatric cases</i>	8,312		8,312
	<i>of whom gynaecological/obstetric cases</i>	7	7	
Water and habitat				
Water and habitat activities	Number of beds	643		
Physical rehabilitation				
Projects supported	Projects	1		

CHAD



⊕ ICRC delegation + ICRC office ▽ ICRC-supported physical rehabilitation project

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ People affected by the conflict in the Lake Chad region coped with their situation with ICRC-supplied essential items and shelter materials. Some restarted their food production activities with seed, tools and other ICRC material support.
- ▶ Detainees had better access to food, water and health services as the ICRC provided support to detaining authorities. Dialogue with some authorities enabled the ICRC to gain full access to people in three places of detention.
- ▶ Members of families separated by armed conflict and other situations of violence reconnected via the Movement's family-links services. Unaccompanied minors and vulnerable adults rejoined their relatives, in Chad and elsewhere.
- ▶ The authorities and weapon bearers and the ICRC continued to engage in dialogue. They discussed, *inter alia*, the protection of people not or no longer taking part in hostilities and compliance with IHL and other applicable norms.
- ▶ Local physical rehabilitation professionals strengthened their ability to assist disabled people, with the help of ICRC training and supplies. As planned, the ICRC withdrew its support for the sector at the end of the year.
- ▶ Despite various internal problems, the Red Cross of Chad continued to assist people in need. It strengthened its emergency-response, family-links and communication capacities with ICRC support.

EXPENDITURE IN KCHF

Protection	1,701
Assistance	4,879
Prevention	1,058
Cooperation with National Societies	764
General	42
Total	8,444
<i>Of which: Overheads</i>	<i>515</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	66

The ICRC has worked in Chad since 1978. It seeks to protect and assist people affected by armed conflict in the region, monitors the treatment and living conditions of detainees, restores links between separated family members, including refugees from neighbouring countries, and supports physical rehabilitation services for amputees countrywide. It also pursues longstanding programmes to promote IHL among the authorities, armed forces and members of civil society. The ICRC supports the Red Cross of Chad.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	404
RCMs distributed	592
Phone calls facilitated between family members	9,851
Tracing cases closed positively (subject located or fate established)	170
People reunited with their families	57
<i>of whom unaccompanied minors/separated children</i>	53
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	5,695
Detainees visited and monitored individually	523
Number of visits carried out	72
Number of places of detention visited	13
Restoring family links	
RCMs collected	632
RCMs distributed	314
Phone calls made to families to inform them of the whereabouts of a detained relative	391

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	31,800
Essential household items	Beneficiaries	8,426
Productive inputs	Beneficiaries	40,746
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	20,000
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	2
Patients receiving services	Patients	400
		2
		4,661

CONTEXT

As the conflict in the Lake Chad region intensified, Chad and its neighbours – Cameroon, Niger and Nigeria – continued to send troops to combat the armed group that calls itself Islamic State’s West Africa Province (also known as Jama’atu Ahlis Sunna Lidda’awati wal-Jihad or Boko Haram). The spillover of insecurity and incursions of this armed group into Chadian territory displaced people and affected their access to basic services. Some 250,000 people were, reportedly, dependent on humanitarian assistance. Poor security conditions and logistical constraints hindered the delivery of aid.

The situation in the Central African Republic (hereafter CAR) sent refugees into the country, while violence in Sudan’s Darfur region kept other refugees in Chad. Already-scarce resources and services were strained. Chad closed its borders with the CAR and Nigeria to prevent incursions by armed groups; the closure of the Chad-Nigeria border exacerbated the economic difficulties in the Lake Chad region.

The headquarters of the multinational force responding to the conflict in the Lake Chad region, and that of Barkhane, a French military operation against armed groups in the Sahel region, were both still based in the capital, N’Djamena. Chadian troops remained in Mali; joint Chadian-Sudanese forces continued to be stationed along their common border.

Occasional communal violence, banditry and social unrest over economic frustrations persisted. Political tensions increased after the president was re-elected for the fifth time. Mines and explosive remnants of war (ERW) from past conflicts endangered people in the sparsely populated north and, to a lesser extent, the east.

ICRC ACTION AND RESULTS

In 2016, the ICRC undertook activities to help protect and assist people not or no longer taking part in hostilities, but these were sometimes hampered by poor security conditions. The situation in the Lake Chad region called for a budget extension¹ (see also *Niger, Nigeria* and *Yaoundé*), which – along with the opening of an office in Baga Sola and sustained cooperation with the Red Cross of Chad – enabled the ICRC to aid conflict-affected people. IDPs coped with their situation using ICRC-supplied shelter materials and household essentials. Farming households restarted their food production activities with the help of seed and tools, and food, to get them through the lean season; and pastoralist households had healthier livestock after the ICRC vaccinated and treated their animals. National Society projects carried out with ICRC support broadened people’s access to water and sanitation facilities.

The ICRC continued to lend support for prison and national authorities to help them address systemic challenges in prisons. Sustained dialogue with such actors helped the ICRC gain full access to people in three places of detention. Detainees availed themselves of health services from ICRC-trained prison health staff; those who were malnourished were given ICRC-supplied therapeutic food and supplementary rations. Some prison infirmaries remained functional thanks to ICRC material support. Hygiene kits and infrastructural upgrades mitigated detainees’ health risks. The ICRC also monitored the situation of 300 alleged

former combatants, and their relatives, who had surrendered to the Chadian authorities between July and December.

IDPs, refugees and returnees contacted their relatives through the Movement’s family-links services. Despite persisting needs, such services for Sudanese refugees from Darfur were limited, owing to the slow pace of restoring ICRC activities in Sudan after the suspension of these activities in 2014 (see *Sudan*). People filed tracing requests for missing relatives; the fate and whereabouts of some people were relayed to their families. Some separated and unaccompanied children, and vulnerable adults, were reunited with their families, in Chad or elsewhere.

The ICRC continued to work with local actors and to help them build their capacity to deliver physical rehabilitation services to disabled people. It also continued to encourage the health and social affairs ministries to increase investment in these services. The ICRC supplied two physical rehabilitation centres with prosthetic and orthotic components to benefit, primarily, people affected by the consequences of past conflicts. As planned, it withdrew its support for the sector at the end of the year.

The ICRC strove to foster understanding of and respect for humanitarian principles, and to facilitate the Movement’s activities. Discussions with the authorities and the armed and security forces – including the multinational and French military forces – focused on protecting people not or no longer taking part in hostilities and on compliance with IHL and other applicable norms. Troops stationed in the Lake Chad region, along the border with the CAR, and those bound for peacekeeping missions in Mali, attended IHL sessions conducted by the ICRC.

Despite internal managerial and structural challenges, the National Society provided assistance to people in need. With Movement support, it bolstered its emergency-response, first-aid, family-links and communication capacities. Movement partners met regularly to coordinate activities and avoid duplication of effort.

CIVILIANS

The ICRC continued to monitor the situation of IDPs, returnees, refugees and residents of host communities affected by the conflict in the Lake Chad region. The opening of its office in Baga Sola enhanced its ability to do so. It also monitored, to some extent, the situation of people who had fled other situations of violence in neighbouring countries such as the CAR and Sudan.

Certain incidents – related to the conduct of hostilities or to arrests and detention – were documented and brought up during confidential representations to authorities and weapon bearers. These representations served as formal reminders to respect IHL and other applicable norms, particularly those concerning the protection due to people not or no longer taking part in hostilities.

Members of separated families stay in touch through the Movement’s family-links services

The National Society expanded its family-links and emergency-response capacities with ICRC material, financial and technical support and training.

Refugees, including unaccompanied or separated minors, from northern Cameroon, southern Niger, and Nigeria restored and maintained contact with relatives through phone calls or RCMs. These services were offered at a family-links site established by

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C22344A334FA4D99C12580270022ADD7/\\$File/BEA_2016_LakeChad_347_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C22344A334FA4D99C12580270022ADD7/$File/BEA_2016_LakeChad_347_Final.pdf)

the National Society and the ICRC at the main refugee camp on the Chadian shores of Lake Chad. Refugees from the CAR and returnees availed themselves of similar services at eight sites, in the south and in N'Djamena. Owing to the ICRC's limited activities in Sudan (see *ICRC action and results*), family-links services for Sudanese refugees from Darfur continued at a slow pace.

In all, 57 unaccompanied children and vulnerable adults were reunited with their families in Cameroon, the CAR, Chad, the Democratic Republic of the Congo, Mali and Nigeria. The ICRC conducted follow-up visits to ensure the children's well-being. Some people filed tracing requests for missing relatives; the fate and whereabouts of 170 people, most of whom were registered by another ICRC delegation, were ascertained and relayed to their families.

Farming households restart their food production activities

The ICRC, in cooperation with the National Society and in coordination with other humanitarian agencies, carried out activities geared toward helping IDPs and residents of host communities affected by the conflict in the Lake Chad region.

Over 5,000 farming households (around 30,300 people total) – including some headed by women – were able to restart their food production activities with the help of ICRC-supplied seed, vegetables and/or agricultural tools. Assessments showed that households that received such support were able to meet their nutritional needs for three to five months by consuming what they had cultivated. They also received food to get them through the lean season, and fortified cereal to help prevent malnutrition among children and pregnant or lactating women. Some 8,400 people (1,400 households) coped with their situation with the help of ICRC-supplied shelter material and household essentials.

Over 2,400 pastoralist households (around 14,400 people) had healthier and more productive livestock after their animals were vaccinated and/or treated by the ICRC. In addition, 20 animal health workers – with support from the livestock ministry and the ICRC – were trained in animal disease prevention and treatment techniques to help improve the health of their communities' livestock. They also received veterinary kits containing drugs and tools from the ICRC.

IDPs in two camps near Bol, in the Lac region, benefited from ICRC-supported National Society projects, namely, the construction of two boreholes and ten latrines. These helped improve their access to potable water and reduce their risk of contracting diseases. Similar ICRC projects – the construction of water points and latrines – were delayed owing to logistical and other constraints, and remained ongoing at the end of the reporting period.

PEOPLE DEPRIVED OF THEIR FREEDOM

More people were arrested as the conflict in the Lake Chad region intensified, putting additional pressure on the detention system and adversely affecting the living conditions of inmates. The ICRC continued to seek access to all detainees within its purview; its efforts enabled it to gain full access to detainees in three security and military facilities.

Nearly 5,700 detainees in 13 detention facilities – including places of temporary detention – were visited by ICRC delegates, in accordance with the organization's standard procedures. ICRC delegates monitored detainees' treatment, including respect for judicial guarantees, and their living conditions, paying particular attention to people held for security reasons and detainees with specific

needs, such as women, minors and foreigners. They shared their findings and recommendations confidentially with the relevant authorities (see also *Actors of influence*).

Some families learnt the whereabouts of their detained relatives from notices furnished by detaining authorities to the ICRC. Detainees in some facilities contacted their relatives via the Movement's family-links services. At the request of foreign inmates, the ICRC notified their consulates, embassies and/or the UNHCR of their detention.

The ICRC closely monitored the situation of alleged former combatants and their relatives, including women and children – about 1,000 people in all (see *Action and results*). It also provided them with family-links services.

Detainees receive better health services from prison health staff

The authorities' efforts to improve the management of food supply in places of detention were hampered by a lack of financial resources. The ICRC monitored the health and nutritional status of detainees in six prisons – including the Bol prison and the remote Koro Toro high-security prison – and provided support as necessary. Some 2,100 malnourished detainees improved their health with the help of therapeutic food and/or supplementary rations.

ICRC-provided medicines and equipment helped the dispensaries in all six prisons to continue functioning. Detainees in three prisons benefited from medical screening upon their entry to prison, and from regular inspection of their cells by medical personnel. In some prisons, detainees availed themselves of HIV testing and counselling, organized by the national HIV/AIDS-control programme with ICRC support. District focal points provided, and supervised, treatment for detainees with HIV and TB. In one prison without health staff, the ICRC monitored potential health risks while basic health-care services were provided by detainees. Four detainees requiring urgent medical attention were taken to hospital after the ICRC interceded on their behalf with the justice ministry.

Prison and health authorities participated in ICRC courses and workshops on health and nutrition in places of detention (see also *Abidjan*). With ICRC encouragement, some district health authorities included prison clinics in their list of primary-health-care clinics to supervise. Prison staff strengthened their ability to manage food stocks and provide basic medical assistance for detainees; they did so through ICRC training sessions and courses, including a refresher course on national treatment protocols for such common diseases as malaria, TB and respiratory infections.

Detainees in some prisons have better living conditions following infrastructural upgrades

Detainees in three prisons attended ICRC hygiene-promotion sessions. Around 3,700 of them – and prison staff – received hygiene and cleaning items from the ICRC. Such activities helped them reduce their exposure to health risks. Some detainees' living conditions improved after the ICRC renovated prison infrastructure. About 700 detainees in the Koro Toro prison had access to potable water following repairs to boreholes; roughly 530 in the Kelo prison benefited from improved food preparation thanks to the installation of energy-saving ovens; and approximately 300 in the Abéché prison benefited from upgraded health facilities.

WOUNDED AND SICK

The ICRC, with the help of the National Society and other relevant actors, raised awareness of the need to respect and protect medical

personnel and infrastructure. Twenty-four medical professionals and students, from Chad and other French-speaking African countries, strengthen their ability to treat wounded people through a war surgery course, held in N'Djamena and organized by the ICRC with the help of a Chadian academic institution.

Disabled people receive physical rehabilitation services

Some 4,660 disabled persons, including 36 victims of mines or ERW, were treated, free of charge, at two ICRC-supported physical rehabilitation centres – the Centre d'appareillage et de rééducation de Kabalaye (CARK) in N'Djamena and the Maison Notre-Dame de la Paix in Moundou. Most of these people were disabled as a consequence of past conflicts and had received treatment at these centres before. They improved their mobility with the help of wheelchairs, crutches, canes and prosthetic and orthotic devices made from ICRC-supplied components. Some disabled people participated in sporting activities, organized by the national Paralympic committee and the ICRC, which facilitated their social reintegration.

During the reporting period and over the past few years, the ICRC worked with local actors and helped them build their capacity to deliver suitable physical rehabilitation services to disabled people, though this resulted in limited success with the CARK. With the ICRC's help, a physiotherapist continued to upgrade his/her qualifications by attending a three-year course in Benin, while staff at the supported centres enhanced the quality of their services through training sessions. In parallel, the health and social affairs ministries were encouraged to increase their investment in the physical rehabilitation sector. Local stakeholders and international experts drafted a national plan to address the physical rehabilitation needs in the country; the draft was still awaiting the health ministry's approval.

As planned, the ICRC withdrew its support for physical rehabilitation services in Chad at the end of 2016. Handicap International was set to follow up and provide support for the physical rehabilitation authorities who had been receiving ICRC assistance.

ACTORS OF INFLUENCE

Given the situation in the Lake Chad region (see *Context*), and Chad's political and military influence in the region, the ICRC sought to maintain regular and constructive dialogue with the authorities, armed and security forces – including members of the multinational force and Barkhane – and key members of civil society. The aim was twofold: to foster respect for IHL and other applicable norms, and to facilitate the Movement's activities.

Armed and security forces learn more about IHL and other applicable norms

Some 150 members of the Chadian armed forces, under the command of either the Chadian army deployed in the Lac region or the multinational joint task force, learnt more about IHL and other applicable norms at briefings. Other Chadian army officers and troops – based on the border with the CAR, bound for peace-keeping missions in Mali, or attached to the presidential guard – attended similar sessions, some of which were organized jointly with the military's IHL focal points.

During an ICRC training session, 46 officers from the headquarters of the multinational joint task force learnt more about the applicability of IHL to their operations; a high-ranking military officer and legal adviser participated in a round-table on the same subject.

Some 100 members of an elite police force in charge of security in N'Djamena learnt more about internationally recognized standards for law enforcement during dissemination sessions and briefings, including some held before the presidential elections.

Armed and security forces stationed in northern Chad – in Borkou and Tibesti – learnt about the ICRC and the Movement during dissemination sessions.

Civil society figures further their understanding of the Movement

Press releases and reference materials on the ICRC website, and updated information on the ICRC's family-links website (familylinks.icrc.org), helped stimulate public interest in humanitarian affairs. Events organized jointly with the National Society to mark World Red Cross and Red Crescent Day (8 May) also helped promote the Movement.

Members of the media, religious and traditional leaders, and students from areas prone to violent protests increased their understanding of the National Society and the ICRC, and about their activities, during dissemination sessions that were sometimes combined with first-aid training. These events covered other subjects, such as: the proper use of the emblems protected under IHL; points of correspondence between IHL and Islamic law; compliance with IHL; and protection for people not or no longer taking part in hostilities, including detainees, journalists, and medical personnel.

During meetings with the ICRC, the pertinent authorities were encouraged to: ratify and accede to weapon-related IHL treaties, such as the Convention on Certain Conventional Weapons; bring detention conditions in line with internationally recognized standards and adopt a revised penal code; enact legislation on the rights of disabled people (see *Wounded and sick*) and on the emblems protected under IHL; and incorporate provisions of the Arms Trade Treaty in domestic legislation.

RED CROSS AND RED CRESCENT MOVEMENT

Despite internal problems – managerial and structural – the National Society remained an important partner of the ICRC in working with the authorities and other aid agencies to assist people in need (see *Civilians*).

It bolstered its managerial and operational capacities – particularly in emergency response, first aid, family-links services and public communication – with financial, material and technical support and training from the ICRC and other Movement partners. With such help, it opened a branch in Baga Sola and constructed an office in Bol, covering the Lac region, to improve its access to people affected by the conflict in the Lake Chad region; a new branch in Bardai enabled it to respond to humanitarian needs in northern Chad. It worked to ensure the safety of its staff and volunteers, for example, by participating in ICRC-organized training on the Safer Access Framework and by developing contingency plans.

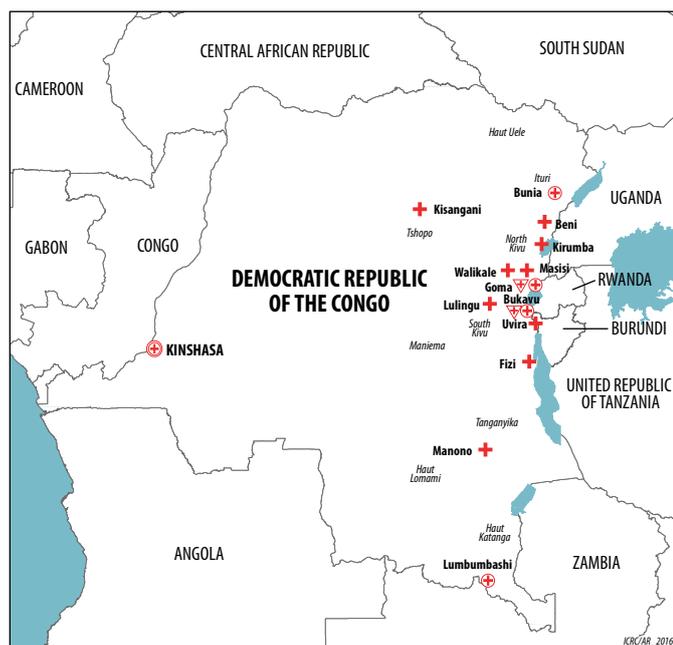
ICRC-trained volunteers, equipped with first-aid kits, tended to victims of road accidents and casualties of conflict and other violence. In northern Chad, the National Society continued its fumigation campaign against scorpions, which are a major problem in the region.

Movement partners met regularly to coordinate their activities and avoid duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		404	67		
RCMs distributed		592	15		
Phone calls facilitated between family members		9,851			
Reunifications, transfers and repatriations					
People reunited with their families		57			
	<i>including people registered by another delegation</i>	4			
People transferred or repatriated		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		181	31	45	52
	<i>including people for whom tracing requests were registered by another delegation</i>	92			
Tracing cases closed positively (subject located or fate established)		170			
	<i>including people for whom tracing requests were registered by another delegation</i>	139			
Tracing cases still being handled at the end of the reporting period (people)		840	177	178	163
	<i>including people for whom tracing requests were registered by another delegation</i>	546			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		82	39		3
UAMs/SC reunited with their families by the ICRC/National Society		53	23		1
	<i>including UAMs/SC registered by another delegation</i>	3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		218	77		5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		5,695	91	112	
			Women	Girls	Boys
Detainees visited and monitored individually		523	15	1	18
Detainees newly registered		353	15	1	13
Number of visits carried out		72			
Number of places of detention visited		13			
RCMs and other means of family contact					
RCMs collected		632			
RCMs distributed		314			
Phone calls made to families to inform them of the whereabouts of a detained relative		391			
People to whom a detention attestation was issued		3			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	30,312	12,121	10,608
	<i>of whom IDPs</i>	29,112	11,641	10,188
Essential household items	Beneficiaries	8,426	3,443	2,861
	<i>of whom IDPs</i>	8,022	3,216	2,797
Productive inputs	Beneficiaries	40,746	15,338	12,598
	<i>of whom IDPs</i>	34,569	13,365	11,315
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	2,205	18	16
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,700	74	37
Health				
Visits carried out by health staff		10		
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services	Patients	4,661	971	1,672
New patients fitted with prostheses	Patients	62	12	2
Prostheses delivered	Units	236	36	12
	<i>of which for victims of mines or explosive remnants of war</i>	36	8	1
New patients fitted with orthoses	Patients	117	18	70
Orthoses delivered	Units	347	53	217
Patients receiving physiotherapy	Patients	3,491	726	1,248
Walking aids delivered	Units	758	109	106
Wheelchairs or tricycles delivered	Units	65	9	5

CONGO, DEMOCRATIC REPUBLIC OF THE



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ People received suitable care at ICRC-supported health facilities. Wounded people were evacuated to hospital and received life-saving treatment from ICRC or ICRC-supported surgical teams.
- ▶ Displaced people and returnees met their needs with ICRC emergency assistance. Some of them, along with residents of host communities, earned money from farming or fishing, using supplies and equipment from the ICRC.
- ▶ Victims of sexual violence and other trauma received psychosocial support. Income-generating activities eased the social reintegration of some victims who had received financial assistance from the British Red Cross and the ICRC.
- ▶ Separated children, many of them formerly associated with weapon bearers, rejoined their relatives in the country and abroad. They received material and other support to ease their return to their families and communities.
- ▶ Detainees improved their health and diet thanks to ICRC-distributed therapeutic food and supplementary rations. They had better living conditions and were less exposed to health hazards after the ICRC renovated prison infrastructure.
- ▶ As allegations of abuse remained unabated, the authorities and weapon bearers were reminded to protect civilians. Parties to the conflict strengthened their grasp of IHL and humanitarian principles during training sessions.

EXPENDITURE IN KCHF

Protection	16,566
Assistance	39,366
Prevention	4,942
Cooperation with National Societies	2,126
General	253
Total	63,254
<i>Of which: Overheads</i>	<i>3,806</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	112
Resident staff (daily workers not included)	741

Having worked in the country since 1960, the ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. It meets the emergency needs of conflict-affected people, assists them in becoming self-sufficient and helps those in need receive adequate health and medical care, including psychosocial support. It visits detainees, helps restore contact between separated relatives, reunites children with their families and supports the development of the Red Cross Society of the Democratic Republic of the Congo. It also promotes knowledge of and respect for IHL and international human rights law among the authorities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	42,317
RCMs distributed	35,654
Phone calls facilitated between family members	1,139
Tracing cases closed positively (subject located or fate established)	321
People reunited with their families	363
<i>of whom unaccompanied minors/separated children</i>	343
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	22,618
Detainees visited and monitored individually	2,282
Number of visits carried out	246
Number of places of detention visited	53
Restoring family links	
RCMs collected	3,025
RCMs distributed	1,382
Phone calls made to families to inform them of the whereabouts of a detained relative	35

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	91,500
Essential household items	Beneficiaries	159,000
Productive inputs	Beneficiaries	108,000
Cash	Beneficiaries	3,399
Vouchers	Beneficiaries	39,500
Services and training	Beneficiaries	80
		1,200
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	656,000
		671,984
Health		
Health centres supported	Structures	15
		14
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	7
		22
Water and habitat		
Water and habitat activities	Number of beds	941
Physical rehabilitation		
Projects supported	Projects	4
		5
Patients receiving services	Patients	1,000
		1,150

CONTEXT

The security situation in the Democratic Republic of the Congo (hereafter DRC), particularly in North Kivu, deteriorated further as armed violence, ethnic tensions and criminality increased. This continued to lead to casualties, displacement, the destruction of livelihoods and property, and other abuses against civilians. Humanitarian personnel were also affected.

Implementation of the Peace, Security and Cooperation Framework for the Democratic Republic of the Congo and the Region, and of the Nairobi Declaration, continued at a slow pace. Little progress was made in implementing two demobilization processes: a national one for members of armed groups, and another, managed by the UN Stabilization Mission in the DRC (MONUSCO), for foreign combatants.

The presence of refugees – from Burundi, the Central African Republic (hereafter CAR) and South Sudan – and of Congolese migrants deported or returning from neighbouring countries, continued to strain local resources.

The postponement of the presidential elections generated political unrest. The socio-economic situation continued to deteriorate, adding to the instability in the country.

ICRC ACTION AND RESULTS

Despite some constraints on its delivery of aid, the ICRC continued to protect and assist people affected by armed conflict or other situations of violence, notably in eastern DRC. Regular contact was maintained with weapon bearers, the authorities, members of civil society and conflict-affected communities, with a view to helping them improve their understanding of IHL and the Movement, and broadening acceptance for neutral, impartial and independent humanitarian action.

Conflict-affected people maintained access to health services, thanks to regular ICRC material, technical and infrastructural support to primary-health-care centres and hospitals, and ad hoc support to other health facilities during emergencies. Weapon-wounded people were evacuated by the Red Cross Society of the Democratic Republic of the Congo and/or the ICRC to medical facilities; some were treated by an ICRC surgical team at a hospital in Goma or a team of local surgeons in the Bukavu hospital, which received ICRC financial and technical support. The latter team was able to ease the work of the ICRC surgeons in Goma by taking charge of some transferees.

Victims of sexual violence and other conflict-related trauma received psychosocial care at ICRC-supported counselling centres, and, when necessary, were referred to health facilities for medical treatment. Information sessions for community members broadened awareness of the availability of these services and sought to prevent the stigmatization of victims. People disabled as a result of armed conflict regained some mobility with prosthetic and orthotic devices, and physiotherapy, from ICRC-supported physical rehabilitation centres. Training sessions and other events were organized for local specialists, to help ensure the sustainability of the physical rehabilitation sector.

Displaced people and returnees affected by conflict or other violence – especially in the Kivu provinces, but also in Ituri and Tanganyika – covered their immediate needs with ICRC emergency

aid, distributed with the National Society's help. They, as well as some residents of host communities, earned money through agricultural or fish-farming activities, using ICRC-provided seed, tools and fishing kits. The ICRC explored the possibility of using cash transfers more widely, and cut back on distributions of material aid; this, however, was made difficult by the remoteness of violence-affected areas. Victims of sexual violence and other economically vulnerable people who had received financial assistance from the British Red Cross and the ICRC back in 2015 were found to have started income-generating activities, thereby reintegrating into community life; the programme was set to be replicated in other parts of the DRC in 2017. People benefited from the construction or repair of sanitation facilities and water systems.

ICRC delegates visited detainees to monitor their treatment and living conditions, and shared their findings and recommendations confidentially to the pertinent authorities. The judicial authorities acted on individual cases brought up by the ICRC; this contributed to the release of 443 inmates. Detaining authorities and the ICRC continued to discuss the timely release of funds for food in prisons. Meanwhile, detainees improved their diet with ICRC-distributed food; malnourished detainees received therapeutic food and supplementary rations. ICRC initiatives – material and technical support for prison dispensaries, distributions of hygiene items and renovation of prison infrastructure – improved living conditions, including access to health care, in a number of prisons. Improved sanitary conditions and access to clean water reduced detainees' exposure to health hazards.

Members of families separated by conflict or other violence – including refugees from Burundi, the CAR and South Sudan – and detention reconnected through the Movement's family-links services. Separated children, including those formerly associated with weapon bearers, were reunited with their families in the DRC or abroad, and received support to ease their social reintegration and prevent future recruitment.

The National Society, a key ICRC partner, strengthened its communication, emergency-response, family-links and first-aid capacities with ICRC financial, material and technical support. Regular contact with Movement partners, the authorities and humanitarian organizations ensured coordination of activities.

CIVILIANS

Civilians approached the ICRC with reports of abuses committed by weapon bearers, including sexual violence, child recruitment and attacks against humanitarian and medical staff and facilities. The ICRC made representations to weapon bearers, based on these allegations, and reminded them of their obligations under IHL to put an end to the abuse and prevent its recurrence.

Key messages of the Health Care in Danger project were regularly relayed to communities and parties to the conflict, especially in violence-prone areas. On some occasions, weapon bearers called on the ICRC – or the National Society – to act as a neutral intermediary in transferring human remains and facilitating civilians' access to health services.

Demobilized children rejoin their families

Training enabled five provincial tracing coordinators, and 100 National Society volunteers in the Kivu provinces, to develop their ability to provide family-links services. Members of families dispersed by conflict or other violence – including refugees from

Burundi, the CAR and South Sudan – reconnected through the Movement's family-links services.

Some 340 separated children, of whom 180 had been demobilized, rejoined their families in the DRC or abroad. Over 210 children who returned home to the DRC received food, which helped them contribute to their households' food supply; some 120 of them also received hygiene kits. Over 80 children used ICRC-provided materials to undertake vocational activities, which helped them readjust to civilian life. The ICRC conducted follow-up visits to monitor their welfare.

Foster families or staff at transitional centres tended to children registered by the ICRC, while they waited to rejoin their families. Some 830 children attended awareness-raising sessions, where they and their communities discussed the risks they faced upon returning home. They had improved living conditions as the transitional centres received ICRC help, including material support and, in one centre, infrastructural upgrades. Community-based initiatives and recreational activities fostered the children's social reintegration and helped prevent further recruitment.

International child protection agencies and the ICRC discussed how to make demobilization easier for children formerly associated with armed groups.

Victims of sexual violence obtain medical and psychosocial care

An average of 199,000 people per month had access to primary-health-care services at 14 ICRC-supported centres. At these centres, some: 99,700 people – mostly children – received vaccinations through a national immunization programme and a polio vaccination campaign; women benefited from some 13,000 antenatal consultations; 1,600 patients were referred to higher-level care; and destitute patients, including pregnant women, were treated free of charge. Eleven other centres received ad hoc support during emergencies – displacement or instances of looting – which benefited some 126,100 people.

More people in the Kivu provinces had access to psychosocial support after the ICRC opened four new counselling centres, two of which it built. Some 4,840 people suffering from conflict-related trauma – 68% of whom were victims of sexual violence – received psychosocial care at 26 ICRC-supported centres in the Kivu provinces; the ICRC's access to one of these centres was, however, suspended early in the year owing to uncertain security conditions. Those who required medical treatment were referred to ICRC-supported health facilities nearby. During information sessions aimed at preventing stigmatization linked to sexual abuse, people learnt of the services available to them and the importance of prompt post-exposure prophylactic treatment. Around 1,260 weapon-wounded and disabled people also availed themselves of psychosocial services (see *Wounded and sick*).

Displaced civilians meet their most urgent needs

In the Kivu provinces, Ituri and Tanganyika, around 137,500 civilians (26,735 households) – mainly IDPs and returnees – received food while around 86,400 people (17,285 households) received household essentials distributed by the National Society and the ICRC. Some 28,000 displaced, returnee and resident households (some 140,300 people) earned money from agricultural or fish-farming activities, using ICRC-provided disease-resistant cassava cuttings, staple crop or vegetable seed, tools or fishing

kits. Support for the daily follow-up of some 2,100 heads of households (benefiting some 10,500 people), and training for 240 of them (benefiting around 1,200 people), by local workers, and the involvement of local associations and State agencies, helped ensure these activities' sustainability.

The remoteness of violence-affected communities made it difficult to implement a cash-transfer programme. Assessments showed that about 100 victims of sexual violence and/or economically vulnerable people in South Kivu – recipients of financial assistance from the British Red Cross and the ICRC in 2015 – had started income-generating activities, thereby reintegrating into their communities; plans were made to replicate the programme in North Kivu and other parts of South Kivu.

Communities have access to potable water

Over 500,000 people in Goma had better access to water after the ICRC repaired the city's main pumping station. In rural areas of Haut Lomami and the Kivu provinces, approximately 162,000 people had potable water after 16 water-supply systems were constructed. With the ICRC's help, beneficiary communities determined their water needs and formed committees to maintain infrastructure, leading to greater local responsibility and accountability. ICRC-backed National Society projects also broadened some 4,000 people's access to water. ICRC repairs to two bridges – in Haut Lomami and South Kivu – improved access for about 5,700 people to services and economic infrastructure.

Following ethnic violence in North Kivu, ICRC-installed latrines and other emergency assistance ensured sanitary conditions for roughly 4,000 people.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited around 22,600 detainees, in accordance with its standard procedures, to monitor their treatment and living conditions. Delegates paid particular attention to vulnerable groups, including security detainees. Afterwards, they discussed their findings confidentially with the pertinent authorities, whom they encouraged to ensure respect for judicial guarantees and address overcrowding in prisons. The judicial authorities acted on individual cases brought up by the ICRC; this contributed to the release of 443 inmates, including those whose pre-trial detention had exceeded the legal limit.

Detainees communicated with their relatives using RCMs; nine detainees were given financial assistance to return home after their release.

Detainees meet their nutritional needs and have reduced exposure to health hazards

The implementation of the legal framework for a national policy incorporating prison health care into national health services showed some progress with the reactivation of a working group in charge of it. About 16,900 inmates had access to good-quality health care as a result of regular ICRC material and technical support for health services, including dispensaries, in ten prisons; another prison received ad hoc medical supplies.

Over 25,300 detainees improved their hygiene using soap and cleaning items distributed by the ICRC, sometimes after hygiene-awareness sessions. Some 10,300 inmates in ten prisons had better access to clean water and/or were less at risk of disease, including cholera, after repairs to cooking, sanitation and water facilities.

Dialogue with prison authorities, to ensure the timely release of funds allocated for food in prisons, continued. In early 2016, the authorities concerned took measures to cover detainees' daily nutritional needs – notably, by increasing the food budget for several jails. However, budget cuts later in the year had adversely affected detainees' health by the end of the reporting period.

The ICRC continued to help provide sufficient food for detainees. In all, close to 4,700 detainees met their nutritional needs using ICRC-provided daily rations. During an emergency, some people in a place of temporary detention received similar support for three months. Over 8,300 acutely and moderately malnourished inmates in ten facilities improved their health with ready-to-eat therapeutic food and supplementary rations. The ICRC regularly monitored the nutritional status of detainees and the food-supply chain in these prisons, and was thus able to assess the situation and the effectiveness of its nutrition programme more accurately. These efforts helped reduce rates of acute malnutrition in most prisons receiving ICRC support.

WOUNDED AND SICK

Weapon-wounded people receive suitable medical treatment

Volunteers from communities and from the National Society enhanced their capacity to give life-saving care with ICRC material support and first-aid training. Some 170 weapon bearers also learnt first aid during training sessions, with a view to helping their peers during clashes.

Around 300 wounded people – some injured during ethnic violence in North Kivu – were taken to hospital by the ICRC. When the ICRC was unable to do so, the National Society took charge of evacuating the wounded. In the Kivu provinces, over 1,500 wounded people – civilians and weapon bearers – were treated at 22 ICRC-supported health facilities. Four hospitals were regularly provided with supplies, equipment and staff training; the 18 others received ad hoc support.

Wounded people at the Goma and Bukavu hospitals were treated by an ICRC surgical team and an ICRC-supported team of local surgeons, respectively; the Bukavu team eased the ICRC surgeons' work by taking over four transferees from the Goma hospital. Some 810 patients received surgical care free of charge. Both teams trained local medical personnel in war-surgery techniques adapted to the context; in North Kivu, nurses and doctors from 28 health facilities received such contextualized training.

Patients had access to better services at ten health facilities, including two counselling centres (see *Civilians*), following ICRC construction and/or repair work. The Goma hospital was given two generators and its laundry room was refurbished; the Bukavu hospital's water-supply system was upgraded.

Disabled people regain their mobility

Some 1,150 people, most of them disabled as a consequence of the conflict, obtained good-quality services, free of charge, at four physical rehabilitation centres in Bukavu, Goma and Kinshasa. Some patients were fitted with prostheses and orthoses made of parts produced in an ICRC-supported workshop. These facilities received material and technical support from the ICRC.

Disabled people received psychosocial care at two centres and at the Goma hospital. Some of them participated in activities that promoted their social inclusion; the Congolese team participated

in the 2016 Summer Paralympics in Brazil with the help of the national Paralympic committee, which received ICRC support.

The ICRC began sponsoring certain personnel from the ICRC-supported centres, and from a medical institution, to attend a three-year course in prosthetics and orthotics in Lomé, Togo. Key technicians and specialists from organizations, academic institutions and government bodies attended conferences and workshops in the DRC and abroad, some of which the ICRC arranged with other organizations and academic institutions. Officials from the health and social affairs ministries, and from a hospital in Kinshasa, attended an ICRC-organized train-the-trainer course. Such courses aimed to ensure the sustainability of the country's physical rehabilitation sector. At a meeting arranged with ICRC support, key actors discussed the finalization of the national action plan to protect disabled people and promote their social inclusion.

ACTORS OF INFLUENCE

Weapon bearers learn more about IHL and the Movement

In Kinshasa and several provinces in eastern DRC, some 3,700 members of the armed forces and other weapon bearers attended training sessions – sometimes combined with first-aid training – which aimed to enhance their respect for IHL and humanitarian principles, and secure the Movement's access to people in need. Participants and the ICRC also discussed issues of humanitarian concern, including sexual violence and the protection of health personnel and facilities during armed conflict and other emergencies.

Some 1,300 police personnel, including senior officers from a special unit and others in charge of operations in Kinshasa, learnt more about international rules governing the use of force and crowd control, and about the ICRC and its activities, at dissemination sessions held by the ICRC in several provinces.

Particular efforts were made to reach military officers in charge of operational decision-making in conflict-affected provinces and at military headquarters. Dialogue with the armed forces' headquarters, on incorporating IHL in military planning and operations, was reinforced with ICRC workshops on the subject; some 190 staff officers attended these workshops and responded positively to them.

The ICRC maintained regular contact with the parties involved in security sector reform, including national authorities, the European Union, MONUSCO and various embassies.

Civil society strengthens its grasp of humanitarian principles and issues

Regular contact with the ICRC and presentations in various provinces helped over 11,000 people – local authorities, traditional and religious leaders, young people and members of civil society – to understand humanitarian principles more fully. This helped increase acceptance for the National Society and the ICRC, and facilitated the delivery of humanitarian aid.

Some 1,560 university students attended IHL conferences or dissemination sessions on IHL and the ICRC. Some students took part in an ICRC-organized moot court competition. Such events stimulated academic interest in IHL.

Local and foreign journalists drew on ICRC resources and press materials to report on humanitarian issues in the country; they

covered such subjects as the needs of victims of sexual violence, access to water, family reunification, assistance for displaced people and the challenges confronting medical personnel in remote areas.

Authorities are encouraged to ratify IHL treaties

Dialogue with the pertinent authorities focused on the importance of ratifying IHL treaties and related legislative measures, such as a law implementing the African Union Convention on IDPs and a bill authorizing the ratification of the Central African Convention for the Control of Small Arms and Light Weapons.

A bill on the Rome Statute went into effect on 31 December 2015, but one on the emblems protected under IHL, and others authorizing the ratification of Additional Protocol III and promoting adherence to the Arms Trade Treaty, remained on the National Assembly's agenda.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society bolsters its capacity to deliver aid safely

The National Society and the ICRC strengthened their partnership by planning joint activities and incorporating the Safer Access Framework in them. The National Society received support from

the ICRC – workshops, including one on disaster management, and material and technical assistance – which helped it reinforce its capacities in such areas as first aid, managing human remains and restoring family links (see *Civilians* and *Wounded and Sick*). ICRC financial support enabled the National Society to pay the salaries of key staff and cover operating expenses and/or the cost of equipment – internet connection and solar panels – in some of its branches and local committees, all in eastern DRC. Some 3,400 volunteers received insurance coverage from the ICRC.

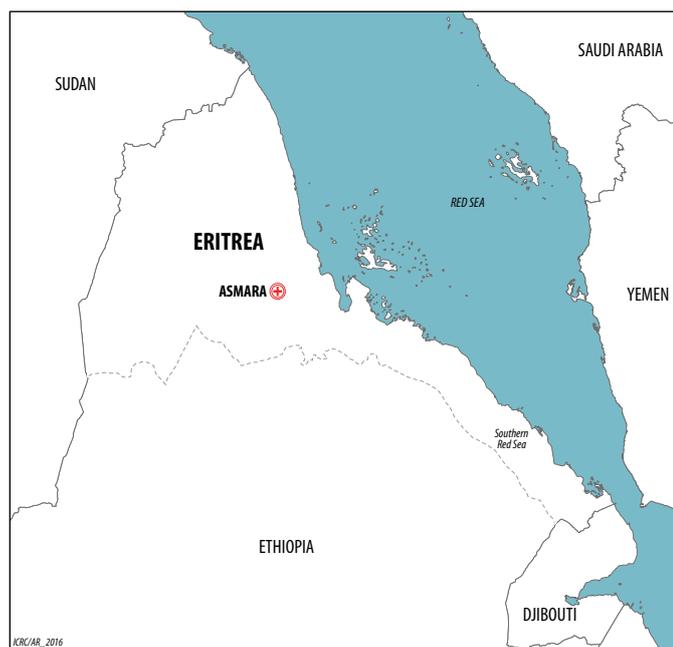
National Society staff developed leadership skills at workshops in the Kivu provinces and Tshopo. Discussions with the National Society covered numerous subjects: its legal status, strategic plan for 2014–2018 and partnership agreement with the ICRC. With ICRC support, the National Society reorganized its structure in line with the country's new provincial boundaries, redrawn in June 2015.

Meetings were held regularly between National Society branches in Kinshasa and in the eastern provinces; an ICRC representative attended these. Meetings with Movement components also took place regularly. They helped to maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		42,317	1,421		
RCMs distributed		35,654	487		
Phone calls facilitated between family members		1,139			
Reunifications, transfers and repatriations					
People reunited with their families		363			
	<i>including people registered by another delegation</i>	16			
People transferred or repatriated		277			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		463	97	126	61
	<i>including people for whom tracing requests were registered by another delegation</i>	145			
Tracing cases closed positively (subject located or fate established)		321			
	<i>including people for whom tracing requests were registered by another delegation</i>	109			
Tracing cases still being handled at the end of the reporting period (people)		475	78	131	79
	<i>including people for whom tracing requests were registered by another delegation</i>	181			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		883	279		263
UAMs/SC reunited with their families by the ICRC/National Society		343	78		180
	<i>including UAMs/SC registered by another delegation</i>	12			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		707	287		74
Documents					
Official documents relayed between family members across borders/front lines		7			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		22,618	512	861	
			Women	Girls	Boys
Detainees visited and monitored individually		2,282	18	13	228
Detainees newly registered		1,613	11	11	202
Number of visits carried out		246			
Number of places of detention visited		53			
RCMs and other means of family contact					
RCMs collected		3,025			
RCMs distributed		1,382			
Phone calls made to families to inform them of the whereabouts of a detained relative		35			
People to whom a detention attestation was issued		57			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	139,319	45,546	60,028
	<i>of whom IDPs</i>	54,190	18,227	21,568
Essential household items	Beneficiaries	88,672	29,325	36,299
	<i>of whom IDPs</i>	38,860	13,246	14,968
Productive inputs	Beneficiaries	140,421	49,485	50,454
	<i>of whom IDPs</i>	12,706	4,410	5,157
Cash	Beneficiaries	3,399	1,368	871
Services and training	Beneficiaries	1,200	600	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	671,984	201,595	268,794
Health				
Health centres supported	Structures	14		
Average catchment population		199,333		
Consultations		76,248		
	<i>of which curative</i>	63,127	3,226	19,017
	<i>of which antenatal</i>	13,121		
Immunizations	Patients	99,727		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	18,705		
Referrals to a second level of care	Patients	1,592		
	<i>of whom gynaecological/obstetric cases</i>	495		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	4,664	68	348
Essential household items	Beneficiaries	25,323	461	593
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	10,324	516	103
Health				
Visits carried out by health staff		59		
Places of detention visited by health staff	Structures	12		
Health facilities supported in places of detention visited by health staff	Structures	11		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	22		
	<i>of which provided data</i>	20		
Patients whose hospital treatment has been paid for by the ICRC		277	41	32
Admissions	Patients	12,366	5,061	3,906
	<i>of whom weapon-wounded</i>	1,502	194	157
	<i>(including by mines or explosive remnants of war)</i>	44	4	13
	<i>of whom surgical cases</i>	1,356	791	129
	<i>of whom internal medicine and paediatric cases</i>	7,498	2,066	3,620
	<i>of whom gynaecological/obstetric cases</i>	2,010		
Operations performed		4,051		
Outpatient consultations	Patients	8,787	4,811	2,417
	<i>of whom surgical cases</i>	198	36	30
	<i>of whom internal medicine and paediatric cases</i>	5,556	1,742	2,387
	<i>of whom gynaecological/obstetric cases</i>	3,033		
First aid				
First-aid posts supported	Structures	12		
	<i>of which provided data</i>	10		
Wounded persons treated	Patients	84	6	8
Water and habitat				
Water and habitat activities	Number of beds	941		
Physical rehabilitation				
Projects supported	Projects	5		
Patients receiving services	Patients	1,150	224	130
New patients fitted with prostheses	Patients	248	58	22
Prostheses delivered	Units	438	98	64
	<i>of which for victims of mines or explosive remnants of war</i>	8	1	1
New patients fitted with orthoses	Patients	124	33	26
Orthoses delivered	Units	209	47	67
Patients receiving physiotherapy	Patients	465	113	78
Walking aids delivered	Units	1,011	163	79
Wheelchairs or tricycles delivered	Units	26	3	1

ERITREA



ICRC/AR_2016
⊕ ICRC delegation

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KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Households affected by past violence worked to rebuild their livelihoods, aided by seed and tools, and veterinary services for their livestock, from the ICRC; they had better access to clean water through solar-powered systems.
- ▶ Vulnerable people of Ethiopian origin renewed their residence permits with ICRC financial assistance. Those who wished to be repatriated through the government's programme had their transport and other costs covered.
- ▶ The ICRC and the "Red Cross Society of Eritrea" resumed cooperation under a new agreement focused on supporting the latter's efforts to rebuild its emergency response and other operational capacities.
- ▶ Beneficiary communities, students, military personnel and local authorities learnt more about IHL and the Movement at ICRC briefings during activities organized by a youth group, and through an article published in local languages.
- ▶ The ICRC's access to and activities for conflict-affected people, including detainees, remained limited. Through discussions with the authorities, and other means, it sought to increase acceptance for its mandate and work.

EXPENDITURE IN KCHF

Protection	889
Assistance	3,253
Prevention	494
Cooperation with National Societies	206
General	31
Total	4,872
<i>Of which: Overheads</i>	<i>297</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	110%
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PERSONNEL

Mobile staff	3
Resident staff (daily workers not included)	44

The ICRC opened a delegation in Eritrea in 1998 in the context of the 1998–2000 international armed conflict between Eritrea and Ethiopia and continues to respond to the needs remaining from that two-year war. Its priorities are to help improve the resilience of the population concerned and to ensure compliance with internationally recognized standards with regard to any detainees in Eritrea of concern to the ICRC. The ICRC supports the "Red Cross Society of Eritrea".

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	496
RCMs distributed	1,103
Tracing cases closed positively (subject located or fate established)	55

ASSISTANCE

	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 10,000	3,025
Productive inputs	Beneficiaries 239,000	427,880
Cash	Beneficiaries 4,870	3,723
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 22,500	87,400

CONTEXT

Ethiopian and Eritrean forces clashed along the border in June 2016, but the fighting did not escalate further; tensions persisted between the two countries. The dispute regarding the sealed Eritrea–Ethiopia border remained stalled; both countries maintained a military presence in the disputed areas.

People in Eritrea continued to feel the effects of past violence: many found it difficult to restore their livelihoods, and access to public services was limited.

No progress was made in the demarcation of the Djibouti–Eritrea border, or in implementing the mediation agreement signed by the two countries in 2010. Qatar, acting as a mediator, maintained troops in the disputed region. In March 2016, the Eritrean government handed over four Djiboutian POWs, previously reported missing, to Qatar.

Humanitarian action remained limited following the government's request, in 2011, that international humanitarian agencies terminate or curtail their activities. The government continued to implement agreements, signed in 2013, on resuming cooperation with the European Union and the UN.

ICRC ACTION AND RESULTS

The ICRC in Eritrea maintained dialogue with the authorities and other efforts to foster understanding of and acceptance for its mandate and activities. Operating within the limits imposed on its movements and activities (see *Context*), it continued to help vulnerable communities cope with their circumstances, particularly people affected by the border dispute between Ethiopia and Eritrea and by the past conflict with Djibouti.

The ICRC worked with rural communities – including those near the border with Ethiopia – to help them restore their livelihoods. Farming households increased their food production with the help of seed and tools and other ICRC material assistance. The ICRC and the authorities implemented campaigns to treat livestock against parasites and disease; this helped herding households maintain or improve the health and market value of their herds. More water was available for the livestock of some of these households after watering ponds were constructed in their villages.

Communities in border areas had better access to safe water after solar-powered systems were constructed, repaired and maintained by local authorities with ICRC support. The authorities also received ICRC assistance in the form of training and equipment for maintaining these systems and for bolstering their capacity to ensure the sustainability of water supply.

The ICRC continued to monitor the situation of Ethiopians living in Eritrea to help ensure that their rights under internationally recognized standards, including voluntary repatriation in humane conditions, were respected; permission for the ICRC to facilitate the voluntary repatriation of civilians had been withdrawn in 2009. The ICRC covered administrative and transport expenses for Ethiopians who wished to be repatriated, and paid for residence permits and medical care for those who wished to stay in Eritrea. It also helped released detainees of Ethiopian origin cover some of their expenses for food, accommodation and transport.

In areas to which it had access, the ICRC helped members of families dispersed by conflict, migration or other circumstances reconnect

through RCMs. It maintained efforts to follow up, with the pertinent authorities, requests for information from the families of people reported missing in connection with the 1998–2000 Eritrea–Ethiopia conflict. The ICRC continued to appeal to the authorities, on behalf of the families concerned, for information on 13 Djiboutian soldiers reported by their government as missing after the hostilities between Djibouti and Eritrea in June 2008.

The ICRC and the “Red Cross Society of Eritrea” signed a one-year cooperation agreement in March 2016. Under the agreement, the ICRC provided material support and training aimed at helping the organization refresh its capacities in conducting first-aid, family-links and other emergency activities, and in operational communication.

CIVILIANS

Amid restrictions on the activities of international humanitarian organizations, the ICRC continued to provide support to violence-affected people in need of assistance. It cultivated dialogue with the Eritrean authorities, with a view to fostering acceptance for its mandate and gaining permission to broaden its activities.

Households headed by women grow crops using ICRC-provided supplies

Vulnerable households affected by previous conflict, including people in areas near the border with Ethiopia, worked to strengthen their resilience against the effects of violence by restoring or improving their livelihoods with ICRC support.

In Anseba, Debub, Gash Barka and Northern Red Sea, households dependent on livestock for their livelihood had limited access to veterinary services. Some 73,800 households (369,000 people) among them maintained or improved the health – and thus the productivity and market value – of their herds by having over 2.5 million heads of livestock treated for parasites under a campaign implemented by the authorities and the ICRC. These households and around 5,000 others (some 25,000 people) in Southern Red Sea and Zoba Maekel also had nearly two million of their animals vaccinated against disease.

In Debub and Gash Barka, 10,000 households (30,000 people) had more water for their livestock during the dry season after four watering ponds were constructed in or near their villages.

Around 700 farming households (some 3,500 people) in rural areas of Anseba, Debub and Gash Barka resumed farming or increased their harvests using vegetable seed, foot pumps and tools distributed by the ICRC; most of these households were headed by women. In Debub, some households grew their crops on land irrigated by a solar-powered system being tested by the ICRC.

Seventeen people, from the agriculture ministry and the “Red Cross Society of Eritrea”, developed their ability to design and implement livelihood assistance projects during ICRC-led training sessions.

Households in rural areas obtain safe drinking water from newly built water points

Some 87,400 vulnerable people in border communities, where access to safe water was limited or non-existent, had a more reliable supply through solar-powered systems constructed, repaired and maintained by the authorities with ICRC assistance. The environmentally friendly systems minimized running and maintenance costs, which was particularly important as fuel was scarce in Eritrea.

Twenty-four technicians developed their abilities to maintain these systems at training sessions conducted by the ICRC.

The authorities developed their capacities to ensure the sustainability of water-supply systems, in particular by sustaining efforts to create an inventory of the water wells across Eritrea; they received surveying equipment and computers from the ICRC.

Patients and staff in the Debub regional hospital had more safe water, after the ICRC repaired infrastructure in the facility.

Vulnerable people of Ethiopian origin renew their residence permits

People of Ethiopian origin continued to be repatriated through Sudan by the Eritrean authorities; the ICRC's authorization to facilitate voluntary repatriation of civilians across the Eritrea–Ethiopia border had been withdrawn by the government in 2009. Working under these conditions, the ICRC monitored the situation of Ethiopians living in Eritrea, to help ensure that their rights under internationally recognized standards, including voluntary repatriation in humane conditions, were respected.

Particularly vulnerable Ethiopians – including women, minors, former detainees and elderly people – coped with their circumstances with the help of ICRC financial assistance. Among them were 3,052 people who renewed their residence permits, and thus obtained government benefits, and 377 repatriates who were able to pay administrative fees, and cover their expenses for food, transport and accommodation; the medical expenses of 39 people were covered. Twenty-three former detainees of Ethiopian origin also received assistance for covering food and accommodation expenses, and transport costs for relatives.

Members of families separated by conflict reconnect through RCMs

Family-links services run by the “Red Cross Society of Eritrea” had been suspended in 2012. Since then, the ICRC had provided these services, to a limited extent, in areas to which it had access. Under the new agreement signed by the two organizations (see *Red Cross and Red Crescent Movement*), the ICRC provided support to the “Red Cross Society of Eritrea” for strengthening its capacity to provide family-links services.

People separated by conflict, migration or other circumstances used RCMs to reconnect with relatives. Family members sent each other official documents, such as academic transcripts and attestations of detention, which helped the recipients to pursue employment opportunities or further studies, or meet legal requirements. At the request of the UNHCR, the ICRC issued travel documents to 47 Somali refugees bound for Slovakia, for eventual resettlement in the United States of America.

The ICRC continued to engage the Eritrean and the Ethiopian authorities in dialogue on helping unaccompanied Eritrean minors in Ethiopia restore contact and, where appropriate, reunite with their relatives (see *Ethiopia*).

The ICRC continued to follow up, with the pertinent authorities, requests from families for news of relatives missing in connection with the 1998–2000 Eritrea–Ethiopia conflict; no new information was made available. The families of the 19 Eritrean POWs held in Djibouti received news of their relatives through ICRC family-links services (see *Nairobi*).

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued its discussions with the authorities, with a view to resuming visits to detainees in Eritrea, including any POWs, civilian detainees of Ethiopian origin and other detainees of concern to the ICRC. After the clashes between Eritrean and Ethiopian troops in June 2016, the ICRC submitted written representations requesting that it be informed of people, if any, captured during the hostilities.

Requests to the Eritrean government for information on the whereabouts of 13 Djiboutian soldiers reported by their government as missing after the 2008 Djibouti–Eritrea conflict remained unanswered; four Djiboutian soldiers were released early in the year (see *Context*).

ACTORS OF INFLUENCE

Given the restrictions on its activities (see *Context*), the ICRC's dialogue with national and local authorities continued to focus on fostering their support and acceptance for IHL, particularly the 1949 Geneva Conventions, and for its own neutral, impartial and independent humanitarian action. During meetings with government officials, and by involving the authorities in the planning and implementation of its activities, the ICRC created opportunities to discuss humanitarian issues and seek broader access to people affected by violence, including detainees (see *People deprived of their freedom*).

More than a hundred regional authorities were briefed on IHL and Movement activities at dissemination events; they also received copies of ICRC publications.

Young Eritreans learn more about IHL

Some 3,600 people – members of the National Union of Eritrean Youth and Students and beneficiaries of ICRC projects – learnt more about IHL and the Movement's activities through dissemination sessions. During a youth festival at the Sawa Military Training Centre, participants – including students and military personnel – added to their knowledge of IHL, and received reference materials on the subject, at an information centre set up by the ICRC. Members of the general public familiarized themselves with IHL and the Movement during briefings organized by the ICRC at a book fair conducted across the country, and through an article published in local languages.

Asmara Law School students demonstrated their knowledge of IHL at a regional competition, which they attended with ICRC assistance; lecturers developed their ability to teach IHL at an event abroad (see *Nairobi*). Law students drew on ICRC-provided IHL reference materials for their theses.

RED CROSS AND RED CRESCENT MOVEMENT

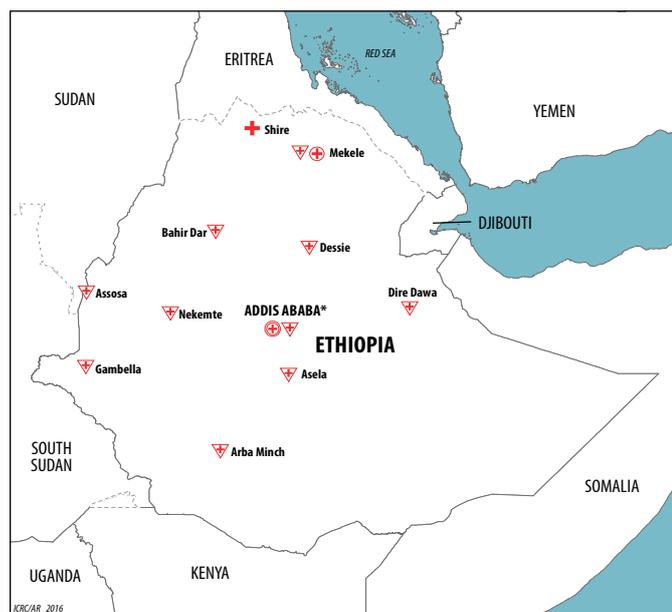
The “Red Cross Society of Eritrea” and the ICRC resumed cooperation under a one-year agreement signed in March 2016. The agreement focused on developing the former's capacities in restoring family links, responding to emergencies and broadening awareness of its activities; members and volunteers of the “Red Cross Society of Eritrea” refreshed their capability in these areas at ICRC training sessions. The organization boosted its emergency preparedness by stocking emergency household items with ICRC assistance.

Efforts to pursue discussions with the authorities, on a legal framework recognizing the status of the “Red Cross Society of Eritrea”, continued.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		496			
RCMs distributed		1,103			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		144	49	19	15
<i>including people for whom tracing requests were registered by another delegation</i>		55			
Tracing cases closed positively (subject located or fate established)		55			
<i>including people for whom tracing requests were registered by another delegation</i>		11			
Tracing cases still being handled at the end of the reporting period (people)		487	75	39	30
<i>including people for whom tracing requests were registered by another delegation</i>		332			
Documents					
People to whom travel documents were issued		47			
Official documents relayed between family members across borders/front lines		12			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
RCMs and other means of family contact					
People to whom a detention attestation was issued		12			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	3,025	2,269	
Productive inputs	Beneficiaries	427,880	315,083	10,500
Cash	Beneficiaries	3,723	2,506	287
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	87,400	26,220	34,960

ETHIOPIA



ICRC/AR_2016
 ● ICRC delegation ⊕ ICRC sub-delegation + ICRC office ▽ ICRC-supported physical rehabilitation project
 *The ICRC delegation to African Union is also in Addis Ababa

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KEY RESULTS/CONSTRAINTS IN 2016

- ▶ In the violence-affected regions of Gambella and Oromia, returnees rebuilt their homes using ICRC-provided shelter materials, and people wounded during outbreaks of violence received treatment at ICRC-supported hospitals.
- ▶ Vulnerable households, particularly those in drought-stricken areas, increased their agricultural production – for consumption and sale – with the help of ICRC-donated seed and tools, and water from ICRC-upgraded facilities.
- ▶ Persons with physical disabilities availed themselves of free services at ICRC-supported rehabilitation centres. Fifteen students completed a professional-certification programme and began to work at the centres.
- ▶ People dispersed by conflict and other situations of violence, including refugees, restored or maintained contact with their relatives using family-links services provided by the Ethiopian Red Cross Society and the ICRC.
- ▶ Detainees in certain prisons received basic health care and had better living conditions, through measures taken by the authorities with ICRC support; donations of essential items and ICRC-led repair works also contributed to this.
- ▶ Military, police and special forces personnel added to their knowledge of IHL and internationally recognized standards applicable to arrests, detention and the use of force, at training sessions held by the ICRC.

EXPENDITURE IN KCHF

Protection	4,377
Assistance	10,240
Prevention	2,856
Cooperation with National Societies	1,445
General	70
Total	18,988
<i>Of which: Overheads</i>	<i>1,159</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	43
Resident staff (daily workers not included)	166

Continuously present in Ethiopia since 1977, the ICRC prioritizes protecting and assisting people detained, displaced or otherwise affected by the 1998–2000 international armed conflict with Eritrea or by other armed conflicts. It helps to preserve the livelihoods of conflict-affected communities, which also often grapple with natural disaster, and supports physical rehabilitation services. It visits detainees and restores family links, including for relatives separated by the closed Ethiopia–Eritrea border, ensuring compliance with IHL with regard to any persons still protected by the Third and Fourth Geneva Conventions. It supports the Ethiopian Red Cross Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3,460
RCMs distributed	1,929
Phone calls facilitated between family members	17,021
Tracing cases closed positively (subject located or fate established)	248
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	57,474
Detainees visited and monitored individually	262
Number of visits carried out	59
Number of places of detention visited	38
Restoring family links	
RCMs collected	317
RCMs distributed	157
Phone calls made to families to inform them of the whereabouts of a detained relative	1,008

ASSISTANCE	2016 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	708	
Essential household items	Beneficiaries	36,700	61,139
Productive inputs	Beneficiaries	60,600	95,580
Cash	Beneficiaries	1,800	2,305
Services and training	Beneficiaries	40	
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	20,000	100,992
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	2	
Physical rehabilitation			
Projects supported	Projects	10	11
Patients receiving services	Patients	7,000	6,121

CONTEXT

Although Ethiopian and Eritrean forces clashed along the border in June 2016, fighting did not escalate further. Tensions persisted and the Eritrea-Ethiopia border remained sealed; both countries maintained a military presence in disputed areas.

Political and ethnic tensions – notably, demonstrations in Amhara and Oromia – caused insecurity and displacement. Violent clashes between ethnic groups, particularly in Gambella and along the border between Oromia and the Somali Regional State (SRS), resulted in casualties. Federal and regional police forces, and sometimes the Ethiopian National Defence Force (ENDF), responded to incidents of violence. In view of the unrest, the Ethiopian government declared a six-month state of emergency that began in October 2016.

Ethiopia continued to host about 740,000 refugees who had fled instability and violence in neighbouring countries, particularly Eritrea, Somalia, South Sudan and Sudan. Most refugees were in camps at border areas.

ENDF troops were deployed in a number of missions overseas. For example, the ENDF made up most of the UN peacekeeping contingent in Abyei, an area disputed by South Sudan and Sudan.

The authorities, with the help of humanitarian organizations, worked to address the needs brought on by drought in the region. Floods caused by rains after the drought resulted in displacement and damage to infrastructure in some areas.

ICRC ACTION AND RESULTS

In 2016, the ICRC assisted people in Ethiopia affected by armed conflict and other situations of violence, and continued to engage the authorities in dialogue to strengthen acceptance for its mandate and activities. It stood ready to resume selected activities in the SRS.

With the Ethiopian Red Cross Society, the ICRC helped people displaced by communal violence to cope with their situation, and eased their return to their villages. In Gambella and Oromia, returnees used ICRC-distributed shelter materials and household items to rebuild their homes. People wounded during outbreaks of violence, and refugees from South Sudan, were treated at hospitals given material assistance by the ICRC.

The ICRC continued to help people affected by armed conflict and other violence, particularly in drought-stricken areas, to rebuild their livelihoods. With water authorities, it constructed or upgraded infrastructure to increase the water supply in areas facing shortages. Households in Oromia and Tigray benefited from such projects, and thousands among them grew more food with seed and tools provided by the National Society and the ICRC. Some households set up vegetable gardens, which require less water, and supplemented their income by selling their harvest. Families in Tigray used cash loans, provided under a National Society and ICRC programme, to start small businesses.

Members of separated families – including refugees, Ethiopians abroad and returnees – reconnected through National Society and ICRC family-links services. People exchanged family news across the sealed Ethiopia-Eritrea border through RCMs. Families of persons reported as missing following the Ethiopia-Eritrea conflict shared their experiences and concerns at a commemorative event.

The ICRC continued to visit detainees, in accordance with its standard procedures, in all six federal prisons and at regional prisons. It confidentially shared its findings and, where necessary, its recommendations for improving detention conditions with the authorities. It pursued dialogue with them on access to other detainees, particularly those held in places of temporary detention.

The authorities kept up their efforts to construct and manage detention facilities, with technical input and other support from the ICRC. The ICRC also helped them plan and implement projects aimed at ensuring the availability of quality health-care services for detainees – notably, it donated medical supplies and trained prison health staff. Detainees in four prisons reduced some health risks through a pilot hygiene-improvement programme. Infrastructural improvements to basic facilities in prisons and emergency material assistance supplemented other support.

People with physical disabilities, including those injured by conflict or other violence, availed themselves of free physical rehabilitation services at ICRC-supported centres. The ICRC helped ensure the quality and sustainability of these services: for example, it supported the training of workers and contributed to local efforts to establish a bachelor's degree in prosthetics/orthotics. It sought to promote the social reintegration of disabled people by organizing wheelchair basketball events, including a national tournament.

The ICRC continued to promote IHL and humanitarian principles among the authorities, the police and the armed forces. It organized training sessions on internationally recognized standards applicable to arrest, detention and the use of force for police officers, and on IHL for ENDF officers. Dissemination sessions helped raise the general public's awareness of humanitarian issues. Students showcased their knowledge of IHL in moot court competitions.

The National Society and the ICRC continued to develop their partnership at the strategic, operational and technical levels. The ICRC provided training and financial, material and technical support for the National Society to strengthen its capacities in emergency response, restoring family links and promoting humanitarian principles, and to bolster its coordination with Movement partners.

CIVILIANS

Through discussions with the authorities, the ICRC sought to foster understanding of and support for IHL and neutral, impartial and independent humanitarian action. At dissemination sessions and during dialogue with them, the ICRC reminded the authorities and weapon bearers of their responsibility to protect civilians during conflict and other violence (see *Actors of influence*).

Returnees to violence-affected areas rebuild their homes with shelter materials from the ICRC

Over 59,000 people who had fled Gambella and Oromia because of intensified communal violence (see *Context*) returned and rebuilt their homes with ICRC-donated shelter materials and other items. The ICRC provided stocks of emergency household items to the National Society, which assisted IDPs in the SRS (see *Red Cross and Red Crescent Movement*). More people than planned benefited from such assistance, as the ICRC responded to increased needs by reallocating funds originally budgeted for certain livelihood activities (see below).

Wounded and sick people in Gambella and Oromia – including people wounded during violence and refugees from South Sudan – obtained medical care at two hospitals that received ICRC material assistance, including kits for treating the wounded and oxygen cylinders; water infrastructure in Gambella Hospital was upgraded.

People in drought-stricken areas grow more food, thanks to better water supply and material input

Households affected by conflict and other violence worked on restoring their livelihoods with material assistance from the National Society and the ICRC. These households were mainly in drought-stricken areas, where the ICRC focused its livelihood support activities; some funds were reallocated from activities that were not implemented as planned, such as, distributions that did not push through and the purchase of different seed types that were less expensive.

Thus, in Oromia and Tigray, over 13,800 households (some 82,900 people) grew food with ICRC-provided seed and tools; most of them also benefited from ICRC efforts to improve water supply (see below). Around 2,100 households (some 12,600 people) in Gambella and Tigray received agricultural input to set up vegetable gardens – which require less water – and fishing kits, enabling them to increase their food production and income through the sale of crops or fish.

In Tigray, under a programme implemented by the National Society in cooperation with the ICRC, 300 households (some 1,800 people) availed themselves of cash loans, which helped them start small businesses and supplement their income.

Over 82,000 people living in Oromia and Tigray, particularly those affected by shortages caused by the drought, had an improved supply of water after the ICRC upgraded water-distribution points and constructed truck-filling stations, which facilitated the authorities' water trucking efforts. At areas near the border with Eritrea, local water committee members attended training sessions on operating and maintaining systems; this helped ensure a more sustainable supply for some 4,000 people. The authorities also expanded their database of water points with the ICRC's help, which contributed to improving their planning of projects.

People learnt more about practices which could reduce their health risks, during ICRC hygiene-promotion activities.

Refugees and migrants restore contact with their relatives

People in Ethiopia, including refugees, kept in touch with their relatives within the country and elsewhere through Movement family-links services. The National Society continued to reinforce its family-links capacities with ICRC financial and technical support, notably by improving its database to follow up tracing cases more efficiently.

Members of families separated by the sealed Ethiopia–Eritrea border exchanged messages through RCMs. Nine Eritreans had their university transcripts sent across the border so that they could pursue further studies. Some 700 people who returned from Eritrea received household and hygiene items, water and food, and transport assistance; 371 of them made calls to notify their families of their safe arrival. At a commemorative event, the families of missing persons discussed their experiences and concerns with each other and with social workers; local government officials and others attended the event.

Refugees in camps contacted their relatives through RCMs and phone calls. Nearly 1,000 Somali refugees in the SRS had the names of their missing relatives read out on the radio, via the BBC's Somali service to help their families locate them (see also *Somalia*). Family-links services for South Sudanese refugees resumed in the latter half of the year, after initially being limited by the security situation.

People located abroad approached the ICRC for help in finding and contacting their families in Ethiopia, or in informing their families of their detention. Some unaccompanied Ethiopian minors, returning to Ethiopia after an attempt to migrate, made phone calls to notify their families of their return. Amid the violence in Gambella (see *Context*), the ICRC assessed the need for family-links services among children who had returned to the country; in cooperation with local authorities, two children were reunited with their families in Ethiopia (see *South Sudan*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees stay in touch with their families

Through visits conducted according to its standard procedures, the ICRC monitored the treatment and living conditions of over 57,000 detainees held in regional and federal prisons in Afar, Amhara, Benishangul Gumuz, Harar, Oromia, the Southern Nations, Nationalities and Peoples' Regional State (SNNPRS) and Tigray. Of the detainees visited, 262, including 63 Eritreans, were followed up individually. The ICRC confidentially shared its findings and, when necessary, its recommendations with the detaining authorities. It pursued discussions with them on access to all detainees, including people held in places of temporary detention in relation to the state of emergency or by the Federal Police Crime Investigation Sector and the Central Investigation Department.

Police officers learnt more about internationally recognized standards on arrest and detention at training sessions (see *Actors of influence*).

Detainees restored or maintained contact with their family through RCMs and short oral messages relayed by ICRC delegates; 58 foreigners had their embassies notified of their detention. At their request, 53 released detainees were provided with certificates attesting to their detention, to help them apply for State benefits or to facilitate legal procedures.

Authorities strengthen their capacity to build and manage new prisons

Penitentiary authorities at regional and federal levels, drawing on ICRC expertise, continued their efforts to design and construct detention facilities. The federal prison administration developed operating and maintenance procedures, in preparation for opening four prisons; and the SNNPRS prison commission continued its construction of 11 prisons, with the supervision of an ICRC engineer. The regional Amhara prison commission worked on finalizing architectural plans for three prisons.

At an ICRC-organized workshop, penitentiary authorities in SNNPRS and Tigray learnt more about prison design and their roles in the construction process; this helped them further develop their capacities. Training and other activities were postponed, owing to delays in prison construction.

Detainees were provided with material assistance to ease their circumstances, notably after their numbers increased following communal violence in Amhara and Oromia: almost

26,000 detainees received household and recreational items, and living conditions for more than 36,000 detainees in 16 federal and regional prisons improved after the ICRC upgraded or constructed water, sanitation and cooking facilities.

Detainees have broader access to appropriate health-care services

Detaining authorities and prison health staff worked to improve the availability and quality of health services in prisons, with ICRC technical and material backing.

Detainees at the Dessie prison in Amhara continued to receive secondary-level health care at a clinic that was constructed and equipped under a 2015 agreement between the regional penitentiary authorities and the ICRC. At ICRC-conducted training courses, prison health professionals in Amhara improved their expertise in preventing outbreaks of disease among detainees, managing medical supplies and screening newly arrived detainees, among other matters.

In Oromia, detainees received medical care at a regional referral prison clinic that enhanced its services with ICRC support. Five other prisons in Oromia drew on ICRC assistance to cope with influxes of detainees following communal violence. Detainees in Gambella prison were treated by service providers that used ICRC-provided drugs and medical supplies.

To help ensure the availability of good-quality mental health care in federal and regional prisons, 34 prison health professionals were trained in identifying and assisting detainees with mental health problems. A pilot hygiene-improvement programme was completed, helping reduce health risks among detainees in four prisons.

WOUNDED AND SICK

People with disabilities receive free, good-quality rehabilitation services

Over 6,100 persons with physical disabilities availed themselves of free rehabilitation services at 11 physical rehabilitation centres supported by the ICRC. Some 770 patients who were particularly vulnerable, or lived in remote areas, had their food, transport and administrative costs covered while they underwent treatment.

Rehabilitation centres made use of raw materials, equipment and technical support provided by the ICRC; their staff and some members of prosthetic/orthotic professional associations developed their skills, including their managerial abilities, at ICRC-conducted training sessions. The quality of the services and assistive devices provided by the centres was monitored and evaluated by the ICRC through beneficiary interviews and technical assessments; results from seven centres showed that most patients were satisfied with the services they received.

Wheelchair basketball players from different regions joined an exhibition game and a basketball tournament; these events were organized by the Ethiopian Basketball Federation and the ICRC to help promote the social reintegration of disabled people.

Prosthetics/orthotics service providers complete their professional certification course

The authorities continued working to improve the sustainability of physical rehabilitation services. In particular, the labour and social affairs ministry sustained efforts to establish a bachelor's

degree programme in prosthetics and orthotics; related discussions, between a local university and the ICRC, continued.

All 15 students taking a three-year professional-certification programme in prosthetics and orthotics, with ICRC support, completed their studies and began to work at physical rehabilitation centres.

ACTORS OF INFLUENCE

Police forces develop their understanding of international policing standards

Over 300 members of the military, the regional police forces and the special police forces – including riot-control officers – added to their knowledge of internationally recognized standards applicable to arrests, detention and the use of force, for example in the context of communal violence in Amhara and Oromia, at training sessions organized by the ICRC with regional and local police commissions. The sessions were led by instructors trained by the ICRC in 2015. At predeployment briefings, nearly 70 police personnel bound for peace-support operations in South Sudan familiarized themselves with similar topics.

Authorities included international policing standards in the training of police officers, with ICRC encouragement and support; they evaluated this matter at a round-table discussion. The Ethiopian Police University College held train-the-trainer sessions for 30 instructors; teaching and informational materials were produced and distributed to training centres and police stations.

Cooperation between the Ethiopian International Peacekeeping Training Centre and the ICRC continued: predeployment training was organized for 25 senior officers, and the ICRC made presentations on IHL at events attended by senior officers from various countries. Over a hundred ENDF legal advisers added to their knowledge of the complementarity of national law and IHL at seminars.

The ENDF's Combat Engineering Division continued to strengthen their capacities to reduce mine contamination, with ICRC support: personnel trained in demining with an ICRC expert, and team leaders received mine detectors and other tools, and protective equipment, for their operations.

Law students demonstrate their knowledge of IHL at a national moot court competition

To gain access to communities affected by conflict and other violence, and to people in places of temporary detention, the ICRC engaged the authorities in dialogue – including at high-level meetings during the ICRC president's visit – to foster their understanding of and support for IHL and neutral, impartial and independent humanitarian action (see also *Civilians* and *People deprived of their freedom*). More than 1,000 local authorities, community leaders, students and National Society volunteers in violence-prone areas learnt more about the basic principles of IHL and the Movement's work, at National Society and ICRC dissemination sessions. Participants who attended a seminar organized by a university and the ICRC learnt more about IHL, particularly the First Geneva Convention; the event was also an opportunity for the ICRC to network with government and academic bodies. Articles and photo galleries published online helped broaden public awareness of Movement activities; media personnel honed their skills in reporting on humanitarian issues at ICRC-organized workshops and briefings.

At a national moot court competition organized by a university with ICRC support, and at a regional competition (see *Nairobi*), law students showcased their understanding of IHL.

The foreign affairs ministry worked towards finalizing documents for the country's accession to the Convention on Certain Conventional Weapons. The ministry signed a framework agreement with the ICRC, clarifying the activities of the ICRC and its partnership with the National Society. The ICRC and the federal affairs committee continued to discuss the establishment of a national IHL committee.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society strengthens its readiness to respond to emergencies

The Ethiopian Red Cross Society assisted communities affected by violence and natural disasters, provided family-links services (see *Civilians*) and promoted awareness of humanitarian principles and the protection due to the red cross emblem (see *Actors of Influence*). Red Cross youth clubs, established with the ICRC's help, and other youth events were venues for young people to learn more about the Fundamental Principles and develop first-aid skills.

The National Society worked to strengthen its operational capacities and organizational development, with material, technical and financial backing, and training from the ICRC and other Movement partners.

The Ethiopian Red Cross Society improved its ability and readiness to respond to emergencies. With ICRC logistical support and material assistance, it distributed essential household items to 1,000 IDP households in the SRS. It also pre-positioned emergency goods in other violence-prone areas. Guidelines and a training curriculum for National Society disaster-response teams were drawn up; some of their field equipment was supplied by the ICRC. The National Society encouraged volunteers to apply the Safer Access Framework, incorporating related material into their training. At train-the-trainer courses, volunteers from different branches developed their skills in teaching first aid, and reached hundreds of people with first-aid training courses.

National Society staff attended, with the ICRC's financial assistance, management workshops and other training in specific administrative duties. The salaries of key personnel were covered in part by the ICRC.

The National Society and other Movement components met regularly to coordinate activities, particularly in connection with incidents of violence and drought; this interaction enhanced the National Society's cooperation with Movement partners.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3,460	42		
RCMs distributed		1,929	18		
Phone calls facilitated between family members		17,021			
Reunifications, transfers and repatriations					
People reunited with their families		2			
	<i>including people registered by another delegation</i>	2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		549	109	158	58
	<i>including people for whom tracing requests were registered by another delegation</i>	139			
Tracing cases closed positively (subject located or fate established)		248			
	<i>including people for whom tracing requests were registered by another delegation</i>	94			
Tracing cases still being handled at the end of the reporting period (people)		914	179	173	89
	<i>including people for whom tracing requests were registered by another delegation</i>	141			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		3	1		
UAMs/SC reunited with their families by the ICRC/National Society		2	1		
	<i>including UAMs/SC registered by another delegation</i>	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		35	8		
Documents					
Official documents relayed between family members across borders/front lines		21			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		57,474	2,150	1,587	
			Women	Girls	Boys
Detainees visited and monitored individually		262	10	2	7
Detainees newly registered		134	2		4
Number of visits carried out		59			
Number of places of detention visited		38			
RCMs and other means of family contact					
RCMs collected		317			
RCMs distributed		157			
Phone calls made to families to inform them of the whereabouts of a detained relative		1,008			
People to whom a detention attestation was issued		53			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	708	249	197
Essential household items	Beneficiaries	61,139	34,671	4,465
	<i>of whom IDPs</i>	59,160	34,370	4,136
Productive inputs	Beneficiaries	95,580	48,121	
	<i>of whom IDPs</i>	28,409	17,046	
Cash	Beneficiaries	2,305	1,555	114
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	100,992	50,496	25,248
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	25,939	644	518
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	36,346	3,271	363
Health				
Visits carried out by health staff		10		
Places of detention visited by health staff	Structures	19		
Health facilities supported in places of detention visited by health staff	Structures	14		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
Physical rehabilitation				
Projects supported	Projects	11		
Patients receiving services	Patients	6,121	1,273	1,196
New patients fitted with prostheses	Patients	690	113	79
Prostheses delivered	Units	1,335	228	134
	<i>of which for victims of mines or explosive remnants of war</i>	121	1	1
New patients fitted with orthoses	Patients	681	154	280
Orthoses delivered	Units	1,732	387	897
	<i>of which for victims of mines or explosive remnants of war</i>	5		
Patients receiving physiotherapy	Patients	2,240	503	444
Walking aids delivered	Units	3,668	686	330
Wheelchairs or tricycles delivered	Units	205	39	22

The ICRC, in its capacity as an official observer to the African Union (AU), works with Member States to draw attention to problems requiring humanitarian action and to promote greater recognition of IHL and its integration into AU decisions and policies, as well as wider implementation of IHL throughout Africa. It also aims to raise awareness of and acceptance for the ICRC's role and activities within the AU Commission and other AU bodies. It endeavours to build strong relations with AU-accredited intergovernmental organizations, NGOs and UN agencies in Addis Ababa.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Drawing on ICRC expertise, the African Union (AU) drafted official documents for its missions and incorporated IHL provisions in its peace-support troops' training modules on the protection of civilians.
- ▶ The AU held a high-level panel at the World Humanitarian Summit and also presented the Common African Position on Humanitarian Effectiveness. The ICRC delivered a keynote speech during the panel.
- ▶ During AU Peace and Security Council (PSC) open sessions, the ICRC drew attention to unlawful conduct against civilians during armed conflict, such as attacks on schools. The PSC included IHL-related concerns in its dispatches.
- ▶ AU Member States contributed to an ICRC stocktaking exercise on the implementation of the AU Convention on IDPs. The findings underscored the need to adopt domestic and regional frameworks on internal displacement.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

See under *Ethiopia*

PERSONNEL

See under *Ethiopia*

CONTEXT

The African Union (AU) continued to back diplomatic and military efforts to tackle the destabilizing effects of armed conflict and political unrest throughout Africa. AU-led international forces remained in Somalia and Sudan; the Multinational Joint Task Force's operations in the Lake Chad region continued. The AU held a summit for countries contributing troops to the AU Mission in Somalia (AMISOM).

Having completed its training cycle, the African Standby Force (ASF) began developing its operational capabilities under the Maputo five-year work plan approved by the AU.

The AU adopted a Common African Position on Humanitarian Effectiveness to address the humanitarian crisis in the continent.

ICRC ACTION AND RESULTS

During various AU events and meetings, the ICRC strove to broaden awareness of humanitarian issues, foster support for its activities, and influence the design of AU policies and programmes. It drew attention to: the goals of the Health Care in Danger project; issues of concern such as attacks on schools during armed conflict; and the importance of incorporating, in policies for rehabilitating demobilized fighters, provisions requiring respect for IHL. As a result of these efforts, the AU Peace and Security Council (PSC) included IHL-related concerns in its dispatches. The ICRC engaged the AU in dialogue on its humanitarian policies, and other parties concerned in discussions about redefining the continent's humanitarian framework.

The ICRC supported the AU, primarily through legal and technical advice, in ensuring respect for IHL and international human rights law among members of peace-support operations it led or authorized. It helped the AU to draft mission documents and the AU Peace Support Operations Division (PSOD) to incorporate IHL provisions in troops' training modules on the protection of civilians. The AU's five-year plan for the development of the ASF included strengthening awareness of and support for IHL and international human rights law among ASF personnel during their training.

The AU and the ICRC continued to urge AU Member States to incorporate provisions of IHL-related treaties in their domestic laws and policies. AU Member States contributed to the ICRC's stocktaking exercise on the domestic implementation of the African Union Convention on IDPs. During a briefing at the PSC, the ICRC's president emphasized, based on the findings of the exercise, the importance of adopting legal frameworks on internal displacement at the domestic and regional levels.

ACTORS OF INFLUENCE

The AU and its Member States, and organizations affiliated with the AU, strove to ensure that their laws and policies conformed to IHL and international human rights law. They drew on various kinds of ICRC guidance – in particular, through the secondment of a legal adviser to, and workshops organized with, the AU. ICRC financial support enabled a few AU representatives to participate in regional and international events (see *International law and cooperation* and *Pretoria*).

The AU hosts a high-level panel on humanitarian effectiveness during the World Humanitarian Summit

ICRC presentations at AU events, and meetings with AU officials, diplomats and representatives of Member States and regional and

international organizations, broadened awareness of humanitarian issues and helped foster support for the Movement's neutral, impartial and independent humanitarian action. On these occasions, the ICRC drew attention to its activities for people – especially children – affected by conflict and other situations of violence. ICRC delegates met with the PSC chairperson regularly to discuss activities being carried out in response to issues of humanitarian concern throughout the continent.

At an AU workshop aimed at reviewing procedures for rehabilitating demobilized fighters and people formerly held by the Lord's Resistance Army, participants learnt more about the ICRC's family-links activities, particularly for unaccompanied or separated minors, in the countries concerned. Briefings by the ICRC kept members of the AU Partners Group and others informed of the humanitarian situation in Somalia and South Sudan and of the ICRC's operational dialogue with AMISOM forces.

The AU and the ICRC held a number of joint workshops before the World Humanitarian Summit, which helped strengthen their dialogue on the AU's humanitarian policies, including the Common African Position on Humanitarian Effectiveness. The AU hosted a high-level panel at the summit, where it presented the position and called for a plan of action to implement the outcomes of the summit. The ICRC's director-general delivered a keynote speech at the panel and reiterated the need for the action plan. Following the event, the ICRC lobbied, among the parties concerned, for the inclusion of IHL principles and neutral, impartial and independent humanitarian assistance in Africa's humanitarian framework.

AU Peace and Security Council includes humanitarian concerns in its dispatches

At open sessions of the PSC, the ICRC delivered statements on: the protection of civilians; attacks against schools during armed conflict; the importance of incorporating provisions requiring respect for IHL in rehabilitation policies for people formerly associated with armed groups; and the management of camps for refugees and IDPs. As a result, communications issued by the PSC drew attention to IHL-related issues.

During a round-table organized by the AU, health experts from West African countries shared lessons learnt from the response to the 2014 Ebola outbreak. The ICRC's participation in the event helped those present become more aware of the goals of the Health Care in Danger project, particularly the necessity of protecting health-care providers and facilities in times of crisis. The AU urged these experts to incorporate pertinent provisions of the project in a regional policy framework.

AU Peace Support Operations Division integrates IHL provisions in its predeployment training

The AU drew on ICRC expertise to continue to ensure respect for IHL and international human rights law in the multinational operations it led or authorized. It drafted and reviewed pertinent frameworks and mission documents – including those relating to police components of AU missions.

The PSOD incorporated IHL provisions in the predeployment training module on the protection of civilians that it developed for peace-support personnel. The AU drafted a five-year plan for the development of the ASF, which included strengthening awareness of and support for IHL and international human rights law among ASF instructors and troops during their training.

At ICRC workshops, analysts in the conflict prevention and early-warning division under the AU peace and security department familiarized themselves with the various ways of classifying situations of violence and with the applicability of IHL and international human rights law to these situations.

At events such as the launch of the updated commentary on the First Geneva Convention, the ICRC endeavoured to stimulate discussions on such matters as best practices and obstacles with regard to incorporating IHL provisions in multinational operations and to the applicability of these provisions in non-international armed conflict. Participants in these events included representatives from the AU, the diplomatic community, UN missions and troop-contributing countries.

Member States contribute to an exercise evaluating the implementation of the AU Convention on IDPs

Member States, as well as the AU Department of Political Affairs and AU liaison offices of regional economic communities, contributed to the ICRC's stocktaking exercise on the domestic implementation of the AU Convention on IDPs. During a briefing at the PSC, the ICRC's president emphasized, based on the findings of the exercise, the importance of adopting legal frameworks on internal displacement at the domestic and regional levels.

GUINEA

COVERING: Guinea, Sierra Leone



ICRC/AR, 2016
 ⊕ ICRC delegation ⊕ ICRC sub-delegation
 *Sierra Leone is covered by the ICRC delegation in Guinea

The ICRC has worked in Guinea since 1970, opening its delegation in 2001. It seeks to protect violence-affected people, restore links between separated relatives and improve the water supply and sanitation conditions. It visits detainees, monitoring their treatment and living conditions, and supports the authorities' efforts to improve their well-being. It promotes IHL and humanitarian principles among the armed and security forces, the authorities and civil society. Since 2009, the delegation has overseen ICRC cooperation and prevention activities in Sierra Leone. The ICRC works with each National Society to help it strengthen its capacities, including in emergency response, and promote the Movement.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The ICRC continued to encourage the Guinean authorities to assume full responsibility for nutrition and health care in prisons. Owing to their budgetary and administrative constraints, however, ICRC support was still necessary.
- ▶ People in areas vulnerable to violence arising from communal, political or socio-economic tensions had reliable access to clean water within 600 metres of their homes through water infrastructure repaired or built by the ICRC.
- ▶ At ICRC briefings, community leaders from areas where humanitarian workers had encountered hostility during the 2014–2015 Ebola outbreak learnt more about neutral, impartial and independent humanitarian action.
- ▶ Guinea adopted new versions of their code of criminal procedure and the penal code, both revised with input from the ICRC, and ratified the Optional Protocol to the Convention on the Rights of the Child.
- ▶ Aided by the ICRC, the Guinean Red Cross developed its emergency response capacities and adopted a new strategic plan and volunteer-management policy, and the Sierra Leonean Red Cross promoted IHL and the Movement's work.

EXPENDITURE IN KCHF

Protection	1,937
Assistance	2,427
Prevention	938
Cooperation with National Societies	1,061
General	49
Total	6,412
<i>Of which: Overheads</i>	<i>391</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	84

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	47
RCMs distributed	57
Phone calls facilitated between family members	53
Tracing cases closed positively (subject located or fate established)	7
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	3,822
Detainees visited and monitored individually	45
Number of visits carried out	106
Number of places of detention visited	33
Restoring family links	
RCMs collected	84
RCMs distributed	28
Phone calls made to families to inform them of the whereabouts of a detained relative	66

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	97
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	30,000
		73,950

CONTEXT

Significantly fewer Ebola cases were reported in Guinea and Sierra Leone. Both countries were tentatively declared Ebola-free on a number of occasions; however, a handful of cases were documented, and the risk of new cases remained.

In Guinea, episodic incidents of violence related to communal, political or socio-economic tensions, and to disputes over access to land, persisted. Economic difficulties, which had been exacerbated by the 2014–2015 Ebola outbreak, hindered the Guinean authorities' efforts to improve water infrastructure in rural areas and living conditions in prisons. With support from the international community, the country kept up efforts to reform its justice and security sectors, but progress was slow.

Guinea continued to contribute troops to the UN Multidimensional Integrated Stabilization Mission in Mali.

ICRC ACTION AND RESULTS

In 2016, the ICRC continued to visit detainees in Guinea; it focused on inmates in priority prisons, which held most of the detainee population. During its visits, which were conducted in accordance with its standard procedures, it monitored detainees' treatment and living conditions; afterwards, it shared its findings and recommendations confidentially with penitentiary officials. The ICRC continued to urge the authorities to assume full responsibility for providing adequate nutrition and health care in prisons and supported them in this regard; notably, it helped penitentiary officials lobby for funds to be allocated for prison health care in the 2017 budget. However, owing to the authorities' budgetary and administrative constraints, some material support from the ICRC was still necessary: for instance, ICRC-donated therapeutic food and medicine were used to treat malnourished and/or ailing inmates. Detainees were at lesser risk of contracting diseases after the ICRC carried out pest-control and hygiene-promotion campaigns, repaired water and sanitation facilities, and distributed hygiene supplies and other essentials.

In line with commitments made at a regional seminar on IHL implementation in 2015, the Guinean authorities ratified the Optional Protocol to the Convention on the Rights of the Child. They also adopted new versions of their code of criminal procedure and their penal code, which incorporated the ICRC's recommendations on IHL-related matters and on measures to ensure respect for judicial guarantees and expedite judicial processes, respectively. Other instruments to which the ICRC had contributed, such as the code of military justice and the code of children's rights, had yet to be adopted. Discussions continued with defence, security and penitentiary officials, the European Union, the UN, NGOs and other parties involved in reforming the justice and security sectors.

The Red Cross Society of Guinea and the ICRC held dissemination sessions for the *gendarmerie* on international standards for law enforcement, internationally recognized standards for detention, and the necessity of respecting the emblems protected under IHL. The ICRC continued to remind the authorities of their responsibility to respect and protect people during law enforcement operations in connection with demonstrations and violent incidents.

In areas of Guinea that were prone to violence arising from communal, political or socio-economic tensions, the ICRC, together with the authorities, repaired or built water infrastructure,

giving people reliable access to clean water within 600 meters of their homes.

In areas where humanitarian workers had encountered hostility while responding to the 2014–2015 Ebola outbreak, community leaders learnt more about neutral, impartial and independent humanitarian action, at ICRC briefings. One aim of these briefings was to facilitate humanitarian access for Guinean Red Cross teams during violent incidents.

The Guinean Red Cross strengthened its emergency response capacities with ICRC support, which included first-aid training and equipment for its personnel. It adopted a new strategic plan and a new volunteer-management policy, both drafted with the ICRC's assistance. Both the Guinean Red Cross and the Sierra Leone Red Cross Society received support for their public-communication initiatives.

CIVILIANS

The authorities are reminded of the need to respect and protect people during security operations

The ICRC continued to remind the Guinean authorities, particularly the police and the *gendarmerie*, of their responsibility to respect and protect people during law enforcement operations in response to demonstrations and violent incidents, and to facilitate injured people's access to medical treatment. It also held dissemination sessions for security forces on international standards for law enforcement, and provided technical assistance for the authorities' efforts to reform the security sector (see *Actors of influence*). Where necessary, documented allegations of abuse were discussed confidentially with the authorities for their further investigation.

During demonstrations and violent incidents, the Guinean Red Cross and the ICRC deployed volunteers to administer first aid to the injured and evacuate them, if necessary.

Contact with local authorities, and with youth leaders and other community members, in violence-prone areas of Conakry and other parts of the country (see *Actors of influence*) aimed to facilitate humanitarian access for Guinean Red Cross teams during emergencies.

Separated family members reconnect

People dispersed by internal violence, migration or natural disasters restored or maintained contact with their relatives through family-links services provided by the Guinean Red Cross, the Sierra Leonean Red Cross and the ICRC. The last refugee cases linked to the 2011 conflict in Côte d'Ivoire were being dealt with by the UNHCR; at their request, the ICRC helped some refugees contact their Ivorian relatives.

The Guinean Red Cross received ICRC funding and technical guidance to bolster its family-links services, which it incorporated in its emergency response plans. ICRC support also helped the National Society develop its capacities in the management of human remains; plans to support the National Society in facilitating the search for missing persons and mitigating the spread of diseases were cancelled, as the prerequisites for such activities were not in place.

Violence-prone communities have better access to water

In rural communities vulnerable to episodes of violence arising from communal, political or socio-economic tensions, the ICRC,

working with the authorities, repaired existing infrastructure or built new water networks. These activities gave some 41,000 people reliable access to up to 25 litres of clean water per day, within 600 metres of their homes. With ICRC training and assistance, community members learnt to operate and maintain their water-supply systems, benefiting some 73,000 people; they also assembled teams to supervise this work. Where appropriate, local water authorities received similar support.

Some 90 people, including relatives of Ebola victims, benefited from an ICRC donation of household items to the Guinean Red Cross.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over the course of the year, some 3,800 detainees in Guinean detention facilities under the authority of the justice ministry, police or *gendarmerie* received ICRC visits conducted in accordance with the organization's standard procedures. During these visits – which focused on 12 prisons that held most of Guinea's detainee population – ICRC delegates monitored inmates' treatment and living conditions, paying particular attention to security detainees. Findings and recommendations were shared confidentially with penitentiary officials.

In October, the authorities adopted a new penal code, which had been revised in 2015 with recommendations from the ICRC on measures to ensure respect for judicial guarantees and expedite judicial processes. Discussions continued among parties involved in reforming the justice and security sectors. Dissemination sessions were held for the police and the *gendarmerie* on the appropriate use of force during arrests and detention (see *Actors of influence*).

Detainees reconnected with or sought to locate their relatives by means of ICRC family-links services, which included phone calls for newly arrived inmates. Twenty foreigners notified their consular representatives of their detention via the ICRC. Penitentiary officials were reminded of their obligation to notify families about a detained relative's arrest or transfer to another place of detention.

The authorities are encouraged to assume full responsibility for nutrition in prisons

The ICRC continued to urge the authorities to assume full responsibility for providing adequate nutrition to detainees; budgetary and administrative constraints prevented this, however, and the ICRC continued to support the authorities' efforts to manage the penitentiary food supply and treat malnourished inmates. For instance, the ICRC continued to monitor the nutritional status of detainees in the 12 priority prisons; subsequently, some 1,400 malnourished inmates were treated with ICRC-donated therapeutic food and supplements. In the second half of 2016, the ICRC began providing additional rations to malnourished detainees at four priority prisons; this form of support was chosen instead of therapeutic food because it would be easier for the authorities to provide when they eventually take over the task.

Inmates have better access to health care

Financial constraints, staff shortages and insufficient coordination, particularly the health and justice ministries, hampered the authorities' efforts to provide health care in prisons.

Despite these obstacles, inmates still had some access to medical care; the ICRC provided the authorities and health staff with assistance in this regard. Prison health staff were given advice on

managing diseases, administering medicines and keeping records, which helped them conduct thousands of consultations. Some 3,500 detainees in the 12 priority prisons – including 600 with vitamin deficiencies and 100 with severe malnutrition – were treated with ICRC-provided medicines. The ICRC facilitated inclusion in national treatment programmes for detainees with tuberculosis, HIV or AIDS in national treatment programmes. With ICRC support, officials lobbied for funds to be allocated for detainees' medical treatment in the national budget for 2017.

With the ICRC's encouragement, the health and justice ministries discussed the revision of a 2004 agreement that defined their responsibilities in the provision of health care to detainees. Officials attended working sessions organized by the ICRC, and drew on ICRC expertise to ensure that the revised agreement and its implementation would be in line with international standards.

Detainees mitigate their risk of disease

Some 2,900 detainees were at lesser risk of disease following pest-control initiatives and hygiene-promotion campaigns organized by the ICRC, and the distribution of clothes, mats, soap, bleach and other materials. Some 3,000 detainees in nine prisons benefited from emergency activities to restore drinking-water supply and renovations to kitchens, warehouses and health and sanitation facilities.

ACTORS OF INFLUENCE

Guinea adopts the Optional Protocol to the Convention on the Rights of the Child

In line with commitments made at a regional IHL-implementation seminar in 2015, the Guinean authorities ratified the Optional Protocol to the Convention on the Rights of the Child. They also adopted new versions of their code of criminal procedure – which had been revised with input from the ICRC on IHL-related matters – and their penal code (see *People deprived of their freedom*). Other legal instruments to which the ICRC had contributed, such as the code of military justice and the code of children's rights, had not yet been adopted.

Discussions continued with defense, security and penitentiary officials, the European Union, the UN, NGOs and other parties involved in reforming the justice and security sectors.

During bilateral discussions, the ICRC encouraged the justice ministry to establish a national IHL committee, but the ministry was unable to do so because of other priorities.

The police and the *gendarmerie* bolster their knowledge of international standards for law enforcement

At sessions organized by the ICRC, with help from the National Society, 230 members of Guinea's *gendarmerie* and 50 police officers learnt more about international standards for law enforcement, internationally recognized standards for detention, and the necessity of respecting the emblems protected under IHL. The *gendarmerie* invited the ICRC to conduct such sessions systematically during training for their recruits. Some 20 instructors at the national school for *gendarmerie* received ICRC training in humanitarian principles and norms applicable to law enforcement.

Community leaders and journalists learn more about humanitarian work

In ICRC dissemination sessions, local officials, traditional leaders and young people in nine Guinean localities vulnerable to outbreaks

of violence learnt more about the Movement and its neutral, impartial and independent humanitarian approach, and about the necessity of respecting and protecting medical personnel. Among them were some 500 young people and 50 leaders from areas where humanitarian workers had encountered hostility during the 2014–2015 Ebola outbreak. The ICRC had planned to help key actors send representatives to a course abroad, on the common ground between Islamic law and IHL; however, the course did not take place.

Seventy journalists in three towns learnt more about humanitarian work during seminars organized by the Guinean Red Cross and the ICRC.

Senior military officers strengthen their grasp of IHL and other applicable norms

ICRC training sessions helped some 570 officers from various military units, and 300 troops bound for deployment to Mali, learn more about IHL and the rules of international human rights law applicable to the conduct of hostilities and to law enforcement operations. Senior officers of the Guinean and Sierra Leonean armed forces reinforced their understanding of IHL during advanced courses abroad, including in San Remo.

Fifty magistrates added to their knowledge of IHL implementation through ICRC training; two attended a regional seminar in Côte d'Ivoire with ICRC support (see *Abidjan*).

ICRC seminars and ICRC-provided teaching materials helped 15 law professors from six universities strengthen their ability to teach IHL; one professor attended a regional seminar with ICRC support (see *Yaoundé*). ICRC briefings furthered understanding of IHL among more than 900 law students from eight universities. Law students participated in an annual moot court competition organized by the ministries of higher education and justice and the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The Guinean Red Cross strengthened its operational and organizational capacities with various forms of ICRC support. For instance, its volunteers received first-aid equipment and training, and branches in violence-prone areas were given phones. Some 1,000 personnel were trained in emergency response, including first aid, restoring family links and the Safer Access Framework. Three branch offices were built with ICRC assistance; this improved working conditions for over 300 personnel. The National Society also received assistance for planning and implementing its activities: after ICRC-organized meetings, it adopted a new strategic plan and a new volunteer-management policy, both developed with ICRC guidance. Movement partners in the country coordinated their activities, including through monthly meetings, with ICRC support.

The Sierra Leonean Red Cross received ICRC support for its efforts – including a radio broadcast – to promote the Fundamental Principles and protection for the red cross and red crescent emblems. It conducted dissemination sessions on IHL and the Movement's work for officials from the national military academy, police, *gendarmerie* and penitentiary services. One staff member, sponsored by the ICRC, attended a seminar in Geneva, Switzerland, on global health.

Both National Societies drew on ICRC assistance to produce public-communication materials. With ICRC support, the Guinean Red Cross organized several events to mark World Red Cross and Red Crescent Day (8 May), which helped raise its profile as a humanitarian actor.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		47			
RCMs distributed		57			
Phone calls facilitated between family members		53			
Reunifications, transfers and repatriations					
People reunited with their families		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		36	13	10	6
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases closed positively (subject located or fate established)		7			
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases still being handled at the end of the reporting period (people)		32	11	8	9
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		3,822	180	252	
			Women	Girls	Boys
Detainees visited and monitored individually		45	2	1	2
Detainees newly registered		31	1	1	2
Number of visits carried out		106			
Number of places of detention visited		33			
RCMs and other means of family contact					
RCMs collected		84			
RCMs distributed		28			
Phone calls made to families to inform them of the whereabouts of a detained relative		66			
People to whom a detention attestation was issued		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	97	50	16
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	73,950	36,975	22,185
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	2,928	116	139
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,000	120	60
Health				
Visits carried out by health staff		6		
Places of detention visited by health staff	Structures	22		
Health facilities supported in places of detention visited by health staff	Structures	6		

LIBERIA



KRC/AR_2016
 ⊕ ICRC delegation ⊕ ICRC sub-delegation

The ICRC has worked in Liberia since 1970, opening its delegation in 1990. It visits detainees and works with the authorities to improve conditions of detention. It also runs programmes to promote IHL and humanitarian principles among the authorities and the armed and security forces and supports the Liberia National Red Cross Society to help it strengthen its operational capacities. With the National Society, the ICRC works to protect and assist people affected by armed conflict and other situations of violence, including refugees, notably by restoring links between separated relatives and improving sanitation conditions in vulnerable communities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Detainees in several prisons had better living conditions following ICRC projects. Financial constraints delayed the authorities' construction of a new detention facility; consequently, ICRC support was also postponed.
- ▶ Following the resumption of the UNHCR-led voluntary repatriation process, unaccompanied Ivorian minors were reunited with their families by the Liberian and Ivorian National Societies and the ICRC.
- ▶ Liberia incorporated key provisions of the Arms Trade Treaty in domestic legislation by adopting the Firearms and Ammunition Control Act, which had been drafted with the ICRC's help.
- ▶ The Liberia National Red Cross Society took steps to implement organizational reforms, with support from Movement partners. The ICRC provided funding for an audit and for the hiring of an independent interim manager.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	95
RCMs distributed	42
Phone calls facilitated between family members	636
Tracing cases closed positively (subject located or fate established)	2
People reunited with their families	30
<i>of whom unaccompanied minors/separated children</i>	30
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	2,336
Detainees visited and monitored individually	49
Number of visits carried out	103
Number of places of detention visited	16
Restoring family links	
RCMs collected	86
RCMs distributed	29
Phone calls made to families to inform them of the whereabouts of a detained relative	1

EXPENDITURE IN KCHF

Protection	714
Assistance	2,145
Prevention	972
Cooperation with National Societies	1,445
General	50
Total	5,326
<i>Of which: Overheads</i>	<i>325</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	69

ASSISTANCE

	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	8,000
		10,336

CONTEXT

Liberia remained vulnerable to flare-ups of Ebola, but isolated cases during the year were quickly contained, with the assistance of the international community. The Liberian economy slowly began to recover from the outbreak's effects. However, the authorities faced financial difficulties, which affected penitentiary budgets, among other things.

Tens of thousands of Ivorian refugees, previously displaced by the 2011 Ivorian conflict and by other violence, continued to return home from south-eastern Liberia – part of the UNHCR-led voluntary repatriation process that began in December 2015. The Ivorian-Liberian border was fully reopened in April 2016.

The authorities continued to recruit and train law enforcement officers, the United Nations Mission in Liberia (UNMIL) having handed over, by the end of June 2016, full responsibility for security to the Liberian government.

ICRC ACTION AND RESULTS

Given the significant decline in Ebola cases and the conclusion of its Ebola-related initiatives last year, the ICRC resumed the activities that it had been focusing on before the outbreak. It planned to reduce its presence in Liberia by July 2017, from a delegation to a mission that would report to the regional delegation in Abidjan, Côte d'Ivoire; it therefore started making preparations to hand over some of its activities to other actors.

The ICRC made regular visits to detainees, in line with its standard procedures, to monitor their well-being; findings and recommendations were communicated confidentially to the authorities. Needs in Liberian prisons having changed – they were more long-term and less emergency-related – the ICRC planned to shift to a more advisory role to the detaining authorities. It focused on helping them strengthen their managerial capacities; notably, it advised penitentiary officials on budgetary issues, food-supply management and other topics, and trained prison staff in internationally recognized standards for detention. It also continued to provide some material and financial support for improving detainees' living conditions, by renovating and building prison infrastructure – for instance, water and sanitation facilities, kitchens and storerooms – and distributing hygiene supplies and other items to inmates. It also worked with the authorities to ensure that detainees' medical and nutritional status was monitored, and helped treat the sick and/or malnourished by providing medicines and therapeutic food. Financial constraints delayed the authorities' construction of a new detention facility; consequently, ICRC support was also postponed.

Members of separated families maintained or restored contact through Liberian National Red Cross Society and ICRC family-links services. Notably, Ivorian children who had been separated from their families by the 2011 Ivorian conflict were reunited with their relatives by the ICRC, in coordination with the Liberian and Ivorian National Societies. The ICRC was unable to cut back its family-links services as planned, owing to the emergence of new needs.

In south-eastern Liberia, the National Society and the ICRC conducted hygiene-promotion sessions, urged communities to build sanitation facilities, renovated and constructed wells and established maintenance committees; people thus had better access to water, and reduced their risk of contracting diseases. The

ICRC regularly guided National Society volunteers' planning and management of these activities, to strengthen their ability to carry out these tasks unaided, after the conclusion of the ICRC's support in 2017.

The National Society strove to resolve an internal crisis with coordinated Movement support led by the International Federation. The ICRC contributed funding for an audit of the National Society's activities, and for the hiring of an independent interim manager; these necessitated the cancellation of some of its other plans for assisting the National Society. Owing to this state of affairs, the partnership agreement with the National Society was not signed until the end of June. Despite these obstacles, the ICRC supported some National Society activities, such as the provision of psycho-social support and vocational training for vulnerable women.

The ICRC maintained its efforts to promote the implementation of IHL. Discussions with regional organizations led to an agreement among the African Union, the Economic Community of West African States and the ICRC to promote the incorporation of key IHL provisions in Liberian legislation. The Liberian legislature adopted, in line with the country's ratification of the Arms Trade Treaty in 2015, the Firearms and Ammunition Control Act, which had been drafted with the ICRC's help.

The army took steps to incorporate IHL in its training: for instance, in an ICRC-organized workshop, officers were trained to teach IHL; and ICRC-donated manuals on IHL – which included a chapter on facilitating safe access to health care – were distributed to troops. At ICRC dissemination sessions, combined sometimes with first-aid training from the National Society, Liberian security forces personnel and UNMIL troops learnt more about IHL and the Movement's work.

CIVILIANS

Given the significant decline in Ebola cases and the conclusion of its Ebola-related initiatives in 2015, the ICRC resumed the activities that it had been focusing on before the outbreak. It also started making preparations to hand some of these activities over to others, particularly the Liberian Red Cross.

A livelihood-support project for Ebola-affected people, which had been conducted in 2015, was evaluated in February 2016. The ICRC found that, despite some logistical difficulties, most of the households that had received cash grants were able to use them to restart small businesses.

Unaccompanied Ivorian minors rejoin their families

People reconnected with their relatives through RCMs, phone calls and other Movement family-links services. Following the resumption of the voluntary repatriation process, 18 unaccompanied Ivorian minors who had been separated from their families because of the 2011 Ivorian conflict were reunited with them by the ICRC in coordination with the Liberian and Ivorian National Societies (see also *Abidjan*). Though this was the last set of cases from previous years, the ICRC could not cut back its family-links services, as new needs emerged in 2016. For instance, some children were separated from their caregivers by the latter's return to Côte d'Ivoire. The ICRC referred their cases to the UNHCR, and registered some 70 of them as unaccompanied minors or separated children. Subsequently, 11 of them were reunited with their families in Côte d'Ivoire; five others were scheduled to rejoin their families in January 2017.

Coordination with the Liberian and Ivorian National Societies, the authorities, the UN and others helped ensure that roles in cross-border tracing and family reunification were clearly defined. With a view to helping it strengthen its ability to provide family-links services unassisted, the ICRC continued to provide the Liberian Red Cross with financial and technical support, including training, funds to cover key employees' salaries, and assistance in publishing a new handbook on restoring family links.

People in south-eastern Liberia mitigate their disease risks

Communities in three counties of south-eastern Liberia – which had experienced the effects of the refugee influx connected to the 2011 Ivorian conflict – learnt more about good hygiene practices at workshops conducted by National Society volunteers, who were trained and supervised by the ICRC. At the urging and with the guidance of the National Society and the ICRC, the communities constructed bathhouses, garbage pits and other sanitation facilities. The ICRC also built wells and trained maintenance committees composed of community members. As a result of these initiatives, some 10,300 people had better access to clean water, which helped mitigate their risk of disease.

The ICRC sought to contribute to the National Society's capacity-building efforts by providing regular guidance for staff in planning and managing the activities mentioned above.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in accordance with its standard procedures. It monitored the treatment and living conditions of some 2,300 people held by the justice ministry – including women, minors and people with particular concerns – with a view to ensuring that these were in line with internationally recognized standards for detention. People arrested in connection with the situation in Côte d'Ivoire (see *Abidjan*) were followed up individually. After these visits, the ICRC communicated its feedback and recommendations confidentially to the authorities, particularly the justice ministry's Bureau of Corrections and Rehabilitation (BCR).

Detainees communicated with their relatives through family-links services provided by the National Society and the ICRC.

Penitentiary officials strengthen their managerial capabilities

Given the decrease in emergency-related – particularly Ebola-related – needs, the ICRC focused on helping penitentiary authorities strengthen their managerial capacities, with a view to shifting from direct-support and substitution activities to a more advisory role in 2017.

For instance, the ICRC discussed food-supply management with penitentiary officials; it helped them strengthen their current procedures and secure funding for food in prisons by advocating the adoption of pertinent legislation. It also advised them on such matters as budget management and internationally recognized standards for detention, including those related to the construction of new facilities. The authorities drew on ICRC expertise to review their strategy, their training manual for BCR staff, and a draft law for prison reform.

Some 140 new BCR recruits learnt more about internationally recognized standards for detention through the ICRC's participation in their training. Around 20 penitentiary officials received ICRC training to promote rehabilitation and social welfare for detainees.

The ICRC also organized several joint visits to prisons with some BCR staff, to help them strengthen their ability to assess detainees' needs.

Inmates' living conditions improve after ICRC-supported infrastructure projects

Around 1,200 detainees had better living conditions after ICRC projects in several prisons. For instance, the ICRC improved water and sanitation facilities and installed energy-efficient stoves at some facilities. It renovated and reorganized kitchens and store-rooms in five prisons; at two prisons, it held workshops on hygienic food preparation and storage. It also built outdoor areas at two facilities, which improved detainees' access to sunlight and fresh air. Financial constraints delayed the authorities' construction of a new detention facility in Robertsport; consequently, ICRC support was also postponed.

The ICRC continued providing material and technical support for infrastructure maintenance teams in four prisons – including Monrovia Central Prison (MCP), which held over half of all the detainees in Liberia – with a view to developing their ability to carry out repairs unassisted in the future.

Detainees at the MCP had better sanitation conditions after the ICRC provided supplies for a fumigation campaign and the weekly cleaning of bathrooms. Detainees in all prisons were regularly provided with soap, which helped reduce their vulnerability to skin disease. Hundreds of inmates also benefited from ICRC donations of items, such as blankets, eating utensils and hygiene kits.

Ailing and malnourished detainees benefit from ICRC assistance

The ICRC monitored the health needs of inmates; it focused on vulnerable groups, such as women, foreigners and the elderly. Detainees in the MCP were screened for TB by the health ministry, with ICRC assistance; the MCP clinic was provided with supplies for diagnosing and treating malaria. In all, 60 people with various medical problems were followed up on by the ICRC and the health ministry; 11 of them received free surgical treatment, after a local hospital and the MCP began coordinating more closely, at the ICRC's urging. At 13 prisons, detainees were treated with ICRC-donated medicines and other supplies. At a seminar organized by the health ministry, with ICRC support, penitentiary and prison health officials from all 15 counties strengthened their capacity to provide health care for detainees.

BCR staff continued, with ICRC assistance, to monitor detainees' nutritional status regularly. After 161 cases of malnutrition were diagnosed, the ICRC urged the health and justice ministries to provide adequate nutrition for the detainees affected; 110 of them – inmates at the MCP – were given ICRC-donated therapeutic food.

ACTORS OF INFLUENCE

With a view to broadening support for the Movement, the ICRC kept government officials and representatives of the UN and other international organizations working in the country informed of its activities. It discussed subjects of common interest with these parties; these discussions led to an agreement with the African Union and the Economic Community of West African States to promote the incorporation of key IHL provisions in Liberian legislation.

Liberia adopts the Firearms and Ammunition Control Act

The ICRC engaged the authorities regularly in discussions about the status of IHL-related treaties that Liberia had signed or

ratified, particularly about the ratification of the African Union Convention on IDPs. The Liberian legislature adopted, in line with the country's ratification of the Arms Trade Treaty in 2015, the Firearms and Ammunition Control Act, which had been drafted with the ICRC's help.

The army takes steps to incorporate key IHL provisions in its training

The Liberian army worked on incorporating key IHL provisions in its training curriculum. At ICRC train-the-trainer courses, officers strengthened their ability to instruct others in IHL. Troops learnt more about the subject through field exercises, case studies and ICRC-donated IHL training manuals, which included a chapter – drafted by senior officers in 2015, with the ICRC's assistance – on ensuring safe access to health care during military operations. The ICRC provided support for the head of the army's legal department to attend an advanced IHL course in San Remo.

At an ICRC predeployment briefing, soldiers bound for a UN peacekeeping mission in Mali learnt about the Movement's activities and about the basic principles of IHL – including the necessity of respecting medical services and preventing sexual violence during armed conflict. These subjects were also covered in ICRC dissemination sessions for newly arrived UNMIL officers.

More than 1,200 law-enforcement personnel, prison officers, presidential guards and firemen learnt about IHL and the Movement's work during ICRC dissemination sessions. Some sessions, particularly for officers deployed in counties along the border with Côte d'Ivoire, included first-aid training from the Liberian Red Cross and the ICRC. At an ICRC train-the-trainer course, 20 instructors from several law-enforcement agencies added to their knowledge of international policing standards.

National Society and ICRC communication initiatives help raise awareness of the Movement's work

The general public learnt more about the Movement and its work from the local and international media, which drew on Liberian Red Cross and ICRC communication materials and events for journalists. An online documentary about the reunion of Ivorian minors with their families (see *Civilians*) helped broaden awareness about this issue.

The ICRC held IHL forums for students and professors at two universities; one university established a new elective course on IHL with ICRC support.

RED CROSS AND RED CRESCENT MOVEMENT

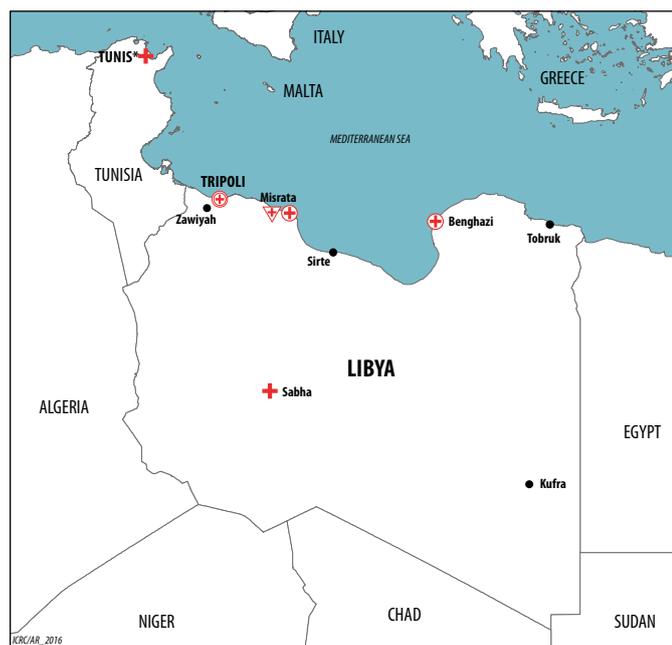
During meetings led by the International Federation, Movement components present in Liberia coordinated their response to allegations, made towards the end of 2015, that the Liberian Red Cross had mismanaged some of the Ebola funds. The matter was discussed with the authorities, and subsequently, the National Society's 2014–2015 activities were audited and an independent interim manager was hired. The ICRC contributed funding for these initiatives, which meant that some of its other plans for supporting the National Society in 2016 had to be cancelled; moreover, because of this crisis, the partnership agreement with the National Society was not signed until the end of June. The National Society did, however, receive some support, particularly for its family-links services (see *Civilians*) and for first-aid and IHL dissemination sessions for security forces personnel (see *Actors of influence*).

The Liberian Red Cross, with ICRC support, provided victims of floods, fires and storms with household essentials and/or materials for rebuilding their homes. A project partly funded by the American Red Cross, the German Red Cross and the ICRC enabled the National Society to provide some 200 vulnerable women – including those affected by or at risk of sexual violence – with assistance in the form of home visits, counselling sessions and vocational training.

The ICRC also supported the National Society's organizational development. Joint activities (see *Actors of influence*) helped National Society staff strengthen their capacities in public communication. The National Society's mandate and priorities, as well as issues linked to accountability and organizational sustainability, were explained to the interim manager. In December, the National Society elected a new president and board of directors.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		95	54		
RCMs distributed		42	15		
Phone calls facilitated between family members		636			
Reunifications, transfers and repatriations					
People reunited with their families		30			
	<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		7	1	1	2
Tracing cases closed positively (subject located or fate established)		2			
Tracing cases still being handled at the end of the reporting period (people)		11		3	3
	<i>including people for whom tracing requests were registered by another delegation</i>	2			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		80	31		
UAMs/SC reunited with their families by the ICRC/National Society		30	11		
	<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		59	28		
Documents					
People to whom travel documents were issued		29			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		2,336	65	43	
			Women	Girls	Boys
Detainees visited and monitored individually		49	1		3
Detainees newly registered		29	1		3
Number of visits carried out		103			
Number of places of detention visited		16			
RCMs and other means of family contact					
RCMs collected		86			
RCMs distributed		29			
Phone calls made to families to inform them of the whereabouts of a detained relative		1			
Detainees released and transferred/repatriated by/via the ICRC		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	10,336	3,618	4,134
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,200	120	240
Health				
Visits carried out by health staff		118		
Places of detention visited by health staff	Structures	16		
Health facilities supported in places of detention visited by health staff	Structures	13		



ICRC/AR_2016
 ⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office ⊕ ICRC-supported physical rehabilitation project
 *Map shows structures supporting ICRC operations in Libya

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Tens of thousands of IDPs, including female heads of households, covered their basic needs with household essentials, hygiene items and food from the ICRC and the Libyan Red Crescent.
- ▶ Wounded people were treated at health facilities that the ICRC provided – either regularly or in response to emergencies – with medical supplies; such support was expanded, benefiting more people than last year.
- ▶ At ICRC-organized workshops, 57 doctors learnt more about managing emergency-room trauma cases, and 39 others updated their knowledge of best practices in the clinical management of the wounded.
- ▶ Hundreds of migrants received visits from ICRC staff members, who assessed their situation and discussed the findings with the authorities. Many of them contacted their relatives through phone calls and other means.
- ▶ Disabled people began to use the services offered at Misrata University’s orthopaedic workshop, which started to produce prosthetic and orthotic devices in April, with ICRC material support and guidance.
- ▶ The ICRC maintained contact with government officials, armed groups and local leaders, which helped facilitate its emergency response activities. However, direct dialogue with them on IHL-related matters remained limited.

EXPENDITURE IN KCHF

Protection	2,122
Assistance	10,993
Prevention	2,527
Cooperation with National Societies	2,799
General	87
Total	18,528
<i>Of which: Overheads</i>	<i>1,131</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	15
Resident staff (daily workers not included)	106

The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. It works to respond to the immediate needs of violence-affected people, including migrants, in terms of emergency relief, family contact and medical care. It works closely with the Libyan Red Crescent and supports it in developing its capacities. It also seeks to assist forensic authorities through technical advice, and to resume visits to detainees. It promotes IHL and humanitarian principles.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	12
RCMs distributed	9
Phone calls facilitated between family members	100
Tracing cases closed positively (subject located or fate established)	4
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited ¹	343
Detainees visited and monitored individually	210
Number of visits carried out	7
Number of places of detention visited	2
Restoring family links	
RCMs collected	63
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	17

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of the report may not reflect the extent of the activities carried out during the reporting period.

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 90,000	59,208
Essential household items	Beneficiaries 102,000	103,984
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 4	4
Physical rehabilitation		
Projects supported	Projects 1	1
Patients receiving services	Patients	175

CONTEXT

Clashes between armed groups became more frequent and intense in 2016. People in densely populated areas were especially affected, and attacks on civilians and essential infrastructure continued to be reported. A military operation, which involved air strikes and intense ground combat, was carried out against Islamic State group positions in Sirte. Communal violence and criminality persisted throughout the country.

Hundreds of thousands of people, including thousands who had been displaced before, were newly displaced by the intensified violence. Many of those enduring protracted displacement were still unable to return to their communities. Obtaining basic services and essential commodities, and withdrawing money from the bank, became even more difficult. Because of the uncertain security conditions, only a few international organizations were operational in Libya.

Various government bodies competed for power and legitimacy, notably: a “government of national accord”, based in Tripoli and recognized by the UN and the wider international community; another government body, also based in Tripoli; and a third, based in Tobruk and supported by the Libyan parliament. Such political uncertainty compounded needs and complicated efforts to address them.

Migrants continued to use Libya as a point of transit to Europe. Vessels carrying migrants across the Mediterranean Sea were often involved in disasters; this led to more rescues, and more deaths, at sea. In addition, more arrests were also reported.

ICRC ACTION AND RESULTS

In response to the rising number of people displaced or wounded because of the intensified violence in Libya, the ICRC scaled up its activities to tackle emergency humanitarian needs; a budget extension¹ was launched in June in support of this. It conducted its work through four offices in Libya and a support unit in Tunisia. Whenever possible, it worked with the Libyan Red Crescent, which was given more support for strengthening its capacities, particularly in restoring family links and responding to emergencies.

Thousands of displaced people coped with the help of household essentials and food rations from the ICRC and the National Society. They included people in areas that ICRC and National Society teams had not accessed in the past. Aid was delivered in a timely manner, usually during the early stages of displacement; this was possible partly because of enhanced contact with local leaders and improvements in the operational capacities of the National Society and the ICRC. Food distributions were not in the ICRC’s initial plans for 2016, but were carried out based on needs assessments. However, fewer people than targeted were reached, owing to delays in importing supplies.

The ICRC promoted respect for patients and medical personnel, and supported health facilities and the National Society in responding to emergencies. Four hospitals were regularly provided with medical supplies – more than in the past – enabling them to treat thousands of wounded people. Several other health facilities also benefited

from emergency material donations. The ICRC helped first-aiders and doctors expand their capacities, including their ability to teach others, through courses that also covered issues related to the Health Care in Danger project. The first-aiders eventually organized courses for hundreds of National Society volunteers in Libya.

Misrata University and the ICRC resumed cooperation in improving physical rehabilitation services and making them more widely available. In April, disabled people began obtaining services at the university’s orthopaedic workshop, which the ICRC supported with technical guidance and materials.

The ICRC provided training and supplies for National Society branches to strengthen their ability to manage human remains. It pursued dialogue with the authorities overseeing forensic work and human remains management, with a view to learning more about current forensic practices and identifying issues that needed to be addressed.

Efforts to resume standard ICRC visits to people deprived of their freedom were not pursued, owing to the prevailing situation and the limitations of the organization’s set-up in Libya. The ICRC continued to monitor the situation of detained migrants in one centre in Misrata and to help address some of their needs. Hundreds of migrants were visited by ICRC staff members, who checked on their situation and helped them contact their relatives or consular representatives. Family-links services also benefited other people separated from their relatives, including those located abroad.

The ICRC followed the situation in violence-affected places and sought to expand its contacts among authorities and weapon bearers. It raised certain humanitarian concerns with these groups, but establishing systematic dialogue with them, on IHL and other related issues, was still not feasible. The ICRC also drew attention to humanitarian issues and the Movement’s activities through public communication initiatives, which included disseminating multimedia updates and organizing briefings during relief distributions. These efforts and its interaction with other humanitarian actors in Libya and abroad helped the ICRC monitor humanitarian needs and adapt its response accordingly.

CIVILIANS

The ICRC monitored the situation in violence-affected places, taking particular note of violations of norms protecting people who were not or were no longer involved in the fighting and of abuses against medical professionals and facilities. Some documented humanitarian concerns were discussed, whenever possible, with the pertinent parties.

The ICRC also kept up its interaction and coordination with government representatives, municipal authorities, members of civil society, and other humanitarian groups in Libya and abroad. This helped facilitate its activities for vulnerable people, including those in areas that it had not reached in the past few years.

IDPs receive food and household essentials early on in their displacement

People displaced by clashes and other violence coped with the help of emergency assistance from the ICRC, which often worked with the Libyan Red Crescent to distribute relief items. Because of the increased number of IDPs in Libya, the two organizations

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/11A8F4B5B115A56BC125802700227F95/\\$File/UpD_Libya_BE_REX2016_350_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/11A8F4B5B115A56BC125802700227F95/$File/UpD_Libya_BE_REX2016_350_Final.pdf)

expanded their response and worked to deliver assistance within the first few weeks of people's displacement.

Around 61,900 people (10,330 households) eased their living conditions with ICRC-donated household essentials and hygiene items. Some 32,200 people (6,368 households) benefited from one-month food rations. Food distributions, not initially planned for 2016, were begun in January based on needs. The ICRC, however, reached fewer people than targeted under the budget extension, owing to delays in importing supplies. Relief distributions focused on the most vulnerable groups, such as female heads of households and the elderly, and others with specific vulnerabilities.

Essential household items for 42,000 people (7,000 households) and food supplies for 27,000 people (4,500 households) were handed over to the National Society for its own relief distributions. Joint activities with the ICRC and guidance from ICRC staff helped National Society personnel, at headquarters and at the branches, to learn more about assessing needs, distributing aid, and monitoring and reporting results.

Plans to provide cash or vouchers to help 15,000 households meet their needs were postponed, because of issues affecting the banking system and the supply of cash in Libya; some of the funds for this activity were reallocated for relief distributions.

Discussions with local authorities, concerning the possibility of ICRC support for addressing water-related problems, continued. At their request, municipal authorities in Benghazi were given boots, gloves and other supplies to help them deal with overflowing sewage.

Families contact their relatives detained abroad

Through phone and video calls or oral messages relayed by ICRC staff members, families in Libya exchanged news with relatives detained abroad or held at the US internment facility at Guantanamo Bay Naval Station in Cuba; one family also sent food parcels to a detained relative.

People in Libya and abroad approached the ICRC for assistance in getting news of relatives who had gone missing, mainly in the course of migration; some people alleged that relatives had been arrested. Two Somali migrants received ICRC travel documents, which helped them join their families in a third country.

At two ICRC-organized training courses in Tunisia, 42 Libyan Red Crescent volunteers expanded their capacities in restoring family links; staff members from various branches discussed coordination issues and other matters at separate meetings. The National Society's coordinator for family-links services carried out field visits and attended a regional workshop – in both instances, with ICRC technical and financial support.

Emergency responders learn more about good practices in managing human remains

Several National Society branches helped collect and manage human remains in violence-affected areas and after accidents involving migrants at sea; ICRC training, and body bags and other supplies provided by the organization, helped staff and volunteers carry out these tasks. Staff members also developed guidelines for such work at an ICRC-organized workshop.

The ICRC and the authorities overseeing forensic work and human remains management intensified their dialogue, which was aimed at better understanding current forensic practices and issues that had to be addressed. They also discussed tracing requests related to migration (see above). At ICRC workshops, ten Libyan officials familiarized themselves with international standards for the management of human remains and good practices for it. A forensic professional discussed the subject with peers at an event in Côte d'Ivoire (see *Abidjan*); the ICRC supported his participation.

PEOPLE DEPRIVED OF THEIR FREEDOM

Owing to the prevailing political and security situation, and to the limitations of its current set-up in the country, the ICRC did not seek to resume activities for people detained in relation to past and ongoing violence. It focused on monitoring the situation of migrants and other foreigners held in retention centres and on helping address their needs. To these ends, the ICRC renewed contact with the head of the Department for Combating Illegal Migration in Tripoli, and maintained dialogue with the authorities in charge of retention centres in Misrata and Tripoli.

Vulnerable migrants contact relatives and receive material assistance

Migrants held at a retention centre in Misrata were visited by ICRC staff members, who assessed their treatment and living conditions, including the health services available to them; the findings were discussed with the pertinent authorities afterwards.

Many of the migrants visited, as well as some detainees held at a prison in Misrata, restored contact with their relatives through phone calls or RCMs. The consular representatives of 201 migrants, and the UNHCR and/or IOM, were notified of their situation. Hundreds of migrants and several detainees were given clothes and hygiene items.

WOUNDED AND SICK

The ICRC sought to help ensure people's access to medical care by emphasizing the protection afforded by IHL to patients, health personnel and medical facilities in its public communication, training courses for medical professionals (see below) and, whenever possible, interaction with people capable of influencing the situation in Libya. It increased the volume and frequency of its material assistance to health facilities, in response to the escalation of violence and the rising number of wounded people.

Wounded or sick people receive treatment at ICRC-supported facilities

Four key hospitals – in Benghazi, Misrata, Sabha and Tripoli – were regularly provided with medicines, surgical equipment, wound-dressing kits and other supplies, enabling staff members to provide treatment for more than 6,700 wounded patients and perform about 13,400 operations in all. Emergency material donations from the ICRC helped 22 other hospitals to cope with influxes of wounded people, particularly after clashes or attacks in the areas they covered; two clinics and six branches of the Libyan Red Crescent Society benefited from similar assistance. The maintenance team at a hospital in Benghazi carried out repairs and other work with supplies from the ICRC.

First-aiders, surgeons and other medical personnel hone their skills

With technical advice and financial support from the ICRC, the National Society continued to develop its first-aid programme;

this helped ensure the availability of pre-hospital care in violence-affected areas. At ICRC-organized courses, which were held in Tunisia because of the uncertain security conditions in Libya, 36 volunteers from 18 branches strengthened their teaching ability. They later conducted training sessions in Libya, at which some 130 other National Society volunteers refreshed or augmented their knowledge of administering first aid.

Medical professionals providing higher-level care also benefited from ICRC-organized training sessions: 57 surgeons and other doctors learnt more about emergency-room trauma management, and 39 others updated their knowledge about best practices in the clinical management of wounded patients. Four Libyan assistant instructors helped lead the courses on emergency-room trauma management.

Disabled people begin receiving services at an ICRC-supported orthopaedic workshop

In February, Misrata University and the ICRC signed a memorandum of understanding to resume cooperation in increasing the availability of physical rehabilitation services in Libya and improving their quality. Under this agreement, the university hired orthotists and prosthetists to run its prosthetics and orthotics workshop, which the ICRC provided with materials. The workshop was established in 2013 with ICRC support, but began to produce assistive devices only in April 2016, owing to security constraints and a lack of qualified personnel.

Subsequently, 175 people availed themselves of the workshop's services.

With a view to ensuring the workshop's sustainability, the ICRC supported four Misrata University students in taking orthopaedic technology courses abroad.

ACTORS OF INFLUENCE

Working within the constraints of a challenging working environment and a complex political situation, the ICRC sought to raise awareness of neutral, impartial and independent approach to humanitarian action, with a view to facilitating its activities for vulnerable people (see *Civilians*). It did so by maintaining its interaction with representatives of different government bodies and with certain armed groups in Libya. Networking enabled it to develop new contacts among these actors and with people capable of influencing them. Dialogue with these groups on IHL and on protection- and other IHL-related matters, however, remained limited.

The general public learns more about humanitarian needs in Libya and the ICRC's response

Public communication initiatives, carried out on various platforms, and interaction with local and international media professionals supplemented the aforementioned efforts to foster support for the Libyan Red Crescent and the ICRC. Messages about IHL, the goals of the Health Care Danger project and broader humanitarian issues, and about the Movement's activities, were disseminated to a wide audience within and outside Libya through articles, videos and photos. These matters were also tackled during relief distributions and the various training courses organized by the ICRC. Some initiatives were carried out with the National Society, which

worked, with ICRC technical support and training, to strengthen its own capacities in public communication and to improve its visibility. The National Society established a department to oversee its work in this regard.

Four professors and two Islamic scholars learnt more about IHL at courses abroad (see *Lebanon* and *Tunisia*). Islamic institutions and Misrata University, among other local bodies or organizations, received reference materials on IHL.

RED CROSS AND RED CRESCENT MOVEMENT

Acting within the framework of their partnership, the Libyan Red Crescent and the ICRC provided emergency assistance and helped ensure the availability of medical and other services to vulnerable people (see *Civilians* and *Wounded and sick*).

The National Society continued to improve its operational capacities with various forms of support from the ICRC, including staff training and donations of vehicles and equipment for emergencies. During ICRC-organized courses, National Society volunteers and staff members developed their capabilities in restoring family links and managing human remains. They also learnt more about the Movement, the Fundamental Principles and, in line with the Safer Access Framework, ways to mitigate security risks while carrying out their activities. The National Society's headquarters covered its operating and other costs with funds provided by the ICRC.

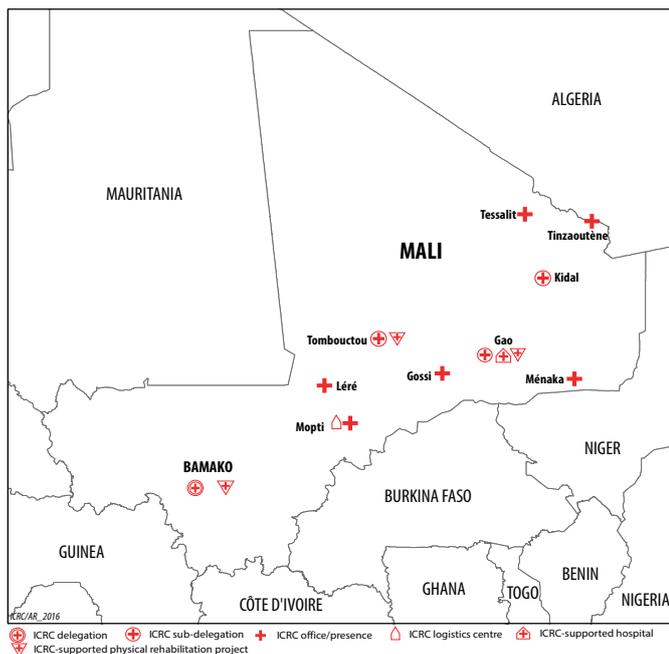
The National Society drew on ICRC expertise to enhance its organizational structure. It continued to revise its statutes, with a view to strengthening its legal base.

With support from the ICRC and the International Federation, the National Society participated in regional and international meetings and conferences of the Movement's components. Coordination among Movement components continued.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		12			
RCMs distributed		9			
Phone calls facilitated between family members		100			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		50	12	2	3
<i>including people for whom tracing requests were registered by another delegation</i>		25			
Tracing cases closed positively (subject located or fate established)		4			
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases still being handled at the end of the reporting period (people)		1,511	56	23	47
<i>including people for whom tracing requests were registered by another delegation</i>		70			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1			
Documents					
People to whom travel documents were issued		2			
Official documents relayed between family members across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited ¹		343	96	57	
			Women	Girls	Boys
Detainees visited and monitored individually		210	13	4	9
Detainees newly registered		210	13	4	9
Number of visits carried out		7			
Number of places of detention visited		2			
RCMs and other means of family contact					
RCMs collected		63			
RCMs distributed		7			
Phone calls made to families to inform them of the whereabouts of a detained relative		17			
People to whom a detention attestation was issued		1			

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	59,208	18,705	21,996
	<i>of whom IDPs</i>	59,208	18,705	21,996
Essential household items	Beneficiaries	103,984	33,373	37,030
	<i>of whom IDPs</i>	103,984	33,373	37,030
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	970	432	16
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
	<i>of which provided data</i>	4		
Admissions	Patients	26,153	4,829	3,165
	<i>of whom weapon-wounded</i>	6,772	683	330
	<i>(including by mines or explosive remnants of war)</i>	1,465	15	67
	<i>of whom surgical cases</i>	19,381	4,146	2,835
Operations performed		13,406		
Outpatient consultations	Patients	106,214	3,396	2,488
	<i>of whom surgical cases</i>	106,214	3,396	2,488
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services	Patients	175	22	10
New patients fitted with prostheses	Patients	63	8	1
Prostheses delivered	Units	82	13	3
	<i>of which for victims of mines or explosive remnants of war</i>	8		
New patients fitted with orthoses	Patients	10		3
Orthoses delivered	Units	10		3
Patients receiving physiotherapy	Patients	6	1	
Walking aids delivered	Units	3		



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ People in northern Mali, including victims of sexual violence, obtained basic and specialized health care from ICRC-supported centres or health personnel. ICRC surgical teams treated the wounded in Gao and Kidal.
- ▶ Pastoralists and agriculturalists strengthened their livelihood using livestock services and supplies and equipment from the ICRC. IDPs met their immediate needs with food and material aid from the Mali Red Cross and the ICRC.
- ▶ Security incidents continued to hamper the implementation of some ICRC activities. Weapon bearers and others concerned were reminded of the necessity of facilitating safe humanitarian access to violence-affected communities.
- ▶ Members of families dispersed by armed conflict, detention and migration reconnected through the Movement's family-links services. Some unaccompanied minors in Mali and abroad were reunited with their families in Mali.
- ▶ People held by the authorities and by armed groups received ICRC visits. Guided by the ICRC, detention officials launched a standardized menu in some prisons, to enable better management of the food supply.
- ▶ Malian military officers drew on ICRC expertise to finalize a training manual on basic IHL to standardize training in the subject. Parliamentarians started drafting a bill to amend the penal code.

EXPENDITURE IN KCHF

Protection	4,399
Assistance	29,373
Prevention	2,777
Cooperation with National Societies	1,285
General	187
Total	38,021
<i>Of which: Overheads</i>	<i>2,321</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
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PERSONNEL

Mobile staff	70
Resident staff (daily workers not included)	358

Continually working in the country since 1982, the ICRC opened a delegation in Mali in 2013 in response to the consequences of fighting between government forces and armed groups and of other situations of violence in Mali. It seeks to protect and assist violence-affected people who also often struggle with adverse climatic conditions, and visits detainees, providing them with aid where necessary. It promotes IHL among armed and security forces and armed groups and encourages its implementation by the authorities of the country. It works closely with the Mali Red Cross and helps it develop its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	567
RCMs distributed	292
Phone calls facilitated between family members	6,604
Tracing cases closed positively (subject located or fate established)	81
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	<i>2</i>

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)

ICRC visits	
Detainees visited	3,639
Detainees visited and monitored individually	541
Number of visits carried out	155
Number of places of detention visited	28
Restoring family links	
RCMs collected	156
RCMs distributed	74
Phone calls made to families to inform them of the whereabouts of a detained relative	566

ASSISTANCE

	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 120,000	91,548
Essential household items	Beneficiaries 30,000	25,098
Productive inputs	Beneficiaries 165,720	108,084
Cash	Beneficiaries 24,780	25,458
Vouchers	Beneficiaries	1,188
Services and training	Beneficiaries 315,120	801,746
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 278,350	196,283
Health		
Health centres supported	Structures 12	10
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 2	2
Water and habitat		
Water and habitat activities	Number of beds 206	170
Physical rehabilitation		
Projects supported	Projects 4	4
Patients receiving services	Patients	11,129

CONTEXT

Despite the signing of a peace accord in 2015, violent encounters in northern Mali persisted between armed groups and Malian and international forces, including the UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA); similar incidents occasionally occurred in central and southern Mali. Demonstrations over the pace of the implementation of the 2015 accord, and other political issues, turned violent and resulted in damage to public infrastructure. There were reports of arrests by State and international forces, and of people being held by armed groups, in connection with these events. Tensions between some armed groups, however, abated owing to informal talks among them. Banditry remained rampant in some areas. Clashes over access to resources and other outbreaks of communal violence sometimes displaced people.

The volatile security situation continued to stall the resumption of State services in violence-affected areas and to hamper people's efforts to restore their livelihoods; erratic rainfall continued to affect agricultural activities in some areas. Thousands of Malian refugees in neighbouring countries remained unable to return home. Many communities needed humanitarian aid, but security incidents – which affected several organizations, including the ICRC – restricted efforts to assist them.

Migrants passing through Mali on their way to Europe risked being attacked.

ICRC ACTION AND RESULTS

The ICRC and the Mali Red Cross continued to help people, in particular, those staying in areas accessible to few or no other humanitarian actors, cope with the effects of armed conflict and other situations of violence. However, three security incidents forced the ICRC to temporarily restrict staff movement outside towns in northern Mali and thus delay the implementation of some of its activities. The ICRC adapted to the situation by monitoring the progress of its projects in the north with the help of National Society volunteers and other Malian actors; the aim was to ensure that people would benefit as planned.

The ICRC engaged a wide network of influential contacts, particularly weapon bearers and community leaders, in dialogue. During information sessions and discussions with them, it reiterated the importance of: facilitating access to medical services and other humanitarian aid; ensuring the safety of personnel providing these services; and respecting other provisions of IHL. These efforts broadened acceptance for the activities of the National Society and the ICRC, and for the organizations themselves, enabling them to secure or maintain access to vulnerable communities.

Thousands of people obtained good-quality care at ICRC-supported health facilities; a primary-health-care centre in Tombouctou – heavily damaged during clashes in 2012 – reopened following ICRC-backed repairs. Women and children comprised the majority of those who received consultations at the facilities. When needed, people obtained specialized treatment, such as weapon-wound surgery – performed by hospital staff assisted by two ICRC surgical teams – and physical rehabilitation services. ICRC training helped counsellors and health personnel provide more effective psychosocial support and other specialized treatment to victims of trauma, including sexual violence.

National Society and ICRC projects strove to help vulnerable people restore or improve their livelihoods, or meet their basic

needs. Herders preserved the health of their livestock and farmers increased their yield, partly through vaccination campaigns and/or supplies and equipment. Heads of households – some of them victims of sexual violence – established small businesses using cash grants or supplemented their income through cash-for-work projects. Material donations and upgraded water infrastructure helped returnees, IDPs and other violence-affected people cover their food, water and shelter needs.

The National Society drew on ICRC-provided training and other support to develop staff and volunteers' capacity to address humanitarian needs, in line with the Safer Access Framework, and to cultivate support for the Movement. With other Movement components, it maintained the regional family-links network that helped members of families dispersed by violence or other circumstances to reconnect.

The ICRC continued to visit detainees in accordance with its standard procedures and to individually monitor the most vulnerable among them and those held in connection to conflict. It urged the authorities concerned to improve detainees' treatment and living conditions, by confidentially sharing with them findings from prison visits and through other forms of support. Judicial officials held ad hoc hearings for people in protracted detention, with a view to finalizing their sentences; the detaining authorities launched a standardized menu in some prisons and upgraded infrastructure there and at other facilities. Where the ICRC had access, people held by armed groups were visited within days of being captured. At the request of parties to the conflict, the ICRC served as a neutral intermediary in the release of people held by them.

The authorities continued, with ICRC support, to take steps to advance the implementation of IHL: parliamentarians began drafting a bill to amend the penal code, and military officers completed a manual designed to standardize troops' training in IHL.

CIVILIANS

The ICRC continued to remind weapon bearers to respect IHL (see *Actors of influence*); it relayed documented allegations of abuse, reported by violence-affected people, to the parties concerned. With its local partners, the ICRC developed community-based protection mechanisms for vulnerable populations.

Thousands of women and children in northern Mali obtain good-quality health care

People in northern Mali, including those in remote areas and a few migrants, obtained good-quality care at ten primary-health-care centres that received comprehensive ICRC support. One centre in Tombouctou reopened in March 2016 after the ICRC helped repair damage sustained by it during clashes in 2012. Approximately 47,700 consultations were given at these centres, mainly to women and children. Over 160 people, among them 44 with gynaecological or obstetric cases, were evacuated to the Gao hospital or other health facilities for secondary care; the ICRC covered the transportation costs. Children under the age of five and others received immunizations during national vaccination campaigns conducted with ICRC logistical support.

In Gao and Tombouctou, people suffering from violence-related trauma – including victims of sexual violence – coped with their ordeal through psychosocial support and other specialized treatment provided by ICRC-trained counsellors, doctors, midwives and other medical personnel. At information sessions conducted by

ICRC-trained community members, some 22,430 people learnt about the availability of services for victims of violence and the importance of securing prompt treatment for their distress. These sessions also sought to prevent the stigmatization of victims and to encourage victims to seek treatment.

Members of women's associations increase their agricultural productivity

With the help of the ICRC, vulnerable households in northern and central Mali restored, preserved or expanded their livelihood; some of them increased their income by up to 80%. Vaccination campaigns organized by the livestock ministry and the ICRC and/or ICRC-constructed vaccination centres helped over 133,000 pastoralist households (around 799,000 people) maintain healthier, and therefore more profitable herds; donations of fodder also benefited some 7,000 households (40,000 people). More households than planned received such assistance because the ICRC was able to work in previously inaccessible areas of Gao and Tombouctou. Partly owing to sustained agro-pastoral support from the ICRC, pastoralists did not need to dispose of unhealthy animals. The ICRC sponsored the advanced training of 20 veterinary assistants.

Some 10,300 farmers (60,000 people), and members of 43 women's associations (benefiting 6,714 people), boosted their productivity with seed, fertilizer and tools provided by the agriculture ministry and the ICRC. Material support from the ICRC also helped seed banks maintain sufficient quantities of planting stock.

Cash grants for starting small businesses and cash-for-work projects helped about 3,900 breadwinners (benefiting 24,126 people) to earn money to buy food, repay debts or fund repairs to community infrastructure. Beneficiaries included 780 victims of sexual violence and 3 minors formerly associated with armed groups.

IDPs are able to set up temporary shelters

Destitute returnees, IDPs and others affected by violence met their immediate needs with the help of material aid provided by the National Society and the ICRC. Some 91,500 people (15,300 households) in Kidal, Ségou and Tombouctou coped with the combined effect of uncertain security conditions, poor harvests and the hunger gap period with the help of food rations. Over 1,100 of them in Tombouctou bought more food with cash vouchers. Prompt distributions of tarpaulins and other household essentials enabled 25,098 people (4,183 households) to set up temporary shelters within days of becoming displaced. Around 200 migrants injured by mines, caught between fighting parties or stranded in remote areas of northern Mali benefited from National Society and ICRC aid that included food parcels and transportation to Gao.

About 196,000 people obtained clean water for their daily needs from boreholes and other water infrastructure upgraded by the local water authorities, the ICRC and participants of ICRC cash-for-work projects. Wells and irrigation facilities refurbished by the ICRC provided sufficient quantities of water for herders and farmers, and for their livestock and crops; herders no longer had to walk long distances in search of watering holes in violence-prone areas. Technicians maintained the water network in the town of Kidal with ICRC technical and material support.

Poor security conditions sometimes hampered or delayed the implementation of activities (see *ICRC action and results*). Monitoring of the livelihood projects mentioned above continued,

with the help of National Society volunteers, other local service providers and community representatives.

Unaccompanied minors are reunited with their families

Members of families dispersed by violence or other circumstances restored or maintained contact through the family-links network maintained by the Mali Red Cross, National Societies in countries hosting Malian refugees and the ICRC. People in Mali and elsewhere requested the ICRC's assistance in finding their relatives; 81 persons were located.

Unaccompanied or separated minors, and minors formerly associated with armed groups, contacted their families with the help of the National Society and/or the ICRC. On their own or with support from the two organizations, five minors from Chad, Mauritania and Mali were reunited with their families in Mali. The ICRC continued to monitor approximately 60 resettled minors.

The National Society drew on various forms of ICRC support – construction of an office in the north, for instance – to strengthen their operational capacities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Judicial officials organize ad hoc hearings for people in protracted detention

Detainees received ICRC visits conducted according to the organization's standard procedures. Nearly 550 detainees were monitored individually; they included minors, women and people serving sentences under the Mechanism for International Criminal Tribunals (MICT). People held in connection with the armed conflict were visited after their arrest and followed up, particularly during transfers.

Where it had access, the ICRC visited people held by armed groups within days of their being captured. At the request of the parties concerned, the ICRC served as a neutral intermediary in the release of six people.

Inmates stayed in touch with their relatives through family-links services offered during ICRC visits. Restoration of contact with their families helped speed up the release of two mentally disabled detainees. Upon their discharge, 112 detainees returned to their place of origin, with ICRC financial support.

To effect system-wide reforms in detainees' treatment and living conditions, detaining authorities continued to work with the ICRC; they drew on findings reported confidentially to them after prison visits and on other forms of ICRC support. A working group set up by the justice ministry, to which the ICRC was invited, drafted an action plan to ensure respect for detainees' judicial guarantees and to improve health and nutrition services and infrastructure in prisons. Based on the working group's recommendations, the judicial authorities organized ad hoc hearings for three people detained past the prescribed length of detention, with a view to finalizing their sentences. Because of financial constraints, a partner NGO could not provide legal assistance for detainees.

Detaining authorities implement a standardized menu in some prisons

ICRC advice – given during a round-table on planning prison budgets, for example – helped the detaining authorities improve management of the food supply in 20 prisons and implement a standardized menu at some of them. Two prison farms increased

their yield with ICRC guidance and material support. Over 40 severely malnourished detainees in seven prisons benefited from therapeutic feeding and follow-up care from ICRC-supported prison health workers.

Medical supplies donated by the ICRC helped health personnel in one prison clinic provide better care for inmates. The ICRC continued to urge the authorities concerned to refer severely ill or injured detainees to the appropriate services; it covered the medical expenses of 22 detainees being treated in external facilities. The ICRC also continued to monitor health services in three prisons.

Nearly 2,800 inmates in some of the prisons mentioned above and elsewhere benefited from well-ventilated rooms and from facilities that helped ensure hygienic preparation of food, following infra-structural upgrades implemented by the authorities and the ICRC. These upgrades included the renovation of water facilities and kitchens; hygiene committees trained and equipped by the ICRC helped maintain the kitchens. Fumigation campaigns conducted by the health authorities and the ICRC helped reduce the risk to inmates' health. Detainees in 22 places of detention – including those under the authority of armed groups – maintained their hygiene with items distributed by the ICRC. New detainees also received clothes and bedding.

WOUNDED AND SICK

The Gao regional hospital and the Kidal referral centre continued to provide good-quality hospital care to wounded and sick people, especially after mass-casualty incidents. They benefited from various forms of ICRC support, in particular on-site guidance from two ICRC surgical teams. Nearly 5,800 wounded and sick people – among them women, children and the weapon-wounded – were admitted to these facilities. The ICRC continued to urge the health ministry to reassume full responsibility for the two facilities.

ICRC-supported centre develops training programme to boost national physical rehabilitation services

Around 11,000 disabled people regained their mobility at four ICRC-supported physical rehabilitation centres. Some of them covered their travel expenses and treatment costs with ICRC financial support. In the north, a few disabled people learnt about these services from National Society volunteers. One centre in

Bamako drew on ICRC expertise to develop a training programme to boost national rehabilitation services and encourage more people to become physical rehabilitation professionals. The ICRC provided technical and financial support for organizations conducting sporting and other events for disabled people; these events helped broaden public awareness of the plight of the disabled. The ICRC also offered the authorities its expertise in helping draft a national strategy for physical rehabilitation.

ACTORS OF INFLUENCE

Community and religious leaders learn more about humanitarian principles

The ICRC continued to pursue – within the bounds of various logistical and security constraints – dialogue with a broad network of people and groups capable of facilitating timely delivery of humanitarian aid, and of ensuring the safety of medical and humanitarian workers. By this means and during information sessions, it urged hundreds of members of armed groups to respect IHL, especially its requirement to facilitate access to health and other basic services; it also explained the ICRC's mandate to them.

Sustained ICRC interaction with influential members of civil society helped broaden acceptance for the organization among communities. At ICRC-organized workshops, over 100 community and religious leaders learnt more about humanitarian principles and ICRC activities in Mali, and around 50 magistrates and religious leaders strengthened their grasp of the points of correspondence between Islamic law and IHL. Hundreds of members of an Islamic youth association, leaders of women's groups and representatives of NGOs in the north learnt more about the Movement and its neutral, impartial and independent approach at information sessions conducted by the National Society and the ICRC.

University students debate the merits of various mechanisms for suppressing IHL violations

Fifty journalists from various parts of Mali advanced their understanding of IHL and learnt how to administer first aid at workshops organized by the National Society and the ICRC. Journalists kept abreast of Movement activities in the country through newsletters and a press conference. Articles in the press, and radio spots aired primarily in the north, broadened awareness among communities

PEOPLE DEPRIVED OF THEIR FREEDOM	French forces	Mali armed groups	Mali authorities	MICT	MINUSMA
ICRC visits					
Detainees visited	123	14	3,483	16	3
<i>of whom women</i>			152		
<i>of whom minors</i>	15	1	154		
Detainees visited and monitored individually	123	11	389	16	2
<i>of whom women</i>			2		
<i>of whom girls</i>			1		
<i>of whom boys</i>	15	1	6		
Detainees newly registered	114	11	261		2
<i>of whom women</i>			2		
<i>of whom girls</i>			1		
<i>of whom boys</i>	14	1	3		
Number of visits carried out	60	9	82	1	3
Number of places of detention visited	2	5	18	1	2
Restoring family links					
RCMs collected			156		
RCMs distributed			74		
Phone calls made to families to inform them of the whereabouts of a detained relative			566		
Detainees released and transferred/repatriated by/via the ICRC			6		

and the general public of IHL, the Movement, the red cross emblem and the ICRC's activities.

Academics strengthened their grasp of IHL during ICRC-facilitated training and at other events. Local and regional workshops (see *Yaoundé*) helped university lecturers become more effective teachers of IHL. At a conference organized by the University of Bamako and the ICRC, over 500 students debated the merits of various domestic and international mechanisms for suppressing IHL violations.

Malian military finalizes an IHL training manual

The authorities continued, with ICRC support, to take steps to advance the incorporation of IHL provisions in domestic law. At an ICRC-organized workshop, parliamentarians began drafting a bill to amend the penal code; the definition of war crime – specifically, whether it should include abuses committed during non-international armed conflict – remained under discussion. The committee working on the implementation of the African Union Convention on IDPs also continued to consult the ICRC.

Malian military officers finalized a training manual covering the basics of IHL. The manual – drafted with ICRC guidance – sought

to standardize troops' training in IHL. Military and security forces personnel strengthened their understanding of IHL during practical exercises and/or international courses in planning and conducting military operations in line with IHL (see *International law and policy*).

RED CROSS AND RED CRESCENT MOVEMENT

The Mali Red Cross continued to strengthen its institutional set-up and emergency response capacity with various kinds of support from the International Federation and the ICRC. Training sessions helped National Society staff and volunteers boost their capacity to address humanitarian needs, in line with the Safer Access Framework, and to broaden awareness of and cultivate support for the Movement. The National Society expanded its operations, and coordinated its field activities more effectively, with communication equipment and logistical support from the ICRC.

Movement components in Mali coordinated their activities more closely, within the framework of the tripartite agreement between the National Society, the International Federation and the ICRC. This helped to prevent duplication of activities and maximize their impact, and to reinforce security measures.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	567	5		
RCMs distributed	292	1		
Phone calls facilitated between family members	6,604			
Reunifications, transfers and repatriations				
People reunited with their families	2			
<i>including people registered by another delegation</i>	2			
People transferred or repatriated	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	234	6	2	3
<i>including people for whom tracing requests were registered by another delegation</i>	25			
Tracing cases closed positively (subject located or fate established)	81			
<i>including people for whom tracing requests were registered by another delegation</i>	23			
Tracing cases still being handled at the end of the reporting period (people)	316	14	9	13
<i>including people for whom tracing requests were registered by another delegation</i>	32			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	9			9
UAMs/SC reunited with their families by the ICRC/National Society	2			
<i>including UAMs/SC registered by another delegation</i>	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	10			9
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	3,639	152	170	
		Women	Girls	Boys
Detainees visited and monitored individually	541	2	1	22
Detainees newly registered	388	2	1	18
Number of visits carried out	155			
Number of places of detention visited	28			
RCMs and other means of family contact				
RCMs collected	156			
RCMs distributed	74			
Phone calls made to families to inform them of the whereabouts of a detained relative	566			
Detainees released and transferred/repatriated by/via the ICRC	6			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	91,548	36,359	34,240
	<i>of whom IDPs</i>	12	3	6
Essential household items	Beneficiaries	25,098	9,901	6,912
	<i>of whom IDPs</i>	11,196	3,992	4,403
Productive inputs	Beneficiaries	108,084	41,825	28,395
	<i>of whom IDPs</i>	4,800	2,160	1,200
Cash	Beneficiaries	25,458	10,208	5,351
Vouchers	Beneficiaries	1,188	475	119
Services and training	Beneficiaries	801,746	318,698	174,407
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	196,283	58,885	78,513
Health				
Health centres supported	Structures	10		
Average catchment population		56,499		
Consultations		47,749		
	<i>of which curative</i>	42,090	11,688	19,944
	<i>of which antenatal</i>	5,659		
Immunizations	Patients	68,067		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	35,556		
Referrals to a second level of care	Patients	164		
	<i>of whom gynaecological/obstetric cases</i>	44		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	120	48	42
Essential household items	Beneficiaries	3,702		
Cash	Beneficiaries	134		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,791		
Health				
Visits carried out by health staff		47		
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>of which provided data</i>	2		
Admissions	Patients	5,796	2,060	1,943
	<i>of whom weapon-wounded</i>	320	6	22
	<i>(including by mines or explosive remnants of war)</i>	31	1	15
	<i>of whom surgical cases</i>	779	101	195
	<i>of whom internal medicine and paediatric cases</i>	3,485	748	1,719
	<i>of whom gynaecological/obstetric cases</i>	1,212	1,205	7
Operations performed		2,052		
Outpatient consultations	Patients	67,731	30,879	18,745
	<i>of whom surgical cases</i>	3,578	791	599
	<i>of whom internal medicine and paediatric cases</i>	51,654	17,628	18,107
	<i>of whom gynaecological/obstetric cases</i>	12,499	12,460	39
Water and habitat				
Water and habitat activities	Number of beds	170		
Physical rehabilitation				
Projects supported	Projects	4		
Patients receiving services	Patients	11,129	2,702	5,248
New patients fitted with prostheses	Patients	138	26	18
Prostheses delivered	Units	317	79	35
	<i>of which for victims of mines or explosive remnants of war</i>	6	1	1
New patients fitted with orthoses	Patients	123	17	79
Orthoses delivered	Units	435	73	256
Patients receiving physiotherapy	Patients	8,927	2,114	4,488
Walking aids delivered	Units	399	112	59
Wheelchairs or tricycles delivered	Units	25	10	4

MAURITANIA



KRC/AR_2016
 ⊕ ICRC delegation + ICRC office

The ICRC has worked in Mauritania since 1970, opening a delegation there in 2013. It visits detainees and helps improve their living conditions, particularly their access to health care. It offers them and other people in need, including refugees, family-links services. In a subsidiary role, it works to meet the basic needs of refugees who have fled conflict elsewhere in the region. It promotes IHL and humanitarian principles among the armed and security forces, authorities and civil society, and supports the development of the Mauritanian Red Crescent.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Prison health staff diagnosed detainees' health problems with the help of the ICRC. Afterwards, some detainees benefited from consultations, hospital care or, for the malnourished, ICRC-provided food supplements.
- ▶ Families dispersed by armed conflict, particularly in Mali, or other circumstances reconnected via Mauritanian Red Crescent and/or ICRC family-links services. An unaccompanied minor rejoined his family in Mali.
- ▶ Military and security forces personnel, including peacekeepers, learnt about IHL/international human rights law at ICRC briefings. The military and security forces sought to improve education in these norms with the ICRC's help.
- ▶ In Bassikounou, infrastructural projects to improve access to water for thousands of Malian refugees and people hosting them got underway. However, administrative delays pushed the completion dates to 2017.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	122
RCMs distributed	87
Phone calls facilitated between family members	104
Tracing cases closed positively (subject located or fate established)	21
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	2,677
Detainees visited and monitored individually	96
Number of visits carried out	34
Number of places of detention visited	18
Restoring family links	
RCMs collected	9
Phone calls made to families to inform them of the whereabouts of a detained relative	31

EXPENDITURE IN KCHF

Protection	1,161
Assistance	1,501
Prevention	614
Cooperation with National Societies	457
General	29
Total	3,762
<i>Of which: Overheads</i>	<i>230</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	79%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	35

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	7,000
		16

CONTEXT

Regional instability created socio-political tensions and gave rise, occasionally, to unrest in Mauritania. Military and security forces personnel reportedly arrested people during security operations. Mauritania participated in discussions on joint military training and coordination with other States in the Sahel region.

About 45,000 people who had fled violence in Mali (see *Mali*) remained in the Bassikounou region. Another 3,000 people from Mali arrived towards the end of the year. Obtaining access to sufficient quantities of water continued to be difficult for Malian refugees living outside the UNHCR camp there, and for the residents of communities hosting them.

ICRC ACTION AND RESULTS

In Mauritania, the ICRC visited detainees in accordance with its standard procedures; it paid particular attention to foreigners, women, security detainees and other vulnerable inmates. Based on these visits, the ICRC provided technical and other support for the authorities to improve detainees' treatment and living conditions, in line with their efforts to reform prison services and mitigate the consequences of overcrowding. The authorities used ICRC material and technical assistance to address priority issues identified in 2015: food-supply management, detainees' access to health care and maintenance of prison infrastructure. ICRC-supported health staff conducted thousands of consultations and monitored detainees' body mass indices. Ailing or wounded inmates were given treatment or referred to nearby hospitals, and malnourished detainees, provided with food supplements. The authorities also drew on ICRC support to maintain sanitation systems, conduct fumigation campaigns, provide hygiene items and renovate infrastructure in State prisons, which helped protect detainees against the spread of disease and eased their living conditions.

In Bassikounou, infrastructural projects to improve access to water for thousands of Malian refugees and the people hosting them were delayed. The ICRC covered treatment costs for two weapon bearers from Mali, whose medical evacuation it had helped arrange in 2015.

The Mauritanian Red Crescent continued, with ICRC support, to develop its capacities, particularly in first aid and restoring family links. The National Society, the ICRC and other Movement components provided members of families dispersed by armed conflict, particularly in Mali, or by detention or other circumstances, with the means to restore and maintain contact. One unaccompanied minor was reunited with his family in Mali. In Melga, on the Mali-Mauritania border, residents reported cases of missing relatives and submitted pre-disappearance data to the ICRC.

The ICRC maintained its support for the Mauritanian military and security forces to complete training activities for their units in IHL and international human rights law, respectively – as set out in the four-year plan it developed with them in 2012. To this end, it trained military instructors to teach IHL and gave security forces the guidance necessary for finalizing their draft training manual on international human rights law. Through ICRC-facilitated training in Mauritania or elsewhere: officers of the armed forces, on active duty or undergoing further training at a military school, bolstered their knowledge of IHL; and an official of the foreign ministry and professors of Islamic studies strengthened their grasp of IHL.

CIVILIANS

Families request the ICRC to clarify the fate of relatives missing at sea

In Melga, on the Mali-Mauritania border, residents reported missing relatives and submitted pre-disappearance data to the ICRC, for comparison with the remains of drowned migrants recovered in Italy (see *Paris*). This was part of a regional effort to ascertain the fate of missing migrants (see *Mali* and *Senegal*). During the year, 20 tracing cases were resolved, and the families who had lodged the requests received news of their missing relatives.

Malian refugees in Bassikounou restored or maintained contact with their families through the regional family-links network managed by the Mauritanian Red Crescent, the Mali Red Cross, National Societies in other countries hosting Malian refugees, and the ICRC. One unaccompanied minor at the UNHCR refugee camp was reunited with his family in Mali (see *Mali*). Members of families dispersed by detention or other circumstances used RCMs and other means provided by the Mauritanian Red Crescent and/or the ICRC to reconnect; until his release in October 2016, one family made monthly video calls to a relative held at the US internment facility at Guantanamo Bay Naval Station in Cuba.

In Bassikounou, infrastructural projects to improve access to water for thousands of Malian refugees and people hosting them got underway. However, administrative delays pushed the completion dates to 2017. National Society volunteers trained to promote good hygiene practices.

Two wounded Malian weapon bearers, whom the ICRC had helped evacuate to Mauritania for medical care in 2015, continued to obtain treatment; costs were covered by the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

Some 2,200 detainees in several places of detention received visits from the ICRC, conducted in accordance with its standard procedures. Vulnerable inmates, including foreigners, women and security detainees, were paid special attention. The ICRC also monitored the transfer of 450 detainees from the Dar Naim prison to three prisons in the country's interior. The ICRC took steps to engage the authorities concerned in dialogue, with a view to visiting all detainees within its purview.

Vulnerable detainees contacted their families through RCMs or phone calls facilitated by the Mauritanian Red Crescent and the ICRC. Around 43 detained foreigners requested the ICRC to notify their consular representatives of their situation.

The penitentiary authorities pursued reforms – and thus also sought to mitigate the consequences of overcrowding in prisons; they drew on ICRC recommendations based on prison visits to monitor and effect improvements to detainees' treatment and living conditions. Aided by the ICRC, they focused on issues prioritized in 2015 – food-supply management, detainees' access to health care and maintenance of prison infrastructure – at the six largest prisons in the country (see below). A senior penitentiary official attended a course abroad (see *Abidjan*), where he learnt more about tackling these issues through discussions with foreign counterparts. At the authorities' request, the ICRC covered gaps in the supplies needed to address detainees' health needs.

Detainees receive adequate health care within prisons and at nearby health facilities

Health personnel in the six largest prisons in the country continued to provide adequate care for detainees. They were guided by an ICRC team, and benefited from ICRC support (medicines, supplies and furniture necessary for their work). In addition, they also learnt how to treat detainees with HIV/AIDS, and to diagnose mental illness and provide the necessary psychological care. The ICRC also provided salary incentives for prison nurses and other clinic staff, who thus maintained regular working hours.

ICRC-supported staff promoted disease-prevention methods, gave more than 11,200 consultations and measured detainees' body mass index. Over 110 detainees needing hospitalization were referred to nearby facilities, in line with agreements previously signed by the penitentiary authorities and these facilities, with the ICRC's help. Almost 350 severely malnourished inmates were enrolled in a therapeutic feeding programme jointly implemented by the authorities and the ICRC, and over 2,000 malnourished inmates received high-calorie supplements with their regular meals. Some 27 inmates who tested positive for TB were given follow-up care and food supplements to hasten their recovery.

The authorities also drew on ICRC technical and material support to maintain sanitation systems, conduct fumigation campaigns, provide hygiene items and renovate infrastructure in the prisons mentioned above, which helped protect detainees against the spread of disease and eased their living conditions. In one prison, the authorities restored access to safe drinking water for some 300 detainees by carrying out emergency repairs; in another, the ICRC built and equipped an isolation ward, mainly for detainees with TB. The justice ministry acquired a building for use as a prison for female detainees and, with ICRC support, the infrastructure (capacity: 30 detainees) was adapted to fit its purpose.

ACTORS OF INFLUENCE

Military instructors develop their ability to teach IHL

The ICRC maintained its support for the Mauritanian military and security forces to complete training activities for their units in IHL and international human rights law, respectively – as set out in the four-year plan it developed with them in 2012.

While the authorities were reviewing the military's instructional manual on IHL – completed with ICRC support in 2015 – eight military instructors strengthened their ability to teach IHL at an ICRC seminar. Around 340 military officers, on active duty or undergoing further training at a military school, reviewed the basic principles of IHL during ICRC information sessions, and senior officers, with ICRC support, attended an advanced IHL course abroad (see *International law and policy*).

The security forces continued to work on the final draft of their training manual on international human rights law. ICRC briefings helped over 200 police cadets and instructors learn more about international standards for the use of force and firearms, and helped 151 national guards bound for peacekeeping missions in the Central African Republic, Côte d'Ivoire and elsewhere review their knowledge of international human rights law.

Influential actors in Bassikounou are urged to support ICRC activities

To increase support for IHL and its activities in Bassikounou and elsewhere in Mauritania, the ICRC sought to broaden awareness of its mandate and mission. Briefings were held for representatives of humanitarian and international organizations and local community leaders. First-aid courses were organized by the Mauritanian Red Crescent and the ICRC for 20 Koranic teachers, who were also briefed on the Movement and its activities.

The authorities continued to be advised and encouraged by the ICRC in implementing IHL-related treaties. Government officials and academics with political and religious influence learnt more about their role in implementing IHL; an official from the foreign ministry and three professors of Islamic studies attended courses abroad (see *Lebanon* and *Tunis*). Two seminars with a partner university were postponed for administrative reasons.

RED CROSS AND RED CRESCENT MOVEMENT

The Mauritanian Red Crescent continued to develop its capacities with the ICRC's financial, material and technical assistance. In particular, it sought to improve its first-aid programme; for instance, instructors had further training at a regional workshop (see *Tunis*), where they were provided with manuals and other teaching materials. Trained first-aiders equipped themselves with ICRC-provided materials and handbooks, which taught them how to treat injuries sustained during religious and sporting events, for instance. The National Society began to raise funds through first-aid courses for external clients.

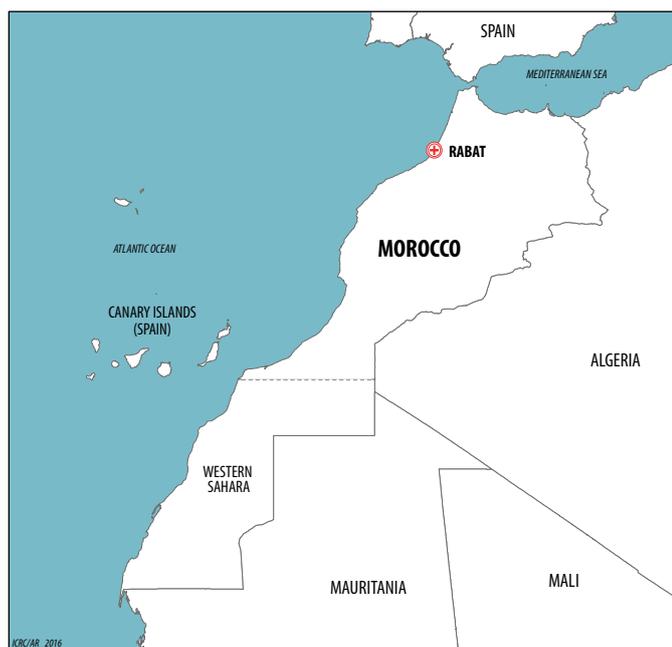
Volunteers gained valuable practical experience by participating in ICRC family-links activities for detainees and Malian refugees (see *Civilians* and *People deprived of their freedom*). At ICRC workshops, staff members and volunteers were trained to conduct economic-security activities.

The National Society kept the public informed of its activities through bulletins published with the ICRC's assistance.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		122	1		
RCMs distributed		87	1		
Phone calls facilitated between family members		104			
Reunifications, transfers and repatriations					
People reunited with their families		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		55	1		5
Tracing cases closed positively (subject located or fate established)		21			
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases still being handled at the end of the reporting period (people)		80	7	2	8
<i>including people for whom tracing requests were registered by another delegation</i>		5			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		1			
UAMs/SC reunited with their families by the ICRC/National Society		1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		2,677	36	89	
			Women	Girls	Boys
Detainees visited and monitored individually		96	2	1	
Detainees newly registered		65	2	1	
Number of visits carried out		34			
Number of places of detention visited		18			
RCMs and other means of family contact					
RCMs collected		9			
Phone calls made to families to inform them of the whereabouts of a detained relative		31			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	16	2	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	2,122		
Essential household items	Beneficiaries	3,814	42	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,100	42	210
Health				
Visits carried out by health staff		20		
Places of detention visited by health staff	Structures	15		
Health facilities supported in places of detention visited by health staff	Structures	10		

MOROCCO



KRC/AR_2016
ICRC delegation

The ICRC's work in Morocco dates back to 1975 during the Western Sahara conflict. Opening in 2015, its delegation aims to encourage cooperation with the Moroccan authorities, so as to facilitate IHL promotion and implementation at national level. It also seeks to support the Moroccan Red Crescent in building its operational capacities, particularly in family-links services and mine-risk education.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Vulnerable migrants met some of their needs with Moroccan Red Crescent and ICRC help: they used Movement family-links services to contact relatives, completed first-aid training and obtained clothes suited to the weather.
- ▶ At an ICRC presentation for penitentiary officials and at meetings, the authorities and other influential actors learnt more about the ICRC's activities for people deprived of their freedom and were urged to support the conduct of visits.
- ▶ The ICRC cultivated relationships with the authorities, armed forces and other key actors; this led, among other things, to joint briefings on IHL for auxiliary forces and discussions on forensic and detention protocols.
- ▶ Law students tested their knowledge of IHL at a moot-court competition in Morocco; organizing the competition also strengthened the ties between academics and the ICRC.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

EXPENDITURE IN KCHF

Protection	759
Assistance	255
Prevention	500
Cooperation with National Societies	134
General	11
Total	1,659
<i>Of which: Overheads</i>	<i>101</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

Mobile staff	5
Resident staff (daily workers not included)	10

CONTEXT

Morocco remained largely stable, despite the volatility of the situation in the wider region. Security forces' operations, against persons or groups pursued under anti-terrorism legislation, continued. A few protests took place – mainly in relation to economic and social issues.

The Moroccan government contributed troops to international coalitions, including in Yemen.

The status of Western Sahara remained a point of contention between Morocco and the Polisario Front. The UN Mission for the Referendum in Western Sahara (MINURSO) was extended to 2017. Hundreds of people continued to await news of relatives missing since the 1975–1991 conflict. Mines and explosive remnants of war (ERW) continued to threaten the safety of all those living in contaminated areas.

Because of Morocco's geographical situation, and despite tighter controls at its borders, tens of thousands of migrants on their way to Europe, including asylum seekers and refugees – those fleeing the Syrian Arab Republic, for example – continued to arrive in the country. Several laws related to migration, particularly concerning human trafficking and the granting of residency or asylum, were at various stages of review or adoption by the government. The Moroccan government negotiated agreements with several European countries to encourage irregular Moroccan migrants in those countries to return to Morocco.

ICRC ACTION AND RESULTS

The ICRC delegation in Morocco focused on consolidating its relations with influential actors who could advance the humanitarian agenda, with a view to broadening and deepening understanding of IHL and acceptance for the ICRC's activities. The authorities and others with influence were urged to support the development of ICRC activities in Morocco for people deprived of their freedom – through a presentation for penitentiary officials and at other meetings, for instance. The ICRC contributed to efforts led by the national human rights committee to develop a protocol for handling hunger strikes in places of detention. With the Moroccan national IHL committee and military and security forces, it organized dissemination sessions on IHL for some troops; it also explored with them possibilities for cooperation in strengthening IHL instruction in military/security training institutes. ICRC sponsorship enabled government and military officials to attend IHL-related training and other events held abroad. Academics learnt more about IHL and built working relationships with the ICRC while organizing or participating in a moot-court competition in Morocco.

The Moroccan Red Crescent continued, with the ICRC's help, to improve its activities for vulnerable people. The National Society expanded its family-links services for migrants, including asylum seekers and refugees: with the ICRC, it set up phone stations at key entry and exit points on migration routes and informed migrants of the family-links services available. It also conducted first-aid training for vulnerable migrants and distributed clothes to them. The ICRC discussed existing forensic protocols and practices with the Moroccan human rights committee and other government officials, with a view to helping expand national capacities for addressing cases of missing persons and preventing their recurrence.

The ICRC continued to support training activities for National Society staff and volunteers, in order to help the National Society reinforce its family-links network. It also supported efforts by the National Society's coordinator for mine-risk education to train volunteers to conduct information sessions.

CIVILIANS

Migrants contact relatives through Movement family-links services

The families of migrants – including those who were thought to be on boats that had capsized, or people who fled to Europe and/or into Morocco – sought the help of Movement partners to locate their relatives. A list of 271 Senegalese migrants reported missing along various migration routes was presented to the Moroccan authorities by the ICRC; Movement components in the region coordinated their efforts to locate these people.

Some 480 migrants contacted their families abroad, through phone stations set up by the Moroccan Red Crescent at key entry and exit points on the migration routes. The National Society and the ICRC monitored and studied the trends in the usage of phone services in order to adapt their response. One unaccompanied minor's documents were transmitted through the Movement's family-links network, to facilitate the child's reunion with his family abroad. Migrants, as well as private organizations and public departments concerned with migration, were informed of Movement family-links services during training seminars for migrants (see below), National Society/ICRC-facilitated information sessions, ad hoc meetings in multilateral forums, and through leaflets.

Migrants in eight areas learnt first aid at training sessions conducted by the National Society and the ICRC. During these sessions, they also shared their experiences and the challenges they faced on the migration route. This enabled the National Society and the ICRC to understand their situation more fully, adapt future activities accordingly, and refer migrants, including asylum seekers and refugees, to government agencies capable of addressing their specific needs and providing suitable services.

The National Society worked to reinforce its family-links network, with ICRC support: in addition to on-the-job training, 25 volunteers from 22 branches also benefited from a refresher course; at a regional family-links workshop in Senegal, the family-links coordinator learnt about new tools and practices and shared experiences with peers from other National Societies and ICRC delegations. The National Society and the ICRC helped to develop printed materials – for distribution throughout the region – on preventing the loss of family contact along the migration route.

Some 1,350 migrants shielded themselves from the harsh weather with waterproof clothing distributed by the National Society and the ICRC in seven cities in Morocco.

Movement partners enabled the families of detainees held abroad, for instance at the US internment facility at Guantanamo Bay Naval Station in Cuba, to maintain contact with their relatives through video calls, RCMs or oral messages. A Moroccan detainee released from the Guantanamo Bay internment facility returned to Morocco, where he received an ICRC-organized visit from relatives based in Algeria.

The Moroccan national human rights committee and Sahrawi/Polisario Front bodies/organizations had discussions with the

ICRC about ascertaining the fate of people missing since the Western Sahara conflict (see *Tunis*). The Moroccan human rights committee and other government officials also exchanged views with ICRC experts on existing forensic protocols and practices in such areas as management of human remains and data management, with a view to strengthening national capacities for addressing and preventing cases of missing persons.

National Society staff and volunteers conduct mine-risk education activities

National Society volunteers from six branches conducted information sessions in the Moroccan-administered parts of Western Sahara on safe practices in mine/ERW-contaminated areas. Training sessions, organized by their coordinator for mine-risk education, strengthened their ability to carry out such activities. The information sessions made use of a training manual in Arabic, and standard operating procedures, developed by the National Society with ICRC support in 2015. National Society staff and volunteers also completed training in project management; this included learning to assess the needs of people in weapon-contaminated areas. The ICRC began discussions with Moroccan authorities on international mine action standards, with a view to exploring possibilities for cooperation in this area.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC briefed officials from four ministries, and others concerned, on its activities for detainees, with a view to securing their support – in the form of an official agreement – for ICRC visits to detainees. At a presentation, some 20 senior personnel from the central penitentiary authority familiarized themselves with the ICRC’s working procedures for prison visits.

The ICRC provided the national human rights committee with expert advice for handling hunger strikes in places of detention; this helped the committee support the central penitentiary authorities, the health ministry and other government departments concerned in developing a protocol for dealing with hunger strikes.

About 30 social workers operating in 18 prisons shared their knowledge of detainees’ family-links needs at a meeting organized by the ICRC. This information helped the ICRC develop a fuller understanding of such needs in Morocco.

ACTORS OF INFLUENCE

The ICRC urged the authorities and other influential actors, through meetings and other means, to support its work, particularly the development of activities in Morocco for people deprived of their freedom.

Members of the national IHL committee exchanged views on IHL implementation with their counterparts from other countries at a meeting of such committees in Switzerland (see *International law and policy*).

The national IHL committee and Moroccan military and security forces discussed plans to strengthen, with ICRC support, instruction in IHL, international human rights law and other related norms in military, *gendarmerie* and security training institutes. The Moroccan auxiliary forces, the national IHL committee and the ICRC organized two dissemination sessions that enabled around 160 auxiliary forces officers to advance their understanding of IHL.

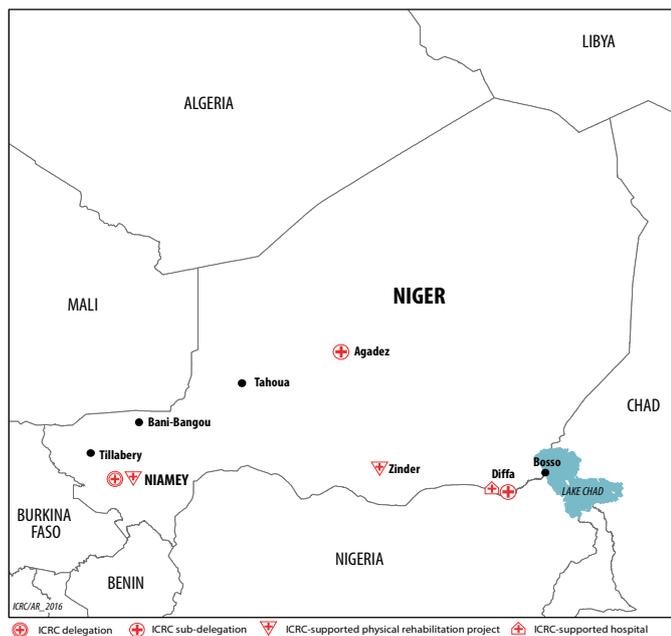
Law students tested their knowledge of IHL at a moot-court competition in Morocco organized by the national IHL committee, a partner university and the ICRC. The event also enabled the ICRC to develop its ties with academics in the country and to reconnect with scholars who had previously received ICRC support to attend IHL training initiatives. ICRC support enabled several law professors and other academics to attend two advanced courses abroad (see *Lebanon* and *Tunis*), where they added to their knowledge of IHL. During meetings with the ICRC, they also discussed possibilities for cooperation in improving the teaching of IHL in Morocco.

Media professionals drew on the ICRC to publish articles on IHL and on the ICRC’s work: for instance, they covered the moot-court competition.

RED CROSS AND RED CRESCENT MOVEMENT

In addition to strengthening its capacities in restoring family links and conducting mine-risk education (see *Civilians*), the Moroccan Red Crescent also developed its ability to respond to emergencies. With ICRC assistance, it provided its national disaster response team with radio equipment and first-aid kits. The National Society and the ICRC had preliminary discussions on incorporating elements of the Safer Access Framework in the National Society’s activities. ICRC support enabled two National Society representatives to attend a regional seminar in Tunisia (see *Tunis*), where they learnt about best practices in first aid. The ICRC met regularly with the National Society and other Movement partners in the country, to coordinate activities and discuss possibilities for further cooperation.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
RCMs and other means of family contact					
People to whom a detention attestation was issued		1			



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Conflict-affected people in the Diffa region received urgently needed food, water and household items from the Movement, notably the National Society and the ICRC; at times this assistance was provided upon the authorities' request.
- ▶ Pastoral households in Diffa improved the health of their livestock with free vaccination, deworming and other services, and got through the hunger gap period with animal feed sold by ICRC-stocked fodder banks at reduced prices.
- ▶ Wounded people, including weapon bearers and IDPs, were treated by an ICRC medical team at the Diffa regional hospital; the team, which was deployed there in 2015, was reinforced in 2016 by the arrival of a surgeon.
- ▶ Malnourished inmates improved their health with food supplements from the ICRC. Authorities monitored detainees' health more closely through ICRC-backed initiatives, such as systematic medical examinations for inmates.
- ▶ Families dispersed by violence, detention, or migration reconnected via Movement family-links services. Migrants in Agadez received medical and psychosocial care from the French Red Cross, which was supported by the ICRC.
- ▶ At predeployment briefings, over 1,600 peacekeepers learnt more about the applicability of IHL during security operations; religious and community leaders studied the links between Islamic law and IHL during ICRC workshops.

EXPENDITURE IN KCHF

Protection	2,790
Assistance	24,534
Prevention	1,566
Cooperation with National Societies	1,435
General	118
Total	30,442
<i>Of which: Overheads</i>	<i>1,837</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	32
Resident staff (daily workers not included)	174

The ICRC has been present in Niger since 1982. It seeks to protect and assist people suffering the consequences of armed conflict in the region, as well as those affected by communal violence. It monitors the treatment and living conditions of detainees; promotes IHL among armed and security forces and other weapon bearers; and encourages its implementation by the national authorities. It works closely with the Red Cross Society of Niger and helps it develop its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	405
RCMs distributed	416
Phone calls facilitated between family members	11,254
Tracing cases closed positively (subject located or fate established)	79
People reunited with their families	10
<i>of whom unaccompanied minors/separated children</i>	10
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	4,302
Detainees visited and monitored individually	1,626
Number of visits carried out	77
Number of places of detention visited	10
Restoring family links	
RCMs collected	443
RCMs distributed	206
Phone calls made to families to inform them of the whereabouts of a detained relative	321

ASSISTANCE	2016 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	258,000	271,362
Essential household items	Beneficiaries	43,200	61,509
Productive inputs	Beneficiaries	64,800	49,898
Cash	Beneficiaries	4,500	2,400
Services and training	Beneficiaries	412,800	524,102
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	85,530	285,645
Health			
Health centres supported	Structures	6	6
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	1	1
Water and habitat			
Water and habitat activities	Number of beds	136	
Physical rehabilitation			
Projects supported	Projects	2	3
Patients receiving services	Patients		1,001

CONTEXT

Niger continued to be affected by the ongoing conflict between State forces in the Lake Chad region (see also *Chad, Nigeria and Yaoundé*) and the armed group that calls itself Islamic State's West Africa Province (also known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad or Boko Haram). Clashes between the group and government forces resulted in casualties, arrests, and repeated and protracted displacement, especially in Diffa; tens of thousands of people fled Bosso because of clashes in June. The Nigerien government contributed troops to the Multinational Joint Task Force, which fought against the armed group, particularly in border areas.

Communities hosting IDPs, and refugees from Nigeria, Mali and other neighbouring countries, had to cope with the additional strain on their limited resources. Amid security constraints and restrictions on economic activities, food production remained insufficient for the needs of a rapidly growing population still dealing with the effects of climatic conditions and past conflict. State and humanitarian agencies had limited access to these people and inadequate resources for assisting them.

Communal tensions and cross-border security issues in Tahoua and Tillabery persisted – arising from the situation in Mali or disputes over resources – at times resulting in casualties. Migrants from the region passed through Niger on their way to northern Africa or Europe.

ICRC ACTION AND RESULTS

The ICRC worked with the Red Cross Society of Niger and other Movement partners to protect and assist vulnerable people throughout Niger. In view of people's repeated and prolonged displacement, exacerbated by the clashes in Bosso, it stepped up its activities for conflict-affected people in the Lake Chad region – relief distributions, family-links services, and support for malnourished detainees – and its coordination with government agencies and other humanitarian actors to define areas of responsibility and avoid duplication; these efforts were supported by a budget extension appeal¹ in June. Elsewhere in Niger, the ICRC continued to provide assistance as necessary.

In coordination with Movement partners and other humanitarian actors, the ICRC helped conflict-affected people in Diffa – and, to a lesser extent, violence-affected and other vulnerable households in Agadez, Tahoua and Tillabery – to meet their most pressing needs. Relief distributions by the National Society and the ICRC, and upgrades to water infrastructure, enabled displaced people and families hosting them to have food, obtain clean water and improve their living conditions. Herders maintained or improved the health, productivity and/or market value of their livestock with free veterinary services from local actors supported by the ICRC, and bought animal feed at reduced prices from ICRC-stocked fodder banks. In these four regions, people availed themselves of preventive and curative care at six ICRC-supported health centres. Migrants passing through Agadez had access to free medical and psychosocial care from the French Red Cross, which was supported by the ICRC.

The ICRC maintained a medical team at the Diffa regional hospital – reinforced by a surgeon deployed in 2016 – to help treat wounded people. It deployed another team of two nurses and a midwife in Bosso, to facilitate childbirth and provide vaccinations. Disabled people regained some mobility at two physical rehabilitation centres regularly supported by the ICRC with material donations and infrastructural upgrades; the one in Zinder treated patients, including the war-wounded, from Diffa and elsewhere in southern Niger.

Members of families separated by conflict, detention or migration – particularly refugees from Mali and Nigeria – reconnected through the Movement's family-links services.

Detainees in places of temporary and permanent detention received ICRC visits conducted in accordance with standard ICRC procedures; security and other vulnerable detainees were individually monitored. Findings from these visits and recommendations were communicated confidentially to the authorities, to contribute to their efforts to improve detainees' conditions. Malnourished inmates at three prisons improved their nutritional status, with the help of ICRC-donated food supplements; the authorities introduced systematic medical examinations for detainees, with ICRC support. The ICRC also donated hygiene kits, repaired prison facilities, and conducted pest-control and hygiene campaigns at seven prisons.

The ICRC shared documented allegations of abuse – whether in Niger, in migrants' countries of origin, or along the migration route – with the parties concerned. It reminded security and defence forces of the relevant international law and standards, especially those relating to the safe passage of people seeking or providing medical care. A paramilitary group in Diffa was urged to comply with humanitarian principles, including those on the treatment of detainees. State forces, including peacekeepers bound for deployment abroad, were briefed on IHL provisions applicable to their operations and were urged to facilitate the Movement's activities. The ICRC also promoted support for the Movement among members of civil society, including youth groups. At ICRC-supported workshops, religious and community leaders broadened their understanding of the points of correspondence between Islamic law and IHL.

CIVILIANS

The ICRC documented abuses that people allegedly experienced in Niger, in their countries of origin or along the migration route. Where possible, these were shared confidentially with the parties concerned in Niger – for example, during discussions on sexual violence, displacement and other issues – or relayed to other ICRC delegations, with a view to preventing their recurrence. The ICRC began to make oral and written representations to armed/security forces in Niger, focusing on the use of force during security operations in Diffa and Tillabery. At dissemination sessions, the ICRC reminded the parties concerned of relevant international law and standards, including the need to ensure safe passage for people seeking or providing medical care.

Vulnerable families meet their immediate needs for food, water and household essentials

In view of people's repeated and prolonged displacement, exacerbated by the clashes in Bosso, the ICRC stepped up its activities for people affected by conflict in the Lake Chad region – food distributions and family-links services, for example – and its coordination with government agencies and other humanitarian

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C22344A334FA4D99C12580270022ADD7/\\$File/BEA_2016_LakeChad_347_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C22344A334FA4D99C12580270022ADD7/$File/BEA_2016_LakeChad_347_Final.pdf)

actors to define areas of responsibility and avoid duplication; these efforts were supported by a budget extension appeal in June. Elsewhere in Niger, it continued to provide assistance as necessary. It adapted its activities to changes in the situation, prioritizing urgent needs; more people than planned benefited from water and habitat initiatives and support for veterinary services, but targets for productive inputs and cash – which had to be provided directly, instead of through cash-for-work projects – were not met.

Conflict-affected families in Diffa continued to receive ICRC aid, which, at times was provided at the authorities' request. Over 37,200 IDP, refugee and resident households (223,600 people) covered some of their dietary requirements, with rations from the National Society and the ICRC. Particularly vulnerable households – such as those displaced several times – received a steady supply of food for up to seven months; people with special needs, including children and pregnant women, were given enriched cereal. Partnerships with other organizations facilitated the delivery of aid: for example, the ICRC distributed WFP-provided food to thousands who had moved from WFP-covered to ICRC-covered areas.

Other vulnerable people in Diffa and elsewhere (over 14,100 households or 85,000 people) – including flood-affected families – received ICRC donations of nearly 400 metric tonnes of millet and other cereal for 26 food banks. These helped prevent farming households from consuming seed meant for planting. The ICRC also trained cereal-bank managers in Tillabery.

Over 285,000 people in rural Diffa – displaced people and host families – and in Agadez, Tahoua and Tillabery, obtained water from ICRC-repaired or -constructed facilities, such as emergency water-supply systems, hand pumps, wells and water fountains. The provision of household essentials helped around 10,250 households (over 61,500 people) to set up makeshift shelters, maintain their hygiene and prepare food. Hygiene-promotion sessions, organized by the National Society and the ICRC, helped reinforce sanitation practices in communities.

Migrants transiting through Agadez receive medical care from the French Red Cross

In the four regions mentioned above, people obtained preventive or curative care at six facilities regularly supported by the ICRC with medicines and training, notably in mother-and-child care. The ICRC repaired sanitation and other facilities at two centres; a team of two nurses and a midwife was also deployed to one facility in Bosso. Altogether, these centres handled nearly 1,300 childbirths; vaccinated some 17,900; and carried out over 63,600 consultations – including for women of child-bearing age. Victims of sexual violence also obtained specialized care at these facilities. Migrants passing through Agadez were given medical and psychosocial care by the French Red Cross, which was supported by the ICRC (see *Red Cross and Red Crescent Movement*). Communities learnt more about reproductive health at dissemination sessions conducted by the ICRC, or by ICRC-trained women.

Herders enhance their livestock's health, with free veterinary services

In rural Agadez and Diffa, millions of heads of livestock were vaccinated, dewormed and treated against disease; this helped over 87,250 households (524,000 people) to improve their livestock's productivity and/or market value. These services, promoted by the National Society, were delivered by the livestock ministry with ICRC support, which included refresher training and veterinary kits

for animal-health workers. The ICRC also set up mobile vaccination facilities and donated motorcycles to the ministry so that it could expand its coverage.

Following the influx of conflict-affected herders from Nigeria, 14 fodder banks in Diffa stocked 1,500 metric tonnes of feed with the help of an NGO and the ICRC. They sold this feed at reduced prices, which helped some 6,000 herding households (36,000 people) to feed their animals during the hunger gap period, and reduced the risk of overgrazing pastures. In Agadez, Diffa and Tillabery, some 2,300 households (13,800 people) – including those headed by women – were given livelihood support, through seed and tools for farming, grinders for processing animal feed, and goats for raising.

Some 400 members of women's associations in Tillabery supplemented their income with cash grants, which benefited some 2,400 people displaced by communal violence.

Unaccompanied minors rejoin their families

Members of families separated by conflict or migration reconnected via phone calls, RCMs and other family-links services, provided by the National Society with ICRC support; they also learnt their relatives' fate through the ICRC's tracing efforts. With the help of the Movement, 10 unaccompanied minors – including a demobilized child – rejoined their families; the ICRC monitored their reintegration.

With financial and technical support from the ICRC, National Society personnel strengthened their ability to promote and deliver family-links services along the migration route, and to provide other humanitarian assistance. For example, five new family-links service points were opened for migrants leaving Niger, and two National Society offices were constructed.

Forensic specialists and first-responders were given training, materials and equipment by the ICRC to enable them to manage human remains properly.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 4,300 detainees in 10 places of temporary and permanent detention, including in Diffa, received ICRC visits, conducted in accordance with standard ICRC procedures. ICRC delegates monitored detainees' living conditions – for instance, whether minors and women were held separately from other inmates – and treatment, including respect for their judicial guarantees. A total of 1,626 security and other vulnerable detainees were followed up individually; 396 were newly registered. Discussions continued between the authorities and the ICRC on the possibility of the organization visiting to all people detained in relation to the conflict.

The ICRC made an oral representation to a paramilitary group in Diffa, urging them to comply with humanitarian principles, particularly with regard to the treatment of detainees.

Detainees contacted their families via RCMs, phone calls and other family-links services; foreign detainees informed their consular representatives of their detention, with help from the ICRC.

Malnourished inmates improve their health with ICRC-supplied food

The ICRC provided the authorities with findings from its prison visits, as well as technical advice and training, to contribute to their

efforts to improve detainees' conditions. Notably, the authorities diagnosed and treated malnourished and other ailing inmates using ICRC-provided equipment and supplies; with technical support from the ICRC, they also introduced systematic medical examinations for new detainees, and a filing system for monitoring patients' health. Government representatives, service providers, and other relevant actors discussed ways to strengthen health care in places of detention, at an ICRC-organized round-table.

Thousands of inmates at four detention facilities received food supplements from the ICRC. Monitoring revealed that malnutrition rates in these facilities had decreased. Five places of detention received ad hoc donations of medicines and equipment from the ICRC; the ICRC also made repairs to the health facilities at a prison in Niamey.

Around 3,800 detainees at several facilities had better living conditions, through various forms of ICRC support, including repairs or upgrades to kitchens, electrical and ventilation systems, and water and sanitation facilities. Pest-control campaigns, distributions of hygiene kits and the training of committees promoted good hygiene at seven prisons.

WOUNDED AND SICK

At ICRC-organized events, authorities, including weapon bearers, learnt more about the protection due to people seeking or providing medical care. Based on documented cases of attacks against medical workers and/or facilities, the ICRC made oral and written representations to the parties concerned, with a view to preventing the recurrence of such incidents.

The regional hospital in Diffa continued to treat wounded patients, including weapon bearers, with ICRC support. An ICRC surgeon joined the anaesthesiologist and two nurses who had been sent to the hospital in 2015. This surgical team worked with local staff to perform operations on nearly 500 people. Hospital staff were trained and provided with supplies, and the hospital's waste-management and water facilities were upgraded. During discussions with the authorities, the ICRC urged them to increase staffing at the hospital to ensure its sustainability.

People obtain physical rehabilitation services at two ICRC-supported centres

Over 1,000 people with disabilities – including amputees and physiotherapy patients – regained some mobility at two physical rehabilitation centres: one at the Niamey National Hospital, which could accommodate patients from remote areas; and another in Zinder for patients from southern Niger, including Diffa. These centres received regular ICRC support, including donations of polypropylene materials and training for technicians in using them; parts of the Niamey centre were renovated to improve its services. Some 550 prosthetic/orthotic devices, and tricycles produced by an ICRC-supported NGO, were distributed to patients to help improve their mobility. The food, transport and accommodation expenses of 68 people disabled by mines/explosive remnants of war were covered by the ICRC.

The ICRC continued to urge the authorities to incorporate physical rehabilitation services in the national health plan, for instance, by allocating more resources for centres to ensure their sustainability; organizations helping people with disabilities drew on material and technical support from the ICRC to strengthen their network for coordinating their activities.

ACTORS OF INFLUENCE

The authorities, weapon bearers, members of civil society and others capable of facilitating or encouraging humanitarian action – including UN agencies and international NGOs – learnt more about humanitarian issues arising from the conflict in Niger and the wider region, through ICRC-organized events, including a meeting between the Nigerien president and the ICRC president. These activities helped broaden respect and support for IHL and the Movement.

Government forces in Diffa learn more about observing principles of IHL during their operations

Around 1,700 members of military/security forces deployed in Diffa and elsewhere attended ICRC-organized briefings on IHL, which emphasized the goals of the Health Care in Danger project. Some 120 of them were advised by the ICRC on how to ensure respect for human rights principles during security operations. At an ICRC-organized workshop and seminars conducted with ICRC support, 20 army commanders from Diffa and 100 officers from elsewhere learnt more about complying with IHL during hostilities. With his attendance subsidized by the ICRC, a senior army official enriched his knowledge of international standards for law enforcement, at a workshop in Geneva, Switzerland (see *International law and policy*). Efforts to incorporate IHL in military doctrine and training, including the updating of an IHL manual, were stalled because of the government's other priorities, particularly the situation in Diffa.

During briefings organized by the ICRC, over 1,600 members of security forces bound for UN peacekeeping missions in Africa were urged to comply with the pertinent provisions of IHL, and to facilitate the Movement's neutral, impartial and independent humanitarian action in their places of deployment.

At ICRC-organized dissemination sessions, paramilitary groups in Diffa expressed their commitment to: help prevent violence in their communities; facilitate the ICRC's conduct of humanitarian activities; and promote respect for basic humanitarian principles, including those on the treatment of detainees. The ICRC also continued dialogue with parties who could relay humanitarian messages to other armed groups.

Religious and community leaders study the points of correspondence between Islamic law and IHL

Government authorities continued to draw on ICRC expertise on: the ratification of Protocol V to the Convention on Certain Conventional Weapons; the drafting of laws regulating small arms and light weapons; and the revision of the criminal code and procedures, particularly to include provisions on IHL violations. With ICRC support, the national agency responsible for regulating illegal weapons worked to fulfil its obligations under the Anti-Personnel Mine Ban Convention.

Over 360 community and religious leaders from Diffa and elsewhere examined the points of correspondence between Islamic law and IHL, at workshops co-organized with university lecturers – at times conducted alongside first-aid training by the National Society – and at international courses (see *Iran, Islamic Republic of* and *Tunis*), with their attendance sponsored by the ICRC. At various discussions on the situation in Diffa, members of civil society, including youth groups, identified the common ground between IHL and international human rights law, as did educators and school-based organizations using Arabic-language materials from the ICRC.

Journalists, particularly radio broadcasters in Diffa, kept abreast of Movement activities through public events and editorial material organized or produced by the National Society and the ICRC. They were encouraged to report accurately on the humanitarian situation in Niger. Community radio stations aired messages promoted by the ICRC, which helped inform vulnerable people of the organization's activities for them.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of Niger – the ICRC's main partner in the country – drew on the support of the ICRC and other partners to conduct its activities, and to promote humanitarian principles and the Movement. Workshops on the Safer Access Framework and first aid helped its staff and volunteers respond safely to emergencies, including those arising from the situation in Diffa. National Society first-aiders were deployed at various events throughout the country – during the national elections in February, for instance.

ICRC-supported training sessions reinforced cooperation among Movement partners – especially in responding to the humanitarian needs in Diffa – and helped National Society volunteers to conduct assessments more effectively.

With support from the ICRC and the International Federation, the National Society revised its legal statutes, code of conduct and charter of volunteers, and established its 2017–2021 plan of action.

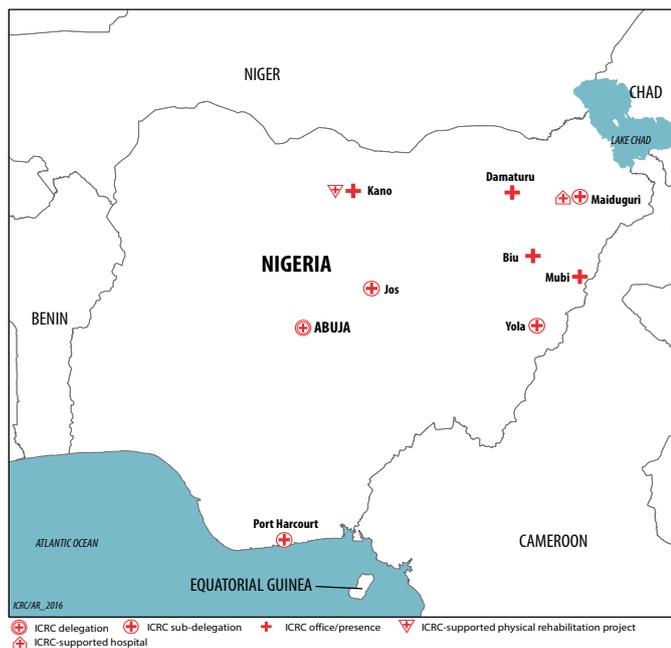
Movement components met regularly to coordinate their activities, including those carried out in Diffa in cooperation with the Luxembourg Red Cross. The French Red Cross – with ICRC financial support from June onwards – continued to provide free medical and psychosocial care to migrants passing through Agadez (see *Civilians*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		405	38		
RCMs distributed		416	5		
Phone calls facilitated between family members		11,254			
Reunifications, transfers and repatriations					
People reunited with their families		10			
People transferred or repatriated		2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		172	19	20	45
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases closed positively (subject located or fate established)		79			
<i>including people for whom tracing requests were registered by another delegation</i>		7			
Tracing cases still being handled at the end of the reporting period (people)		226	28	37	48
<i>including people for whom tracing requests were registered by another delegation</i>		49			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		50	7		5
UAMs/SC reunited with their families by the ICRC/National Society		10	2		1
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		43	11		5
Documents					
Official documents relayed between family members across borders/front lines		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		4,302	113	193	
			Women	Girls	Boys
Detainees visited and monitored individually		1,626	24	1	48
Detainees newly registered		396	13	1	15
Number of visits carried out		77			
Number of places of detention visited		10			
RCMs and other means of family contact					
RCMs collected		443			
RCMs distributed		206			
Phone calls made to families to inform them of the whereabouts of a detained relative		321			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	271,362	72,018	131,493
	<i>of whom IDPs</i>	198,462	49,619	99,224
Essential household items	Beneficiaries	61,509	18,304	27,823
	<i>of whom IDPs</i>	34,086	8,524	17,038
Productive inputs	Beneficiaries	49,898	14,274	23,126
Cash	Beneficiaries	2,400	750	1,050
Services and training	Beneficiaries	524,102	139,687	253,285
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	285,645	145,679	85,694
	<i>of whom IDPs</i>	71,411	36,419	21,423
Health				
Health centres supported	Structures	6		
Average catchment population		104,129		
Consultations		63,665		
	<i>of which curative</i>	54,609	11,742	35,535
	<i>of which antenatal</i>	9,056		
Immunizations	Patients	17,920		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	8,742		
Referrals to a second level of care	Patients	535		
	<i>of whom gynaecological/obstetric cases</i>	103		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities ¹	Beneficiaries			
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,796		
Health				
Visits carried out by health staff		73		
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>of which provided data</i>	1		
Admissions	Patients	497	50	118
	<i>of whom weapon-wounded</i>	186	10	12
	<i>(including by mines or explosive remnants of war)</i>	11		1
	<i>of whom surgical cases</i>	311	40	106
Operations performed		875		
Outpatient consultations	Patients	52	1	4
	<i>of whom surgical cases</i>	52	1	4
Physical rehabilitation				
Projects supported	Projects	3		
Patients receiving services	Patients	1,001	162	438
New patients fitted with prostheses	Patients	176	35	15
Prostheses delivered	Units	126	17	15
	<i>of which for victims of mines or explosive remnants of war</i>	49	6	
New patients fitted with orthoses	Patients	451	89	215
Orthoses delivered	Units	431	52	321
Patients receiving physiotherapy	Patients	216	35	28
Walking aids delivered	Units	203	33	23
Wheelchairs or tricycles delivered	Units	100	26	15

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

NIGERIA



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Some vulnerable IDP communities met their immediate needs after the National Society and the ICRC expanded aid distributions to newly accessible areas in the north-east; others remained unreachable because of security constraints.
- ▶ Where feasible, residents and returnees were provided with support for their livelihoods: farmers cultivated crops with ICRC-donated seed and fertilizer, while widows started small businesses using ICRC-provided cash grants.
- ▶ People in IDP camps and violence-affected host communities had access to water, sanitation and shelter facilities built or repaired by the ICRC; some projects, however, were delayed because of logistical and security constraints.
- ▶ More people had access to primary health care after the ICRC expanded its support for clinics in the north-east. Wounded people were treated by two ICRC surgical teams based in Maiduguri; the second team arrived in 2016.
- ▶ Acting as a neutral intermediary, the ICRC facilitated the return of 21 girls who had been kidnapped from Chibok in 2014. It also provided the authorities with advice on their efforts to reintegrate the girls into society.
- ▶ Children were reunited with their families via the efforts of Movement components in the Lake Chad region. With ICRC support, the authorities established a national committee to coordinate efforts to clarify the fate of the missing.

EXPENDITURE IN KCHF

Protection	5,929
Assistance	70,808
Prevention	4,160
Cooperation with National Societies	2,581
General	156
Total	83,634
<i>Of which: Overheads</i>	<i>5,086</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	108%
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PERSONNEL

Mobile staff	91
Resident staff (daily workers not included)	346

Active in Nigeria during the Biafran war (1966–1970), the ICRC established a delegation in the country in 1988. It seeks to respond to emergencies throughout the country, focusing on the conflict in the north-east, to protect and assist the people affected; it also visits detainees. It works closely with the National Society and supports its capacity-building efforts in emergency preparedness and restoring family links. Working with the authorities, the armed forces/police, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	576
RCMs distributed	271
Phone calls facilitated between family members	1,553
Tracing cases closed positively (subject located or fate established)	102
People reunited with their families	171
<i>of whom unaccompanied minors/separated children</i>	159

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)

ICRC visits			
Detainees visited		25,219	
Detainees visited and monitored individually		7,026	
Number of visits carried out		65	
Number of places of detention visited		28	
Restoring family links			
RCMs collected		27	
RCMs distributed		23	
Phone calls made to families to inform them of the whereabouts of a detained relative		19	

ASSISTANCE

		2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	750,000	1,205,589
Essential household items	Beneficiaries	750,000	396,174
Productive inputs	Beneficiaries	240,000	267,787
Cash	Beneficiaries	201,000	163,314
Vouchers	Beneficiaries	66,000	12,594
Services and training	Beneficiaries	24,000	26,981

Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	2,258,000	364,484

Health			
Health centres supported	Structures	23	25

WOUNDED AND SICK

Hospitals			
Hospitals supported	Structures	1	35

Water and habitat			
Water and habitat activities	Number of beds	370	1,160

Physical rehabilitation			
Projects supported	Projects	2	1
Patients receiving services	Patients		50

CONTEXT

The conflict between Nigerian defence and security forces and the armed group that calls itself Islamic State's West Africa Province (also known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad or Boko Haram) continued. Skirmishes and bombings occurred in Nigeria's north-eastern states – mainly Adamawa, Borno and Yobe – and neighbouring countries (see *Chad, Niger and Yaoundé*), with dire humanitarian consequences: mass and repeated displacement, alleged abuses, disrupted livelihoods, severe food insecurity, arrests, injuries and deaths. Cameroonian, Chadian and Nigerian forces also fought the group, including as part of the Multinational Joint Task Force.

Parts of the north-east were retaken by Nigerian forces. A few hundred thousand people attempted to return home, and some communities with urgent, unmet needs became accessible to humanitarian actors; however, security constraints still limited access to other areas, and most people remained displaced. Reportedly, there were over 2.3 million IDPs in Nigeria, mostly in host communities.

In the Middle Belt states, communal violence decreased in Bauchi, Kaduna and Plateau, but intensified in Benue, Nassarawa and Taraba.

Southern Nigeria – especially Bayelsa, Delta and Rivers states – experienced an increase in violence related to criminality and to resurgent militancy and secessionism.

Despite economic concerns, the country continued to play a key role in the region, through the Economic Community of West African States (ECOWAS). It contributed troops to peacekeeping operations.

ICRC ACTION AND RESULTS

In 2016, the ICRC helped mitigate the consequences of conflict in north-eastern Nigeria – where it was one of the main humanitarian actors – and violence in the Middle Belt and southern Nigeria, often working with the Nigerian Red Cross Society and the authorities. With the help of a budget extension appeal¹, it expanded its activities in the north-east, prioritizing newly accessible communities; when necessary, resources were reallocated to emergency relief because of the urgent need for food. It also moved its office in Gombe to Biu, to be nearer people in need.

IDPs, residents and returnees benefited from expanded relief distributions, and malnourished children were referred to ICRC-backed clinics; the ICRC exceeded its target for food beneficiaries, with in-kind assistance being provided instead of cash in areas without functioning markets. Where feasible, it helped people pursue livelihood activities by providing seed and fertilizer to farmers, animal-health services to pastoralists, and cash grants for small businesses to widows.

Other initiatives enabled people to have shelter and access to water and sanitation facilities. For example, the ICRC upgraded water systems in IDP camps and violence-affected host communities, and provided returnees with materials for rebuilding their homes.

Owing to logistical and security constraints, however, other initiatives were delayed.

More IDPs and residents had access to health care as the ICRC expanded its support – equipment, supplies, training for staff, and infrastructural upgrades – for clinics in the north-east. People suffering from conflict-related trauma, including sexual violence, were counselled by ICRC-trained volunteers.

Throughout Nigeria, ICRC-trained National Society volunteers and other responders gave casualties first aid. Weapon-wounded people were treated at ICRC-supported hospitals, including one in Maiduguri, where two ICRC surgical teams were stationed; the second team arrived in 2016. The ICRC also began supporting one hospital's physical rehabilitation centre.

In coordination with Movement components in neighbouring countries, the National Society and the ICRC expanded family-links services in the north-east, focusing on unaccompanied minors. With ICRC support, the Nigerian authorities established a national committee to coordinate efforts to clarify the fate of people missing in connection with the conflict, and to maintain a register of the missing.

Through visits conducted according to its standard procedures, the ICRC monitored the well-being of detainees, including those held by the army and the police; it also continued to seek access to all detainees. It advised newly established working groups tasked with formulating recommendations for improving health care in detention, prison infrastructure and respect for judicial guarantees. When needed, it gave material support to the authorities, such as food for malnourished inmates.

Though dialogue with armed groups in the north-east was limited by various constraints, the ICRC sought to remind all parties concerned of their responsibilities under IHL and other norms, such as the need to protect civilians, especially women and children, and to provide or facilitate access to basic services, including health care. Efforts to systematically document people's protection concerns increased; the ICRC presented a report on needs in the north-east, in support of the authorities' efforts to implement the African Union Convention on IDPs.

Events for the authorities and civil society, and briefings for weapon bearers, broadened awareness of IHL and humanitarian concerns, and helped facilitate the ICRC's work. The ICRC continued to work with Nigerian officials and ECOWAS to secure support for IHL implementation in Nigeria and the region.

The ICRC helped the National Society strengthen its capacities, particularly in emergency response, communications and organizational development.

CIVILIANS

The ICRC continued its efforts to assist people affected by conflict in the north-east – where it was one of the main humanitarian actors – and by violence in the Middle Belt and the south, often working with the National Society and the authorities, including the agriculture, health and water ministries. With the help of a budget extension appeal, the ICRC expanded its activities, prioritizing newly accessible communities with urgent, unmet needs; when necessary, resources were reallocated to emergency relief, because of the urgent need for food. Other areas, however, remained unreachable because of security constraints.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C22344A334FA4D99C12580270022ADD7/\\$File/BEA_2016_LakeChad_347_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C22344A334FA4D99C12580270022ADD7/$File/BEA_2016_LakeChad_347_Final.pdf)

In parallel, it sought to remind all parties concerned of their obligations under IHL and other norms, such as the need to: protect civilians, especially women and children; facilitate access to or improve the provision of basic services; and safeguard medical personnel and facilities.

More people than planned benefit from ICRC food distributions

The National Society and the ICRC expanded relief distributions in the north-east, reaching more people than the ICRC had envisioned; in areas without functioning markets, in-kind assistance was provided instead of cash. In all, over 1.2 million IDPs, returnees and residents (195,000 households) across Nigeria received up to three months' worth of rations and, in some cases, therapeutic food. Post-distribution evaluations conducted by the ICRC and other organizations showed that such assistance enabled households to diversify their diet and mitigate their risk of malnutrition. Vulnerable children were referred to ICRC-supported clinics for treatment (see below).

Some 396,000 people (66,000 households) received essential items – for example, tarpaulins, blankets and hygiene products – that helped them ease their living conditions. In urban areas, over 27,000 households (163,000 people) – including 289 households (1,734 people in all) headed by widows and other vulnerable women in Maiduguri, Jere and Port Harcourt – received cash grants, which helped them cover their expenses or establish small businesses, while stimulating local commerce; these households included 340 (2,000 people) that were headed by widows and other vulnerable women in Jere, Maiduguri and Port Harcourt.

Households resume farming with the ICRC's support

Where feasible, the ICRC sought to strengthen returnee and resident communities' resilience to the effects of conflict or other violence, by helping them establish or re-establish sources of income. In Adamawa, Borno and the Middle Belt, over 44,000 households (267,000 people) resumed farming using ICRC-donated seed and fertilizer; nearly 2,100 other households (12,600 people) received vouchers for such supplies. Around 4,400 pastoral households (26,000 people) in the Middle Belt had 223,000 animals vaccinated against common diseases, and some of them were served by animal health workers that the ICRC provided with medicine, equipment and training.

IDPs and residents gain access to water and sanitation facilities, but some projects are delayed

Owing to logistical and security constraints, several water and habitat activities could not be completed. Nevertheless, over 364,000 IDPs and residents benefited from projects undertaken by the National Society and the ICRC, in cooperation with the authorities; many of them received several forms of support.

These beneficiaries included over 120,000 people in IDP camps, where the ICRC built or upgraded water-supply systems, showers, latrines and kitchen facilities, provided fuel and maintained generators. In some cases, water was trucked in until more permanent systems were constructed or repaired. The ICRC also conducted hygiene-education and cleaning campaigns in these camps. In the north-east, the Middle Belt and the south, around 158,000 returnees and residents had better access to water after solar-powered pumps and other infrastructure were installed or improved, and committees for maintenance and hygiene promotion were established. People in cholera-prone areas

were less at risk after the ICRC – with help from National Society volunteers and ICRC-trained community members – conducted hygiene-promotion sessions, chlorinated water sources, disinfected homes, and treated or referred the sick.

Over 40,000 people had shelter after the ICRC put up tents and other temporary structures in IDP camps. Some 2,600 returnees in Adamawa and Plateau rebuilt their homes with ICRC-provided tools and construction materials.

People avail themselves of health care at ICRC-supported clinics

The ICRC expanded its assistance for primary-health-care facilities in the north-east. This enabled people to obtain preventive and curative care at 16 fixed and 9 mobile clinics, where over 432,000 curative and nearly 86,000 ante-natal consultations took place. These clinics were provided with equipment and supplies, and their staff received financial incentives and training. The ICRC also renovated 11 of these clinics and set up temporary structures for 5 of them. Health workers in Adamawa were trained to use mobile device-based software containing standardized disease-management protocols, in order to increase their effectiveness.

At some clinics, around 4,500 children under five received outpatient treatment for severe acute malnutrition. Nearly 480 patients were admitted to an ICRC-run stabilization centre in Biu.

Over 1,100 IDPs in the north-east were counselled by around 70 National Society personnel trained by the ICRC, which helped them cope with conflict-related trauma, including sexual violence.

The authorities establish a national committee for clarifying the fate of missing people

The National Society and the ICRC, in coordination with other Movement components in the region (see *Chad, Niger and Yaoundé*), continued to expand the Movement's family-links services in the north-east, focusing on unaccompanied minors; of note, 159 children were reunited with their families.

National Society volunteers and military personnel were trained in human-remains management during ICRC workshops, including first-aid training sessions (see *Wounded and sick*), to ensure that the deceased were properly identified and their relatives notified of their fate. Following an ICRC-organized round-table, the authorities established a working group with representatives from the health and justice ministries, the police, and the National Emergency Management Agency, to develop a plan for strengthening forensic services in Nigeria.

Drawing on the ICRC's technical expertise, the Nigerian authorities established a national committee for clarifying the fate and whereabouts of people missing in connection with the conflict, and for providing their families with support. This committee was tasked with, among others, maintaining a register of the missing, and facilitating coordination among the government institutions concerned.

Civilians in the north-east share their protection concerns

Alongside its assistance activities, the ICRC stepped up its efforts to systematically document the protection concerns of civilians in the north-east. These were raised with weapon bearers, government officials and traditional or religious leaders during bilateral discussions and events for them (see *Actors of influence*). The ICRC also

presented a report on the needs of displaced people in north-eastern Nigeria, with a view to supporting the authorities' efforts to implement the African Union Convention on IDPs.

The ICRC assessed the situation of victims of sexual violence and continued to hold community-based protection workshops for widows and other female breadwinners in Maiduguri and in Port Harcourt. It integrated their concerns in its dialogue with stakeholders, helped them develop self-protection strategies, included them in the psychosocial support programme mentioned above, and made plans to cover them in the livelihood assistance programme in 2017.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC sought access to all detainees, including more people held in connection with the conflict, through dialogue with the authorities concerned. It visited over 25,000 people held by the Nigerian Prisons Service (NPS), the police and the army, to monitor their treatment and living conditions; 7,000 detainees were followed up individually.

After these visits, which were conducted according to its standard procedures, the ICRC shared confidential feedback and recommendations with the authorities, in support of their efforts to improve detainees' well-being. The NPS established working groups tasked with formulating recommendations for improving health care in detention, prison infrastructure, and respect for judicial guarantees; these groups were advised by the ICRC. NPS personnel were also trained in prison management through ICRC workshops, including a train-the-trainer course.

Malnourished inmates receive supplementary rations and therapeutic food

When necessary, the ICRC gave the authorities material support for dealing with emergencies and easing detainees' living conditions.

Over 18,000 people received supplementary rations and therapeutic food that helped them avert malnutrition; roughly 13,000 detainees received blankets, hygiene supplies and other essentials. A total of 7,600 people benefited from water and habitat initiatives, such as improvements to one prison's sewage system, an anti-scabies campaign at another, and the construction of a hand pump at a third prison. Other water infrastructure projects were postponed, however, as the ICRC prioritized support for more pressing issues, particularly malnutrition.

Acting as a neutral intermediary, the ICRC facilitated the return of 21 girls who had been kidnapped from Chibok in 2014, and provided the authorities with advice on their efforts to reintegrate the girls into society.

WOUNDED AND SICK

Some 3,000 people throughout Nigeria – National Society personnel, community representatives, weapon bearers and members of faith-based organizations – trained in first aid at ICRC-organized courses. Following bombings and other emergencies, thousands of casualties were attended to and/or evacuated by ICRC-trained first responders, who also helped manage human remains.

Weapon-wounded patients are treated by two ICRC surgical teams

Attacks in Maiduguri were less frequent than in 2015, but more and more weapon-wounded people from other parts of Borno

and Yobe were referred to the State Specialist Hospital in Maiduguri (SSH-M); the ICRC surgical team (a surgeon, an anaesthesiologist and a nurse) that had been stationed there since last year occasionally had to support hospitals in Adamawa.

The ICRC thus sent a second team to SSH-M, where over 2,000 people – of whom 1,658 were treated as outpatients, and 471 were admitted to the ICRC surgical ward – received free surgical care with the help of the two teams. Some of these patients were referred from ICRC-supported clinics (see *Civilians*) after being identified by the teams during outreach visits. At the 11 other hospitals that were also able to provide data, around 3,000 people were treated with supplies donated by the ICRC after mass-casualty incidents. Some 50 people in need of prosthetic or orthotic devices were also referred to an ICRC-supported physical rehabilitation centre at a hospital in Kano.

The ICRC upgraded infrastructure at six hospitals (over 1,100 beds in all) to improve their services. For instance, at SSH-M, it set up a second ICRC-run operating theatre and a post-intensive care unit, and renovated the blood bank; at an ICRC-supported hospital in Kano, it established a prosthesis workshop.

Over 100 doctors and nurses from across Nigeria improved their knowledge of trauma management and war surgery through ICRC-conducted courses. Staff at SSH-M were also trained by the ICRC's surgical teams.

ACTORS OF INFLUENCE

Military personnel strengthen their knowledge of IHL

The situations in the north-east, the Middle Belt and the south heightened the need to promote respect for IHL and other applicable norms among all parties concerned. However, some constraints remained, particularly in relation to dialogue with armed groups in the north-east.

At ICRC dissemination sessions, over 5,000 army personnel – including troops in the north-east and those bound for peace-keeping missions abroad – improved their understanding of IHL, and around 400 police officers strengthened their knowledge of international law enforcement standards. Some 130 senior military officers from Nigeria and abroad deepened their knowledge of IHL through an ICRC-organized seminar. These events also covered the Movement's work, including the ICRC's humanitarian activities for detainees. Military commanders and the ICRC continued to discuss how IHL could be better integrated into the army's doctrine, training and operations.

Issues covered by the Health Care in Danger project were tackled during discussions with the authorities and the National Society; in Port Harcourt, health professionals and weapon bearers set up a working group that aimed to develop recommendations for addressing such issues.

Dialogue with key parties facilitates the Movement's work

Contact with various actors helped garner support for the Movement's work. Thousands of people – community members, local officials, traditional or religious leaders and weapon bearers – learnt more about IHL, the Fundamental Principles and the Movement during information sessions and other events organized by the ICRC, at times with the National Society.

The general public learnt about humanitarian issues in Nigeria, and the ICRC's response, from local and international media,

whose work drew on ICRC communication materials and events, such as field trips and seminars.

Nigerian officials receive support for promoting IHL implementation

The national IHL committee continued to draw on the ICRC's technical support to promote IHL implementation in Nigeria. Newly appointed officials, such as the minister of justice, were also briefed on the ratification or implementation status of key treaties.

A few universities received support for incorporating IHL in their curricula. Various events, including a workshop for IHL lecturers and a moot-court competition, fostered IHL discourse among academics. Religious scholars discussed the links between IHL and Islam through seminars in Nigeria and abroad (see *Iran, Islamic Republic of and Lebanon*).

West African States discuss their progress in implementing IHL

Regional bodies and national authorities in West Africa worked with the ICRC to foster long-term adherence to IHL and related treaties. At an annual seminar hosted by ECOWAS and the ICRC, governments discussed their progress implementing IHL, and ways to increase its pace; the ICRC also presented a report on the needs of IDPs in north-eastern Nigeria (see *Civilians*) and the implementation of the African Union Convention on IDPs. Discussions between ECOWAS and the ICRC also explored other potential areas of cooperation.

Civilian members of ECOWAS's newly formed peace-support operations division were sponsored to attend an ICRC round-table abroad regarding respect for IHL in the context of multinational operations (see *African Union*).

RED CROSS AND RED CRESCENT MOVEMENT

The Nigerian Red Cross strengthened its operational capacities with ICRC support. Workshops for National Society personnel covered such areas as first aid, the provision of family-links services, and the implementation of water and sanitation initiatives. National Society representatives, sponsored by the ICRC, participated in events abroad on the Safer Access Framework, the management of health-related activities during emergencies, and issues covered by the Health Care in Danger project (see *Nairobi*). The National Society also received five new vehicles, and funds for constructing or renovating four offices, including a new one in Gombe.

The ICRC and other Movement components in Nigeria supported the Nigerian Red Cross's organizational development, for instance, by training personnel in data entry and in financial and project reporting. The National Society also bolstered its public-communication capacities with guidance and training from the ICRC.

Following discussions with the ICRC, the British Red Cross seconded some of its staff to support the ICRC's cash assistance activities and logistics management in Nigeria. At a meeting in Geneva, Switzerland, the National Society's president explored potential joint activities with other Movement components; his participation was facilitated by the ICRC.

Movement partners, including those present in the Lake Chad region (see *Chad, Niger and Yaoundé*), met to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		576	70		
RCMs distributed		271	50		
Phone calls facilitated between family members		1,553			
Names published in the media		290			
Reunifications, transfers and repatriations					
People reunited with their families		171			
	<i>including people registered by another delegation</i>	21			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		3,126	195	1,222	1,488
	<i>including people for whom tracing requests were registered by another delegation</i>	42			
Tracing cases closed positively (subject located or fate established)		102			
	<i>including people for whom tracing requests were registered by another delegation</i>	13			
Tracing cases still being handled at the end of the reporting period (people)		4,386	290	1,805	2,002
	<i>including people for whom tracing requests were registered by another delegation</i>	43			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		363	150		1
UAMs/SC reunited with their families by the ICRC/National Society		159	72		
	<i>including UAMs/SC registered by another delegation</i>	21			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		395	135		25
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		25,219	770	914	
			Women	Girls	Boys
Detainees visited and monitored individually		7,026	505	231	664
Detainees newly registered		5,122	456	226	600
Number of visits carried out		65			
Number of places of detention visited		28			
RCMs and other means of family contact					
RCMs collected		27			
RCMs distributed		23			
Phone calls made to families to inform them of the whereabouts of a detained relative		19			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	1,205,589	335,645	623,280
	<i>of whom IDPs</i>	1,173,534	329,051	604,230
Essential household items	Beneficiaries	396,174	98,599	184,448
	<i>of whom IDPs</i>	379,521	95,126	174,599
Productive inputs	Beneficiaries	267,787	68,559	61,292
	<i>of whom IDPs</i>	13,072	3,721	3,144
Cash	Beneficiaries	163,314	94,217	13,494
	<i>of whom IDPs</i>	136,061	82,584	2,385
Vouchers	Beneficiaries	12,594	2,519	7,556
	<i>of whom IDPs</i>	4,538	908	2,722
Services and training	Beneficiaries	26,981	6,542	9,214
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	364,484	178,597	185,887
	<i>of whom IDPs</i>	164,017	80,368	83,649
Health				
Health centres supported	Structures	25		
Average catchment population		667,402		
Consultations		518,099		
	<i>of which curative</i>	432,130	129,886	232,133
	<i>of which antenatal</i>	85,969		
Immunizations	Patients	707,038		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	475,958		
Referrals to a second level of care	Patients	2,134		
	<i>of whom gynaecological/obstetric cases</i>	478		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	18,038	1,682	1,446
Essential household items	Beneficiaries	13,107	1,044	723
Productive inputs ¹	Beneficiaries	11,581	657	800
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	7,600	152	152
Health				
Visits carried out by health staff		105		
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	35		
	<i>of which provided data</i>	12		
Admissions	Patients	4,178	1,205	2,237
	<i>of whom weapon-wounded</i>	354	58	62
	<i>(including by mines or explosive remnants of war)</i>	7		1
	<i>of whom surgical cases</i>	110	13	33
	<i>of whom internal medicine and paediatric cases</i>	3,052	472	2,142
	<i>of whom gynaecological/obstetric cases</i>	662	662	
Operations performed		1,135		
Outpatient consultations	Patients	1,658	258	306
	<i>of whom surgical cases</i>	1,658	258	306
Water and habitat				
Water and habitat activities	Number of beds	1,160		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services	Patients	50	12	6
New patients fitted with prostheses	Patients	50	12	6
Prostheses delivered	Units	52	13	6
Walking aids delivered	Units	53	12	12

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

RWANDA



Having worked in the country since 1960, the ICRC opened a delegation in Rwanda in 1990. It visits detainees held in central prisons and places of temporary detention such as police stations and military facilities, while supporting the authorities in improving detainees' living conditions. It helps reunite children and their families who were separated in relation to the genocide and its aftermath or to violence in neighbouring countries, such as Burundi or the Democratic Republic of the Congo. The ICRC works with the authorities to incorporate IHL into domestic legislation. It supports the development of the Rwandan Red Cross.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ People who had fled Burundi, minors and other persons separated from their families contacted or rejoined relatives using the Movement's family-links services.
- ▶ Detainees held in prisons and in military and police facilities received ICRC visits; they had better living conditions after ICRC-trained correctional service staff improved the quality of food, water and infrastructure in their facilities.
- ▶ Detention authorities, with ICRC support, took steps to improve health care in prisons: they monitored the implementation of national health standards revised in 2015 and repaired a health facility in one prison.
- ▶ ICRC-facilitated training enabled Rwandan Red Cross volunteers to assist victims of natural disasters and other people in need, and to conduct information sessions and launch multimedia campaigns on the Movement's work.
- ▶ Law faculties organized the first national moot court competition, as a result of recommendations made at past IHL round-tables for academics.

EXPENDITURE IN KCHF

Protection	2,991
Assistance	1,441
Prevention	781
Cooperation with National Societies	484
General	36
Total	5,734
<i>Of which: Overheads</i>	<i>350</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	15
Resident staff (daily workers not included)	72

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	6,428
RCMs distributed	3,764
Phone calls facilitated between family members	37,671
Tracing cases closed positively (subject located or fate established)	73
People reunited with their families	57
<i>of whom unaccompanied minors/separated children</i>	<i>47</i>
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	56,523
Detainees visited and monitored individually	239
Number of visits carried out	74
Number of places of detention visited	28
Restoring family links	
RCMs collected	99
RCMs distributed	131
Phone calls made to families to inform them of the whereabouts of a detained relative	196

ASSISTANCE

	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	86
Essential household items	Beneficiaries	100
Cash	Beneficiaries	27

CONTEXT

Rwanda continued to host people fleeing neighbouring countries. There appeared to be fewer people seeking refuge from the effects of the violence that erupted in Burundi in 2015 (see *Burundi*), but an estimated 82,000 of them remained in Rwanda. Most of them were housed in transit centres and at a camp in Eastern Province; others were in urban areas. Some 73,000 refugees who had fled persistent insecurity in the Democratic Republic of the Congo (hereafter DRC; see *Congo, Democratic Republic of the*) were also in Rwanda.

Former weapon bearers of Rwandan origin, including children, were repatriated from the DRC as part of the demobilization process there. Former fighters from the M23 armed group remained interned in facilities run by the Ministry of Disaster Management and Refugee Affairs (MIDIMAR).

Changes occurred in Rwanda's security and justice sectors: notably, responsibility for supervising the Rwanda National Police (RNP) and the Rwanda Correctional Service (RCS) passed from the internal to the justice ministry.

Rwanda contributed troops to various peace-support missions in the Central African Republic, Haiti, Mali, South Sudan and Sudan. It also sought closer cooperation with other countries in security matters; to this end, it led efforts to prepare the Eastern Africa Standby Force for deployment as part of the African Standby Force and pledged troops for the African Capacity for Immediate Response to Crises.

ICRC ACTION AND RESULTS

The ICRC continued to focus on: visiting detainees and working with the authorities to improve detainees' treatment and living conditions; restoring family links, jointly with the Rwandan Red Cross; and helping the National Society to strengthen its operational capacities.

Detainees held in prisons and military/police facilities received visits, conducted in accordance with the ICRC's standard procedures, during which their treatment and living conditions were monitored. ICRC delegates followed up inmates detained on security-related charges and former weapon bearers – including minors – individually. After these visits, the ICRC shared its findings and recommendations confidentially with the authorities concerned. Inmates contacted their families – or their consular representatives in the case of foreign inmates – through the Movement's family-links services. The ICRC issued attestations of detention that enabled certain detainees to have their status reviewed. It also continued to engage the authorities in dialogue to gain or maintain access to all detainees within its purview.

The RCS and the ICRC carried out joint efforts aimed at improving detainees' living conditions. Maintenance or installation of chlorine-, soap- and briquette-producing machines helped provide detainees with safe water and cleaner surroundings. The RCS sought to provide healthier meals to detainees by growing more fresh food on some prison farms. With ICRC support, it continued to implement a project to improve nutrition, hygiene and disease prevention and control in two prisons. One health facility was renovated and implementation of national prison health-care standards drafted in 2015 was monitored. Guided by the ICRC, the RCS improved its methods of collecting and using health-related data: for instance, it assessed the nutritional status

of detainees in all prisons and promoted the timely submission of monthly health reports among prison staff.

Members of families separated by past or ongoing conflicts or by other situations of violence – among them, former weapon bearers, returnees and people fleeing Burundi – contacted their relatives through Movement family-links services, which included the provision of phone credit and phone-charging services at transit centres and refugee camps. The ICRC monitored the welfare of unaccompanied minors – including those previously associated with fighting forces – while their families were being traced, and reunited them with their relatives where possible and appropriate. The ICRC also sought, through material assistance and follow-up visits, to ease the transition for minors reunited with their families. All this was done in coordination with local authorities, other organizations involved in child protection and other National Societies or ICRC delegations concerned.

Dialogue with the authorities, including military and police officials, sought to raise further support for IHL and international norms applicable to law enforcement and detention. The Rwanda Law Reform Commission and the ICRC sought partners for a project to harmonize domestic legislation with IHL. At ICRC briefings, Rwanda Defence Force (RDF) officers and troops furthered their knowledge of IHL before leaving for peace-support missions abroad. Presentations and events organized with ICRC support – including the first national moot court competition in the country – kept students and university lecturers abreast of IHL-related issues.

The ICRC continued to help the National Society expand its operational capacities. It worked with the National Society's emergency teams to respond to the ongoing influx of people from Burundi, notably by providing family-links services and medical care, and to natural disasters. Public events and multimedia productions promoted the Fundamental Principles and the Movement's work among a wider audience.

CIVILIANS

Minors and people who fled Burundi re-establish contact with their families

People separated from their relatives by events in Burundi and the DRC, migration or other circumstances, and members of families dispersed by the 1994 genocide in Rwanda, used Movement family-links services – including those available on the ICRC's family-links website (familylinks.icrc.org) – to restore or maintain contact with relatives in Rwanda or abroad. Among them were Congolese refugees in Rwanda, Rwandan refugees abroad, and former weapon bearers repatriated to Rwanda, including children (see *People deprived of their freedom*).

Some families had the names of their missing relatives (204 people) broadcast over national radio, as a result of which the whereabouts of six people were established. Others filed tracing requests: over 70 people were found through the tracing service.

As Burundians continued to seek refuge in Rwanda, the National Society and the ICRC went on providing family-links services while monitoring the situation and adjusting activities to accommodate changing needs. Most of the 330 unaccompanied/separated minors registered during the reporting period were Burundian. They and thousands of other people fleeing violence made a total of almost 37,700 phone calls to their families back

home or elsewhere. People who had fled Burundi and who had their own mobile phones made use of credit and phone-charging services offered at transit centres and refugee camps by the ICRC and its partners.

Children rejoin their families

National Society and ICRC support enabled over 40 children to rejoin their families. Among them were six Burundian minors, who were reunited with their families across the border by the ICRC. All of them received aid – food, transportation and accommodation – for their journey home. Some were also given household items and/or cash to ease their return to family life. They also received follow-up visits from the ICRC to gauge the extent of their reintegration.

At year's end, the cases of 1,135 unaccompanied minors were still being followed by the ICRC in Rwanda; the families of some of them were traced. Special attention was paid to 41 of them who were formerly associated with weapon bearers. The National Society and the ICRC maintained close coordination with MIDIMAR and humanitarian agencies involved in child protection, to ensure that unaccompanied children received proper attention and that their particular needs were met.

The National Society continued to improve its family-links services; it did so with material support and training from the ICRC, particularly during joint visits to and provision of services at refugee camps and transit centres. The National Society coordinated these activities with the local authorities, other National Societies or ICRC delegations concerned and other humanitarian organizations. Instead of drafting regional contingency plans and family-links-related working procedures as planned for 2016, the National Society, with ICRC support, reinforced – through training – its volunteers' ability to conduct family-links activities during emergencies and to evaluate their response. During a forensics conference and a course held in Côte d'Ivoire, a medical staff member learnt about recent developments in forensic science concerning the identification of human remains.

People wounded while fleeing Burundi obtain medical care

ICRC support enabled some people wounded while fleeing Burundi to receive medical attention. Treatment costs for about 20 wounded people were covered by the ICRC, which also facilitated their access to secondary or tertiary care, as needed. Medical equipment was provided for some hospitals, with a view to bolstering their capacity to respond to emergencies – in particular, to treat weapon-wounded patients. MIDIMAR, other humanitarian actors concerned and the ICRC established a referral system to help ensure that wounded people received care. Rwandan government departments and the ICRC continued to discuss their roles in assisting patients, particularly those who had crossed into Rwanda.

PEOPLE DEPRIVED OF THEIR FREEDOM

Inmates at 28 detention facilities under the authority of the RCS, the RNP and the RDF received ICRC visits, conducted in accordance with the organization's standard procedures. ICRC delegates monitored their treatment and living conditions, paying particular attention to: people held for reasons related to State security; former weapon bearers, including minors, in camps run by the Rwanda Demobilization and Reintegration Commission, and former M23 fighters interned in Rwanda; and detainees with specific needs, such as the elderly, foreigners and vulnerable women. People convicted by the Special Court for Sierra Leone and serving their

sentences in Rwanda also received visits. The ICRC engaged the authorities in dialogue to gain or maintain access to all detainees within its purview.

After these visits, delegates shared their findings and recommendations confidentially with the detaining authorities. These reports, together with ICRC technical or material support – including guidance for ensuring respect for judicial guarantees – helped the authorities take further action to bring detainees' living conditions and treatment in line with internationally recognized standards. Prison managers and over 200 newly recruited prison guards and service staff learnt more about these standards at a management course facilitated by the ICRC and at ICRC presentations, respectively. The RCS and the ICRC established a coordination mechanism to improve their working relationship and dialogue on these matters.

The ICRC issued attestations of detention on a case-by-case basis, enabling some inmates to have their detention status reviewed.

Detainees, including minors at the Nyagatare rehabilitation centre and women at the Ngoma central prison, restored or maintained contact with their families through RCMs and oral messages relayed by ICRC delegates. Foreign detainees notified their consular representatives of their detention through the ICRC. The ICRC followed up some detainees after their release to check on their welfare.

Detainees in RCS facilities have more fresh food and better access to health care

Inmates benefited from the RCS's efforts to promote the production of vegetables and other fresh food at all facilities within its purview. With ICRC support, the RCS increased fresh-food production at some prison farms, using natural fertilizer produced through biogas systems previously installed by the ICRC.

The RCS monitored the implementation of the revised national standards for prison health care, which it had reviewed with ICRC support in 2015. It launched several initiatives for collecting and making effective use of health-related data to monitor detainees' conditions and address any issues that may arise. For instance, correctional staff assessed the nutritional status of detainees in all prisons, drawing on ICRC expertise and on the experience they had gained from conducting similar surveys in two prisons in 2015 (see below). The RCS encouraged the timely submission of monthly prison health reports to the RCS medical service, and installed databases in all its facilities and trained data managers and its central medical team in their use. In line with ICRC recommendations, the RCS restructured its medical service so that it could regularly survey and respond to emerging prison health needs – for psychological care, for instance. At meetings, and with the ICRC's help, the RCS, the health ministry and others concerned identified gaps in health services at places of detention and their roles in addressing them. The director of the RCS's medical services attended a post-graduate course with ICRC support.

As part of its strategy to improve health services in prisons over a five-year period (2013–2017), the RCS, with ICRC support, pursued a project to tackle issues related to nutrition, hygiene and disease prevention and control. The RCS and the ICRC selected the Huye central prison and the Ngoma women's prison as the pilot sites for the project. Detainees at Huye had access to a health facility that had been renovated and equipped with ICRC support.

Authorities improved their ability to systematically monitor the living conditions of detainees at both sites by means of a new software tool. Programmed in line with a public-health approach, the software gave prison staff the means to track hygiene levels and detainees' access to health care and to such necessities as clothes; it also helped them monitor adherence to the revised standards for prison health care (see above).

Detainees benefit from water-supply facilities and other infrastructure maintained by correctional staff

The 53,000 detainees in the central prisons were protected more effectively against malaria after the RCS led a fumigation campaign – using a new protocol – in response to the increased incidence of the disease throughout Rwanda. They also benefited from the renovation of prison infrastructure carried out by prison authorities and the ICRC, under a cost-sharing agreement between them; the agreement aimed to help the authorities gradually assume full responsibility for improving detainees' living conditions. Inmates in all 14 RCS-run prisons benefited from repairs to sanitation and other facilities.

The maintenance of previously installed chlorine-, soap- and briquette-producing machines, or the installation of new ones, in 13 of the 14 RCS-run facilities provided the RCS with a sustainable in-house water treatment and sanitation system, and detainees with clean water for drinking and personal hygiene. After undergoing training, 26 prison personnel assumed responsibility for using and maintaining the machines and for conducting technical evaluations to optimize the machines' performance. The RCS appointed an infrastructure maintenance technician at each prison. RCS staff strengthened their capacities in infrastructure maintenance and in hygiene promotion at a refresher course.

The ICRC also provided material assistance to health facilities in the Muhanga central prison and in a camp holding former M23 fighters interned in Rwanda. In particular: the former fighters benefited from hygiene materials distributed by the ICRC; one of them received a prosthetic device and a visually impaired internee obtained a mobility aid.

Some 180 detainees displaced by a fire in the Nyarugenge central prison were housed in temporary shelters provided by the ICRC; material donations helped the authorities meet some of the displaced detainees' needs.

ACTORS OF INFLUENCE

Military and peacekeeping units take steps to incorporate IHL in their operations and training

Humanitarian issues affecting the region were discussed during dialogue with the authorities; the ICRC's interaction with police and military officials helped raise their awareness of IHL and international norms applicable to law enforcement and detention (see *People deprived of their freedom*). The justice ministry and the ICRC explored possibilities for cooperation in line with the ongoing changes in Rwanda's justice sector.

The ICRC was unable to secure regular teaching slots at the country's main military academy; however, it maintained dialogue with senior RDF officers on topics of common concern. The RDF sought the ICRC's advice for implementing the International Committee of Military Medicine's recommendations for protecting the delivery of health care. The RDF continued to receive support for incorporating IHL in training for its staff. One RDF officer

attended an IHL course in San Remo; other officers and hundreds of troops learnt more about IHL and the ICRC's work in training sessions.

Predeployment briefings for RDF units assigned to peace-support missions continued. Key messages about sexual violence and the need to protect health-care services were conveyed at the briefings. The Rwanda Peace Academy and the ICRC worked together to distribute a module on peacekeeping, with a view to helping peace-support troops from Rwanda and the surrounding sub-region increase their understanding of IHL.

Around 100 police officers and law students learnt more about IHL and the ICRC's activities at a conference held at the National Police College. Training activities with the police however remained limited, owing to ongoing reforms within the RNP.

Government bodies and the National Society work on various instruments to implement IHL

Rwanda shared its views on the Strengthening IHL process during a meeting of States in Switzerland (see *International law and policy*). The Rwanda Law Reform Commission and the ICRC sought partners for a project to harmonize domestic legislation with IHL. The results of the ICRC's research on Rwanda's existing policy on protecting IDPs were incorporated in a report on the implementation of the African Union Convention on IDPs (see *African Union*). The Rwandan Red Cross continued to work on a draft law about its status as an auxiliary to the government and the proper use of the emblems protected under IHL; with ICRC support, it reviewed, amended and translated the draft into the local language, and distributed it to the government ministries concerned for comment.

Lecturers and students strengthened their grasp of IHL at the first national moot court competition in Rwanda – organized as a result of recommendations made during past law faculty roundtables – and at other local/overseas competitions. They also learnt more through reference materials provided by the ICRC and ICRC presentations at different universities.

The general public learnt about issues of humanitarian concern and the Movement's Fundamental Principles and activities through various events – such as those held to mark World Red Cross and Red Crescent Day (8 May), dissemination sessions, and newsletters produced by the National Society with ICRC support.

RED CROSS AND RED CRESCENT MOVEMENT

The Rwandan Red Cross continued to develop its capacity to respond to emergencies and raise support for the Movement, with financial, technical and material support from the ICRC. National Society staff, volunteers and instructors learnt more about doing their work in safety at information sessions on the Safer Access Framework, elements of which were also incorporated in the first-aid training curriculum. The National Society evaluated its emergency preparedness and response at a simulation exercise held nationwide. The ICRC helped it to streamline its management systems. Movement partners provided other support, in line with a clearly defined set of responsibilities.

The National Society expanded its countrywide network of emergency teams from 114 to 238 groups (2,700 members). These teams were trained in specific areas: restoring family links, health-related matters, including first aid, and disaster response.

Together with other volunteers, they provided assistance for people who had fled Burundi, people in Congolese refugee camps (see *Civilians*), and others. They also responded to floods and landslides in May, which affected around 1,000 families in four districts.

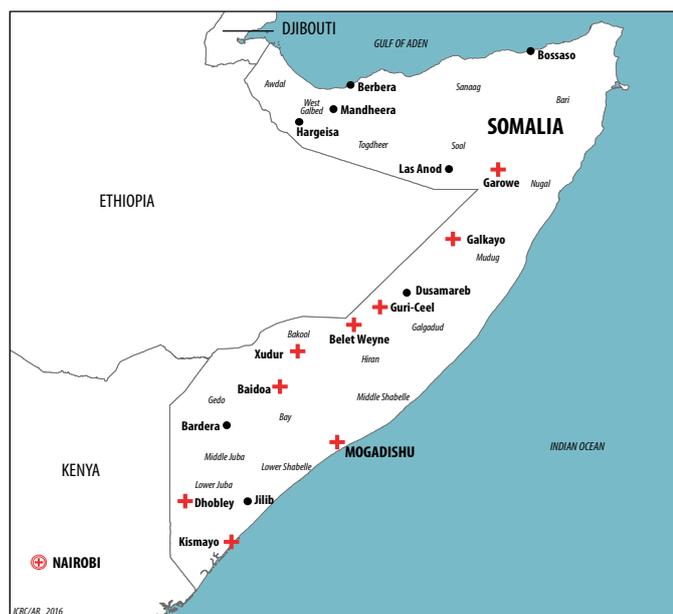
With ICRC support, volunteers representing 30 branches and six university chapters of the National Society developed their

communication skills at training sessions. Some 420 National Society communication volunteers enlightened the public on the Movement's work, through information sessions and such tools as mobile cinema – which showed films on community health issues – and TV and radio programmes.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		6,428	600		
RCMs distributed		3,764	552		
Phone calls facilitated between family members		37,671			
Names published in the media		204			
Reunifications, transfers and repatriations					
People reunited with their families		57			
	<i>including people registered by another delegation</i>	7			
People transferred or repatriated		23			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		114	13	35	46
	<i>including people for whom tracing requests were registered by another delegation</i>	12			
Tracing cases closed positively (subject located or fate established)		73			
	<i>including people for whom tracing requests were registered by another delegation</i>	5			
Tracing cases still being handled at the end of the reporting period (people)		351	42	109	107
	<i>including people for whom tracing requests were registered by another delegation</i>	117			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		330	71		18
UAMs/SC reunited with their families by the ICRC/National Society		47	13		
	<i>including UAMs/SC registered by another delegation</i>	3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1,135	329		41
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		56,523	4,112	439	
			Women	Girls	Boys
Detainees visited and monitored individually		239	14		4
Detainees newly registered		36	3		3
Number of visits carried out		74			
Number of places of detention visited		28			
RCMs and other means of family contact					
RCMs collected		99			
RCMs distributed		131			
Phone calls made to families to inform them of the whereabouts of a detained relative		196			
People to whom a detention attestation was issued		32			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	86		86
Essential household items	Beneficiaries	100		100
Cash	Beneficiaries	27		27
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	54,085	3,245	541
Health				
Visits carried out by health staff		51		
Places of detention visited by health staff	Structures	17		
Health facilities supported in places of detention visited by health staff	Structures	4		

SOMALIA



ICRC/AR_2016
 ⊕ ICRC Somalia delegation is in Nairobi, Kenya + ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Although restrictions on some activities remained in place, dialogue with the authorities, weapon bearers and community leaders enabled the ICRC to assist isolated communities, some in places that it previously could not access.
- ▶ People coped with the immediate effects of violence and/or climate shocks with the help of ICRC-provided food, cash, household and hygiene items and medical care; malnourished children and women received therapeutic food.
- ▶ Communities bolstered their resilience to the effects of conflict; with ICRC support, they had improved access to water, protected the health of their livestock, and engaged in farming activities using good-quality seed and tools.
- ▶ Detainees benefited from ICRC-backed efforts by penitentiary authorities to improve the provision of health care; inmates at three prisons had access to infirmaries improved with ICRC support, which included staff training.
- ▶ Weapon bearers, including members of armed groups, learnt more about IHL, humanitarian principles and other relevant matters in workshops or training sessions with the ICRC, and from ICRC-provided materials.
- ▶ With comprehensive ICRC support, the Somali Red Crescent Society continued to expand its capacity to assist people affected by conflict and other violence; it established ten emergency response teams in violence-prone regions.

EXPENDITURE IN KCHF

Protection	4,875
Assistance	56,107
Prevention	2,990
Cooperation with National Societies	1,746
General	174
Total	65,892
<i>Of which: Overheads</i>	<i>4,007</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	48
Resident staff (daily workers not included)	145

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it focuses on providing emergency aid to people affected by armed conflict, runs an extensive first-aid, medical and basic health care programme and supports projects to help restore or improve livelihoods in communities weakened by crises. It visits detainees and endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It supports the National Society's development.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	33,391
RCMs distributed	34,355
Phone calls facilitated between family members	48,611
Tracing cases closed positively (subject located or fate established)	279
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	4,497
Detainees visited and monitored individually	238
Number of visits carried out	50
Number of places of detention visited	24
Restoring family links	
RCMs collected	30
RCMs distributed	11
Phone calls made to families to inform them of the whereabouts of a detained relative	158

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	60,000 239,407
Essential household items	Beneficiaries	90,000 150,570
Productive inputs	Beneficiaries	190,200 284,977
Cash ¹	Beneficiaries	49,000 102,442
Services and training	Beneficiaries	70 425
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	340,055 402,523
Health		
Health centres supported	Structures	32 33
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	4 12
Water and habitat		
Water and habitat activities	Number of beds	510 361

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

The process of creating a federal State remained stalled, and the government had no cabinet at year's end. Fighting between clans persisted in parts of southern and central Somalia, as did hostilities between military forces supporting the Somali government – composed of the African Union Mission in Somalia (AMISOM) and forces from other countries – and armed groups, in particular the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab). The situation in the semi-autonomous region of Puntland and the self-declared Republic of Somaliland remained tense; fighting in Galkayo in Puntland displaced most (75,000 people) of the population.

Owing to the prevailing situation, hundreds of arrests continued to be made, further straining judicial and penitentiary services.

The humanitarian situation remained serious: massive displacement, food insecurity (owing to climate shocks and competition over scarce resources) and precarious access to basic services. Civilians and weapon bearers injured during conflict and other situations of violence, and/or natural disasters, had limited access to specialized care. Most international humanitarian agencies were unable to operate, particularly in the southern and central regions. Widespread insecurity and the blurring of front lines continued to hinder the delivery of aid to vulnerable communities, particularly in areas under the control of armed groups.

People fleeing the conflict in Yemen (see *Yemen*), both Somali returnees and Yemeni refugees, arrived in Puntland and Somaliland, though in smaller numbers than in 2015. Some of the 300,000 Somali refugees living in the Dadaab refugee camp in Kenya began to return to Somalia, after the Kenyan government announced plans to close the camp (see *Nairobi*).

ICRC ACTION AND RESULTS

The ICRC continued, with the Somali Red Crescent Society, to address the humanitarian needs of people affected by armed conflict and other violence throughout Somalia; it responded to emergency needs, but also helped communities strengthen their resilience to the effects of chronic violence and the protracted conflict. As the ICRC's main partner, the National Society received comprehensive support for strengthening its ability to assist vulnerable communities and promote the Movement's work.

Dialogue and regular contact with the authorities, weapon bearers, community leaders and other humanitarian agencies working in Somalia furthered understanding of and acceptance for the ICRC's mandate and work. It also enabled the ICRC, together with the National Society, to assist communities accessible to few or no other organizations. However, restrictions on certain activities, including the provision of health care, and security and access constraints (see *Context*) remained in place in many areas.

The ICRC made representations to the parties to the conflict, urging them to respect IHL and to protect people not or no longer taking part in the fighting, including those providing or seeking health care. Training and information sessions for armed/security forces, including AMISOM troops, sought to strengthen compliance with IHL and other relevant norms.

ICRC-supported Somali Red Crescent clinics provided care for vulnerable people, including victims of sexual violence,

severely malnourished children and pregnant/lactating women. Malnutrition treatment centres also received ICRC assistance. To make treatment more accessible to wounded people, the ICRC helped the National Society establish ten emergency response teams, and continued to assist four hospitals in Baidoa, Kismayo and Mogadishu. Support for health-care facilities and hygiene-promotion activities helped curb disease outbreaks.

People affected by the conflict and other violence, and by drought and other climate-related emergencies, received food, basic household items or – for households who still had access to markets – cash with which to purchase essentials. The use of cash-based assistance increased because emergency responses were on a much larger scale than envisaged.

The ICRC helped communities cope with the effects of the protracted conflict by providing them with tools to make them more self-sufficient. Measures were taken to ensure their long-term access to water. Farmers benefited from initiatives to treat animal diseases and from the good-quality seed and tools distributed by the ICRC.

People held in detention facilities across Somalia, including Puntland and Somaliland, received visits conducted in accordance with standard ICRC procedures. Afterwards, the ICRC conveyed its findings – and where necessary, recommendations for improving detention conditions – confidentially to the authorities. Detainees availed themselves of family-links services during ICRC visits.

Detainees in several prisons were treated for malnutrition, and cared for at ICRC-supported infirmaries. The ICRC continued to help the penitentiary authorities strengthen their ability to provide health care for detainees; infirmary staff benefited from training and technical support provided under ICRC-facilitated agreements between the justice ministry and the health sector.

Members of civil society, academics and the general public learnt more about the ICRC and other Movement partners at information sessions and briefings and through web-based and other media.

The delegation conducted its operations from a base in Nairobi, Kenya, and nine offices in Somalia.

CIVILIANS

Dialogue promotes compliance with IHL and facilitates access to people in need

Security and access constraints continued to limit the ICRC's ability to monitor the situation of civilians in certain areas (see *Context*). However, dialogue with the authorities and all weapon bearers, including armed groups and local militias, enabled the National Society and the ICRC to assist isolated communities, some in previously inaccessible areas. For instance, the ICRC delivered aid to people in two towns under an armed group's control after the group granted it access. Still, restrictions on certain activities, including provision of health care, remained in place in some areas.

The ICRC made representations – based on allegations of abuse – to the parties to the conflict; it urged them to respect IHL and to protect people not or no longer taking part in the fighting, including those providing or seeking health care. ICRC training enabled National Society personnel to work closely with ICRC staff to improve documentation of cases of sexual violence and of violations of the principles promoted by the Health Care in Danger project.

Vulnerable people obtain health care

With support from Movement partners, the National Society continued to run clinics providing primary health care throughout Somalia. In all, 25 fixed and 7 mobile National Society clinics were supported by the ICRC. These included a clinic that moved into a new building, constructed with ICRC funding, in Middle Shabelle. In addition, the ICRC provided ad hoc support to a health clinic near a camp with flood-affected IDPs.

Vulnerable people – such as conflict-affected women and children and victims of sexual violence – benefited from consultations (including ante/post-natal care) at these clinics; where needed and/or possible, they were referred for follow-up care and immunization. The delegation monitored over 50 cases of sexual violence. ICRC-facilitated training enabled 24 midwives to learn more about identifying and responding to such cases.

Therapeutic feeding improved the nutritional status of over 20,300 severely malnourished children and 6,500 pregnant/lactating women. At ICRC-supported malnutrition treatment centres at the Baidoa and Kismayo hospitals, some 4,500 children were treated for complicated severe malnutrition; their caregivers and family members also received food during the treatment. Staff at the centres benefited from learning sessions with an ICRC doctor.

Over 11,000 victims of a cholera outbreak obtained care at four cholera treatment centres in Lower Juba and at other facilities in the Bay, Hiran and Middle Shabelle regions. The National Society and/or the ICRC provided the facilities with drugs and medical supplies and other support for dealing with the outbreak. Water bladders and chlorination kits from the ICRC made potable water available to patients and people living close to the treatment facilities (36,200 people in all), lessening the risk of further outbreaks. People learnt more about protecting their health through messages broadcast on radio and through text messaging.

Communities build their resilience against the effects of conflict and other violence

People suffering the effects of conflict and other violence sought, with ICRC support, to recover their self-sufficiency. Some 7,200 vulnerable farming households (43,000 people) strengthened their food-production capacities and undertook income-generating activities with better-quality seed, agricultural tools and irrigation pumps provided by the ICRC. Some 6,500 households (39,000 people) whose farms had been flooded used cash grants to restart their production; about 18,000 other households (108,000 people) protected their farms from flooding with donated sandbags. The ailing livestock of some 12,000 pastoralist households (73,000 people) were treated during ICRC campaigns; 10,000 others (48,000 people) in northern Somalia received the same services from local government agencies, which were equipped with veterinary kits by the ICRC. To strengthen veterinary services in rural areas of 11 regions, the ICRC trained 135 community-based animal-health workers and provided anti-parasite drugs for 28 veterinary pharmacies; repairs to animal clinics were ongoing. Around 2,000 female heads of households started small businesses with cash grants and skills training, benefiting approximately 12,400 people.

Some 244,000 people and their livestock benefited from measures to improve their long-term access to clean water: about 153,000 had more reliable water supply following repairs to community boreholes and wells, and the rest, around 91,000 people, were able to collect rainwater more efficiently because of renovated or newly

built infrastructure. Local water committees were mobilized or new ones established, and their members and technicians trained, to rehabilitate and maintain waterworks. Over 3,600 individuals earned income by doing such repair work under an ICRC cash-for-work scheme, which enabled them to support their households (21,800 people).

Communities affected by violence and/or disaster cope with difficult conditions

People affected by conflict and other violence – the consequences of which were sometimes exacerbated by climate shocks or other disasters – met their most urgent needs with National Society and ICRC assistance: over 239,000 people (39,900 households) received emergency food and other basic necessities; some 56,000 people (9,400 households) who still had access to functioning markets received cash for covering their essential needs. These people included: 60,000 IDPs affected by violence in Galkayo in the Mudug region; some 60,000 victims of severe drought in four northern regions; 35,000 people affected by floods in Middle Shabelle; 14,000 members of a vulnerable minority group in the south who had no access to local markets owing to the conflict; and 8,000 people displaced by violence at the Ethiopia–Somalia border. Around 67,000 people displaced by violence or floods, and their host families, had access to clean water trucked in or provided through other emergency measures by the ICRC.

Members of families separated by conflict keep in touch

Thousands of people communicated with their relatives in Somalia and elsewhere through the Movement's family-links services: RCMs and phone services were available to people arriving in Puntland and Somaliland after fleeing the conflict in Yemen, and to IDPs in Mogadishu. Families had the names of missing relatives read out on the ICRC-sponsored radio programme on the BBC Somali service, or published on the ICRC's family-links website (familylinks.icrc.org). The National Society continued to build its tracing capacities: with ICRC support, it established a centralized data management system, and facilitated meetings to improve coordination between family-links focal points from all its branches.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees throughout Somalia receive ICRC visits and reconnect with their families

Detainees in Puntland, Somaliland and southern and central Somalia received visits from ICRC delegates, who monitored their treatment and living conditions; the visits were conducted in line with standard ICRC procedures. Among those visited were people in: central prisons under the jurisdiction of the justice ministry; Criminal Investigation Department facilities in Bossaso and Hargeisa; places of detention run by the intelligence agencies of Jubaland and Puntland; and the interior ministry's counter-terrorism units.

After its visits, the ICRC conveyed its findings and, where necessary, recommended improvements confidentially to the detaining authorities. These recommendations were reinforced via training in internationally recognized standards of detention for 19 senior officers from agencies overseeing detention. The ICRC's dialogue with AMISOM focused on standard procedures for detention, particularly those pertaining to the principle of *non-refoulement*, and notification of the ICRC of all arrests; discussions with other detention authorities were mainly about the maintenance and expansion of access to detainees.

Detainees contacted their families through RCMs or short oral messages relayed by ICRC delegates; at the request of foreign detainees, their consular offices were informed of their situation.

Detainees receive suitable health care

Detainees at the Baidoa, Hargeisa, Mandheera and Mogadishu central prisons benefited from over 9,300 outpatient consultations at their prison infirmaries, which received medical supplies and equipment, and support for renovating the water supply system and other infrastructure, from the ICRC. Infirmiry staff strengthened their ability to deal with health issues through training and on-site support from medical professionals who visited the prisons regularly under ICRC-facilitated agreements between the justice ministry and the health sector. Infirmiry staff were also able to reinforce TB control at their facilities after receiving funding for transporting specimens from patients to a laboratory. In Somaliland, the justice and health ministries set up a committee, which included the ICRC, to look into key health-related issues and draft a plan of action, which included assessing the situation in the main prisons.

Over 500 severely malnourished detainees at the three central prisons were given therapeutic food. Detention authorities, others concerned and the ICRC discussed measures to curb malnutrition in prisons. As a result of such discussions, the Somali authorities raised funds from parliamentarians and local businessmen to help improve the food supply at some facilities. Malnutrition rates in the three central prisons were lower in the last few months of 2016 than in 2015, proof that the efforts of the detaining authorities and the ICRC had borne some fruit.

Some 5,230 inmates were less at risk of disease owing to hygiene-promotion and vector-control activities in 29 places of detention; roughly 2,700 of them also had better living conditions following improvements to water and sanitation systems in seven facilities. Blankets, mattresses and/or recreational items helped ease the lives of detainees in several prisons. Over 6,400 inmates received food and other essential items during Ramadan.

Almost 120 detainees acquired vocational skills through ICRC-facilitated training programmes at the Bossaso and Mandheera prisons; over 370 people in Bossaso also received tools for growing vegetables. Detaining authorities made preparations for running the training programmes unassisted in the future.

WOUNDED AND SICK

Wounded people and other patients obtain medical care

To help make first aid more accessible to the wounded, the National Society, with ICRC support, established ten emergency response teams in regions prone to violence and trained them, and community members from 12 villages, in first aid. One National Society branch in Puntland received body bags and other equipment for dealing with the remains of people killed in clashes.

Some 18,500 people – approximately 5,300 of them weapon-wounded – received ICRC-supported treatment, mainly at four hospitals – two in Mogadishu (Keysaney and Medina) and two in Baidoa and Kismayo – that received comprehensive ICRC support. Medical staff strengthened their ability to treat the wounded and manage mass-casualty situations through: ICRC-facilitated courses; on-site guidance from an ICRC surgical team; and videoconference calls with experts elsewhere. Medical supplies, equipment and technical support from Movement partners enabled the Keysaney

hospital to expand its surgical services to include a gynaecological fistula treatment programme. The Kismayo and Medina hospitals benefited from the renovation of their male wards. In Kismayo, some 1,000 patients were treated for measles; the hospital tackled the outbreak with additional medical staff and supplies – isolation tents, beds, drugs and food – provided by the ICRC.

Patients suffering from malnutrition received suitable care at the treatment centres in the Baidoa and Kismayo hospitals, the premises of which were repaired or renovated with ICRC support.

Other medical facilities – in Galgadud, Hiran and Lower Shabelle – treated people injured in the conflict with the help of ad hoc donations of medical supplies, particularly for the treatment of weapon wounds. Medical teams from armed groups also received kits to help them provide care to the wounded.

ACTORS OF INFLUENCE

Weapon bearers learn more about their responsibilities under IHL

Dissemination sessions for and meetings with the authorities, the Somali armed forces and other military forces in the region, AMISOM troops, and other weapon bearers focused on promoting respect for IHL; in particular, the dialogue urged them to safeguard people not or no longer taking part in hostilities and to facilitate their access to medical or other humanitarian aid. In-depth dialogue with parties to the conflict helped raise support for the ICRC's neutral, impartial and independent humanitarian action, including its work for detainees (see *People deprived of their freedom*). Coordination with other actors, to avoid duplication of effort and identify unmet needs, also helped broaden the effectiveness of assistance efforts.

Weapon bearers learnt more about IHL and other pertinent matters during workshops or training sessions. About 830 officers and non-commissioned officers, as well as civil-military relations officers, from Somalia and countries contributing troops to AMISOM, strengthened their grasp of IHL and other norms applicable to them at ICRC sessions. These sessions, held in their countries of origin or in Somalia, were conducted at several points throughout their training, from predeployment to their arrival on site, and during lessons-learnt sessions after their missions. AMISOM personnel and Somali army officers received over 3,500 booklets on codes of conduct. Almost 230 police officers added to their knowledge of international standards for law enforcement and of the Movement's activities, at presentations and from ICRC-produced handbooks. Members of armed groups attended information sessions on humanitarian principles and the ICRC's work. Certain crucial subjects, such as the issues raised by the Health Care in Danger project, sexual violence in armed conflict and the protection of children during combat operations, were included in all ICRC presentations. Various Somali law enforcement/security agencies and the ICRC discussed the possibility of closer cooperation in conducting IHL training sessions.

Members of civil society, local authorities, community leaders, students and teachers learnt more about the ICRC and other Movement partners at various briefings and events, including abroad (for instance, see *Nairobi*). The general public, including Somalis living abroad, had access to information on the Movement's activities through the ICRC's web-based channels and other media.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent Society remained the ICRC's primary partner for delivering humanitarian services to people affected by conflict and other violence or natural disasters (see *Civilians*). It continued to develop its capacities, with a view to making its emergency or long-term activities more effective. The ICRC provided support – for training staff and volunteers, building and refurbishing offices, conducting assessments, monitoring projects and applying the Safer Access Framework. The Somali Red Crescent shared good safer-access practices with its peers from other National Societies through regular communication or at such events as an ICRC-organized regional round-table. The National Society's new leadership continued – with advice and other assistance from Movement partners – to carry out internal reforms, particularly with regard to human resources, financial management, resource mobilization and operational review and planning.

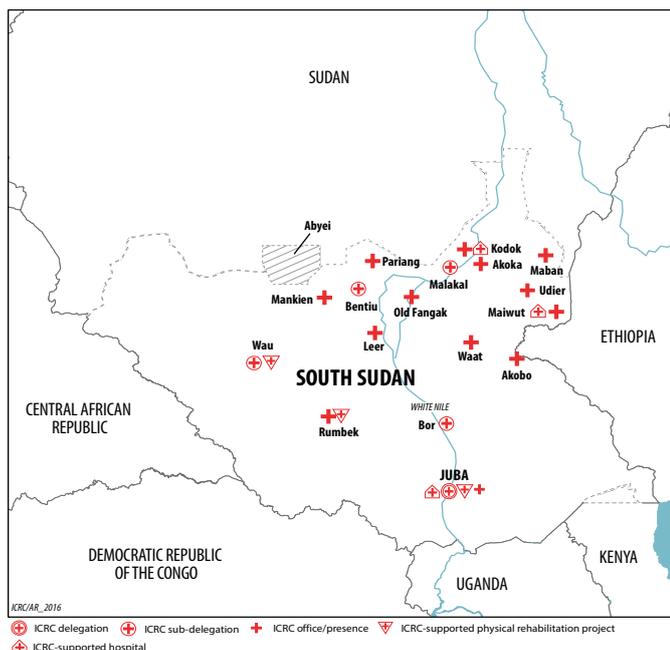
The National Society, the ICRC and other Movement partners continued to discuss such matters as ensuring a coherent Movement response to emergencies and operational partnerships, for example, to improve primary and secondary health care.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		33,391			
RCMs distributed		34,355			
Phone calls facilitated between family members		48,611			
Names published in the media		7,377			
Names published on the ICRC family-links website		5,466			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,312	247	440	320
<i>including people for whom tracing requests were registered by another delegation</i>		92			
Tracing cases closed positively (subject located or fate established)		279			
<i>including people for whom tracing requests were registered by another delegation</i>		15			
Tracing cases still being handled at the end of the reporting period (people)		2,473			
<i>including people for whom tracing requests were registered by another delegation</i>		200			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
Documents					
People to whom travel documents were issued		16			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		4,497	85	337	
			Women	Girls	Boys
Detainees visited and monitored individually		238	1	3	102
Detainees newly registered		218		3	101
Number of visits carried out		50			
Number of places of detention visited		24			
RCMs and other means of family contact					
RCMs collected		30			
RCMs distributed		11			
Phone calls made to families to inform them of the whereabouts of a detained relative		158			
Detainees released and transferred/repatriated by/via the ICRC		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	239,407	43,191	156,025
	<i>of whom IDPs</i>	113,226	19,249	74,728
Essential household items	Beneficiaries	150,570	25,578	99,294
	<i>of whom IDPs</i>	93,192	15,823	61,426
Productive inputs	Beneficiaries	284,977	48,446	188,085
	<i>of whom IDPs</i>	3,300	561	2,178
Cash ¹	Beneficiaries	102,442	17,416	67,610
	<i>of whom IDPs</i>	14,994	2,549	9,896
Services and training	Beneficiaries	425	75	266
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	402,523		
Health				
Health centres supported	Structures	33		
Average catchment population		519,125		
Consultations		498,835		
	<i>of which curative</i>	418,561	147,820	208,877
	<i>of which antenatal</i>	80,274		
Immunizations	Patients	244,142		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	86,881		
Referrals to a second level of care	Patients	6,218		
	<i>of whom gynaecological/obstetric cases</i>	1,083		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	6,465		
Essential household items	Beneficiaries	7,885		
Productive inputs	Beneficiaries	372	19	
Services and training	Beneficiaries	117	3	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	5,230		
Health				
Visits carried out by health staff		105		
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	12		
	<i>of which provided data</i>	11		
Admissions	Patients	18,485	7,956	3,108
	<i>of whom weapon-wounded</i>	5,333	1,140	683
	<i>(including by mines or explosive remnants of war)</i>	191	35	26
	<i>of whom surgical cases</i>	5,872	1,597	1,282
	<i>of whom internal medicine and paediatric cases</i>	2,825	764	1,143
	<i>of whom gynaecological/obstetric cases</i>	4,455	4,455	
Operations performed		25,083		
Outpatient consultations	Patients	59,379	20,775	19,102
	<i>of whom surgical cases</i>	29,263	7,064	10,715
	<i>of whom internal medicine and paediatric cases</i>	22,559	6,154	8,387
	<i>of whom gynaecological/obstetric cases</i>	7,557	7,557	
First aid				
First-aid posts supported	Structures	7		
Water and habitat				
Water and habitat activities	Number of beds	361		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

SOUTH SUDAN



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The authorities and weapon bearers were urged to respect people not, or no longer, involved in hostilities and to address abuses against them. Dialogue with these actors and with community leaders helped facilitate ICRC activities.
- ▶ IDPs and residents eased their conditions with food rations and household essentials from the ICRC and the South Sudan Red Cross; most aid for people in hard-to-reach areas was delivered by air.
- ▶ Communities had access to water after the ICRC helped repair or install water-supply points. People in Juba, for example, benefited from a temporary water-treatment plant set up during the clashes and a cholera outbreak in July.
- ▶ Households produced food, mainly through farming or fishing, with seed or tools from the ICRC. Pastoralists preserved or improved the health of their livestock with the help of ICRC-supported veterinary services.
- ▶ Seriously wounded people obtained health services, including surgical care and medical evacuation, from medical personnel and facilities that received ICRC support, notably on-site assistance from five ICRC surgical teams.
- ▶ Malnourished detainees benefited from therapeutic feeding carried out by prison health staff using ICRC-provided supplements. Emergency donations from the ICRC to prisons experiencing food shortages helped detainees cope.

EXPENDITURE IN KCHF

Protection	8,951
Assistance	100,610
Prevention	5,803
Cooperation with National Societies	4,841
General	282
Total	120,488
<i>Of which: Overheads</i>	<i>7,345</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	179
Resident staff (daily workers not included)	649

Present in Juba since 1980, the ICRC opened a delegation in newly independent South Sudan in mid-2011. It works to ensure that people affected by non-international and international armed conflicts are protected in accordance with IHL, have access to medical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits POWs and other detainees and seeks to increase knowledge of IHL among the authorities, armed forces and other weapon bearers. It works with and supports the South Sudan Red Cross.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	4,578
RCMs distributed	2,628
Phone calls facilitated between family members	77,619
Tracing cases closed positively (subject located or fate established)	404
People reunited with their families	25
<i>of whom unaccompanied minors/separated children</i>	10
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	5,275
Detainees visited and monitored individually	383
Number of visits carried out	107
Number of places of detention visited	43
Restoring family links	
RCMs collected	283
RCMs distributed	75
Phone calls made to families to inform them of the whereabouts of a detained relative	180

ASSISTANCE	2016 Targets ¹ (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	732,000	646,256
Essential household items	Beneficiaries	120,000	214,184
Productive inputs	Beneficiaries	421,200	514,836
Cash	Beneficiaries		184
Services and training	Beneficiaries	420	451
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	440,000	168,069
Health			
Health centres supported	Structures	6	6
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	2	10
Water and habitat			
Water and habitat activities	Number of beds		67
Physical rehabilitation			
Projects supported	Projects	2	3
Patients receiving services	Patients	2,500	2,649

1. Some target figures have been revised.

CONTEXT

The situation in South Sudan remained tense despite the establishment, in April 2016, of a national unity government as per the 2015 agreement between the parties to the non-international armed conflict that began in 2013.

Clashes between government troops and opposition forces continued to take place: heavy fighting broke out in Juba in July and, elsewhere in the south later in the year. Armed groups also continued to fight among themselves, mainly over cattle and other resources. These confrontations and other violence were sometimes fuelled by communal or ethnic tensions. Attacks against civilians, obstruction of health-care delivery and other abuses continued to be reported.

Some 1.9 million people had been displaced as a result of past and current clashes; around 200,000 of them were living in camps and at “protection-of-civilians sites” of the UN Mission in South Sudan (UNMISS). More than a million people sought refuge in neighbouring countries.

Many people were at risk of malnutrition and disease, partly because of the unavailability of basic commodities and essential services. Communities in conflict-affected areas, including those where security conditions were relatively stable, struggled to sustain themselves.

Security and logistical constraints hampered humanitarian agencies’ ability to assist vulnerable communities, especially in remote rural areas.

ICRC ACTION AND RESULTS

The ICRC maintained its multidisciplinary response to the humanitarian needs of vulnerable people in South Sudan. Together with the South Sudan Red Cross, it helped IDPs, residents and returnees meet their immediate needs and strengthen their resilience to the effects of armed conflict and other situations of violence. The National Society received support for strengthening its operational and administrative capacities.

Through confidential bilateral dialogue, the ICRC urged the authorities and weapon bearers on all sides to: protect people who were not, or were no longer, participating in the hostilities; facilitate their safe access to essential services and humanitarian aid; and address and prevent abuses against them. Dialogue with these parties and interaction with community members and their leaders helped bolster their understanding of and support for neutral, impartial and independent humanitarian action; this, in turn, enabled the ICRC to assist people in isolated and hard-to-reach communities and those affected by fresh outbreaks of clashes.

Despite security and logistical constraints, the ICRC sought to provide timely assistance to people in need without compromising the safety of its staff members. It preserved its proximity to vulnerable communities by maintaining 12 permanent field sites and establishing temporary ones in areas affected by clashes. ICRC aircraft continued to transport staff and airdrop supplies, which were collected by National Society and ICRC teams at designated sites and then distributed. Items that could not be airdropped were delivered by smaller aircraft able to land in difficult terrain. The ICRC also delivered supplies by land during the dry season, when the roads were passable.

ICRC rations, which usually included nutritional supplements, helped some 646,200 people cope with food shortages. Thousands of households benefited from essential items and shelter materials provided by the ICRC. Communities had access to clean water from facilities repaired or installed by the ICRC, often in cooperation with local authorities.

Vulnerable households grew food or caught fish with seed, farming tools and fishing kits from the ICRC. In cooperation with the Ministry of Livestock and Fisheries, support was provided for veterinary services to help pastoralist households improve the quality of their livestock.

Helping to ensure that people could obtain or provide health care safely remained a priority. The ICRC worked with the National Society and local health personnel to develop more effective measures for protecting patients and medical staff. People injured during clashes received first aid from ICRC-trained emergency responders; several of them were evacuated to medical facilities backed by the ICRC. Three hospitals were provided with comprehensive support, which included on-site assistance and supervision by an ICRC surgical team, medical supplies and infrastructural upgrades; two other surgical teams helped treat wounded people in various locations. The ICRC also provided supplies and technical assistance to six clinics, enabling them to sustain their services, which included specialized care for victims of sexual violence. Disabled people received the necessary services at ICRC-supported physical rehabilitation centres.

The ICRC visited people held by the government or by opposition forces, or in UNMISS custody. ICRC delegates monitored their treatment and living conditions during these visits, which were conducted according to standard ICRC procedures. The ICRC provided therapeutic food supplements for prisons with high malnutrition rates; the supplements were administered by prison health staff. It also donated emergency food supplies to help detainees cope with food shortages, and worked with the authorities, through a working group, to formulate longer-term solutions.

Members of dispersed families reconnected through phone calls and other Movement family-links services.

CIVILIANS

The ICRC maintained its confidential bilateral dialogue with the parties to the conflict, with a view to promoting protection for civilians. It submitted oral and written representations urging them to: protect and respect persons who were not, or were no longer, participating in hostilities; protect civilian property and essential infrastructure from being looted or destroyed; prevent and address sexual violence and other abuses; and facilitate people’s access to basic services and humanitarian assistance.

The ICRC also worked directly with communities and with health personnel (see *Wounded and sick*), to help them strengthen their resilience to the effects of violence and minimize their exposure to risks. During clashes in Juba, the ICRC arranged transportation to safer areas for some 150 people who were particularly at risk.

IDPs and residents receive basic necessities amid continued fighting

Because of persistent security and logistical constraints, the ICRC continued to airdrop relief items in isolated communities; aid was also delivered over land during the dry season, when the roads

were passable. National Society staff and ICRC staff members collected the airdropped supplies at designated sites and then distributed them. Small aircraft that could land in difficult terrain transported shelter materials, household essentials and other items that could not be airdropped. In remote locations without airstrips, helicopters were used to evacuate wounded people and bring in staff members.

Some 646,200 people (107,694 households) – mostly IDPs and their host communities – dealt with food shortages using ICRC food rations; around 264,000 people (44,000 households) among them were assisted at least twice during the reporting period. Farming households who received food were able to avoid consuming seed provided for planting (see below). In areas where high malnutrition rates were reported, nutritional supplements – for children and pregnant or lactating mothers – were included in the food rations.

More than 216,000 people (36,017 households) were able to cook food, build temporary shelters and maintain personal hygiene with tarpaulins, blankets, cooking utensils and other household essentials distributed by the ICRC directly or through the National Society.

Communities in Juba are less at risk of cholera

Nearly 97,000 people regained access to potable water, or had a better supply of it, after local authorities and the ICRC repaired or installed water-supply points; for instance, boreholes were upgraded to increase their yield, and ICRC support for a water-treatment plant benefited 24,000 people in Bor.

During the fighting in Juba and the cholera outbreak that followed, some 47,000 people had access to potable water through a temporary water-treatment plant set up by the ICRC and managed partly by the National Society, whose volunteers were trained in water-treatment techniques. A project was launched to help the authorities strengthen their capacity to supply clean water and manage cholera outbreaks in a more sustainable manner. In Wau, some 18,000 people regained access to water after the ICRC repaired hand pumps damaged during the fighting in the area.

About 5,000 people in Kodok were less at risk of illness or disease after community members built sanitation facilities with ICRC material and technical assistance.

Implementation of several planned projects was delayed or hampered owing to security, logistical and other constraints.

Households improve or diversify their food supply

Vulnerable communities augmented their food supply, and recovered or maintained some degree of self-sufficiency, with ICRC support.

More than 39,000 households (234,000 people) planted staple crops and vegetables using ICRC-donated seed and farming tools. Some 92,500 people (15,413 households) supplemented their diet with fish caught with ICRC-provided fishing kits, which they could take with them if they had to flee for their safety.

Around 28,600 pastoralist households (288,300 individuals) preserved or improved the quality of their livestock through animal vaccination and treatment initiatives organized by the ICRC and the Ministry of Livestock and Fisheries; some 793,000 heads of

livestock were vaccinated and 325,500 animals, treated against parasites and disease. At training sessions, 220 community-based animal health workers learnt more about treating and preventing animal diseases; they also received medicines and other supplies.

Some 140 people earned money by renovating or building community infrastructure, under a project developed by the communities themselves. Other communities created similar initiatives to protect themselves and preserve their livelihoods; they implemented these with ICRC-provided tools and other material assistance, which benefited some 2,600 households (15,860 people), and training for 150 people.

At information sessions and discussions conducted during the distribution of relief items, seed and tools, and during livestock vaccination and treatment campaigns, beneficiaries learnt how to make the best use of the assistance they had received; they also learnt about the ICRC and its activities.

Conflict-affected people, including victims of sexual violence, receive health services

Six clinics sustained their services with ICRC support: donations of medical supplies, staff training and supervision, and infrastructural repairs to improve conditions for staff members and patients and to expand capacity. Staff at these clinics conducted some 96,800 consultations and vaccinated around 38,400 people. More than 1,130 deliveries were facilitated at the clinics or in communities by ICRC-supported birth attendants. An orthopaedic referral centre was built at a clinic in Waat, in order to extend suitable services to disabled people (see *Wounded and sick*).

Victims of sexual violence obtained specialized services – including prophylactic treatment within 72 hours of the incident and psycho-social care – at some of the above-mentioned clinics, which the ICRC supported with training and supplies.

A total of 669 people, including victims of sexual violence, were referred for secondary-level care.

Newly displaced people assure their relatives of their safety

Members of separated families restored or maintained contact through Movement family-links services. Communities in remote areas and IDPs at UNMISS “protection-of-civilians sites”, for example, sent or received family news through phone calls and RCMs. People displaced during clashes in Juba and Wau, in particular, benefited from phone stations set up by the ICRC at temporary displacement sites.

Thousands of families searched for and found their relatives by means of booklets containing pictures of people who had lost touch with their families; the pictures were published with the people’s consent. The booklets were shown to people during field trips to IDP settlements and hard-to-reach communities, and in neighbouring countries hosting South Sudanese refugees. Twenty-five people, including ten minors, were reunited with their families under ICRC auspices.

At the request of the authorities, the National Society and the ICRC helped manage the remains of people killed during the clashes in Juba in July; they worked to ensure that the remains were buried properly or, whenever possible, returned to the families concerned.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC explained its mandate and working procedures to the authorities and weapon bearers during meetings with them, and also followed up allegations of arrest, with a view to gaining access to people held in connection with the conflict.

Some 5,200 people received visits conducted according to standard ICRC procedures; they included detainees in government-run detention facilities and people held by opposition forces or in UNMISS custody. During these visits, ICRC delegates monitored the detainees' treatment and living conditions, including their access to medical care. They shared their findings and, where necessary, their recommendations to the authorities concerned.

Detainees contacted relatives using ICRC family-links services; in the Juba and Wau prisons, these services included phone calls facilitated by the ICRC with the authorities' consent. Sixty-nine foreigners informed their embassies of their situation through the ICRC.

Malnourished detainees receive therapeutic food

The National Prisons Service and the ICRC formed a working group to solve structural problems in the penitentiary system. Because of the high malnutrition rates in several prisons, members of the working group focused on trying to improve prison food supply and implement best practices in stock management.

The ICRC reinforced the group's work by donating therapeutic food supplements, which health staff in the Aweil, Tonj South, Torit and Wau prisons administered to detainees with acute malnutrition. Emergency donations from the ICRC helped detainees at these facilities, and in the Warrap prison, to cope with food shortages. People held by opposition forces also received supplementary food supplies.

Some 3,110 detainees benefited from infrastructural repairs conducted by the ICRC and the authorities: people in four prisons had better access to water, and sanitation facilities for detainees at the Aweil central prison were improved. Over 3,000 detainees received clothes, mattresses, medical supplies and hygiene items.

WOUNDED AND SICK

Practical measures help reduce the risk of patients and health personnel being attacked

The ICRC worked with the National Society and local health personnel to ensure the safety of patients and medical personnel and facilities. Large "no-weapons" signs were posted in health facilities in violence-affected communities, and the ICRC urged the national health authorities to enforce a "no-weapons" policy in health facilities throughout the country. Solar-powered lighting systems installed at some clinics helped staff members to identify visitors at night. Medical personnel at the ICRC-supported hospitals in Kodok and Maiwut were provided with identification cards, as a self-protective measure against forced recruitment by armed groups. At information sessions, health workers learnt more about their rights and responsibilities.

During dissemination sessions (see *Actors of influence*), weapon bearers furthered their understanding of the protection afforded by IHL to people seeking or providing medical care. The general public learnt more about the subject through the public-communication efforts of the National Society and the ICRC.

Casualties from all sides receive first aid and emergency surgery

Civilians and fighters wounded during clashes received life-saving care from first-aiders, some of whom were weapon bearers trained

and/or equipped by the National Society and the ICRC. The ICRC airlifted some 470 people to facilities offering higher-level care.

Wounded people and others requiring surgical care benefited from 4,500 operations performed by five ICRC surgical teams. Three of the teams were based in hospitals – in Juba, Kodok and Maiwut – that received large numbers of wounded patients; the other two worked in various locations. The fifth team was sent out in November, in response to the violence in and around Juba.

The three hospitals mentioned above sustained their obstetric, paediatric, nutritional and other medical services with various forms of ICRC support: medical supplies, staff supervision and training, maintenance services and infrastructural upgrades. Seven other hospitals were given emergency material donations.

Disabled people regain some mobility

Some 2,650 people obtained assistive devices and rehabilitative services at three ICRC-supported physical rehabilitation centres in Juba, Rumbek and Wau. More people benefited from the centres' services than in 2015, owing partly to referrals by ICRC teams who reached remote areas, and to the intensification of efforts to broaden awareness of the availability of these services. With a view to reaching even more people, a referral centre was built at an ICRC-supported clinic in Waat (see *Civilians*).

The centres functioned with material, technical and other support from the ICRC; notably, an orthopaedic production unit was added to the Wau centre. Patients and staff at the Juba centre benefited from infrastructural upgrades, such as making sanitation facilities more accessible to the disabled. Similar work was in progress at the Rumbek centre. Three newly hired bench workers helped boost the Juba centre's production capacity; a staff member who had been studying abroad, with ICRC support, returned and took up his duties again.

The ICRC continued to promote the social inclusion of disabled people, mainly by encouraging their participation in sports: for example, the national wheelchair basketball association was assisted in forming teams and organizing tournaments.

ACTORS OF INFLUENCE

Dialogue with all sides facilitates delivery of humanitarian aid

During meetings, briefings and other interaction with the authorities, weapon bearers, community leaders and members of civil society, the ICRC sought to foster awareness of its mandate and work and of the Movement's activities. Contact with weapon bearers also covered protection-related issues (see *Civilians*) and promoted compliance with IHL (see below).

Beneficiary communities shared their concerns during ICRC-organized discussions, at which they also learnt about the ICRC and were instructed in the best use of the aid they received (see *Civilians*).

Radio programmes, printed materials in local languages, and updates published on social-media and other online platforms broadened the general public's awareness of neutral and impartial humanitarian action. These also drew attention to issues of humanitarian concern, such as sexual violence and the violence affecting health services. Discussions with UNMISS and diplomats also highlighted these matters.

All these efforts helped increase acceptance for the South Sudan Red Cross and the ICRC, and facilitated their access to vulnerable people. The National Society continued to develop its communication capacities with ICRC support.

Weapon bearers further their understanding of basic IHL principles

Over 3,270 weapon bearers from different sides added to their knowledge of IHL at some 100 dissemination sessions that were often combined with first-aid training (see *Wounded and sick*). These sessions and the various reference materials distributed to weapon bearers emphasized compliance with IHL, particularly its provisions on: protecting civilians and detainees; facilitating safe access to medical care; and preventing sexual violence and other unlawful conduct. With the ICRC's support, a South Sudanese military officer attended an advanced IHL course in San Remo.

Opportunities to promote the domestic implementation of IHL were limited, because of the political situation.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society expands its pool of emergency response teams

The South Sudan Red Cross remained the ICRC's main partner in assisting vulnerable communities (see above). It continued to strengthen its ability to carry out humanitarian activities and to promote IHL and the Movement, with various forms of support from the ICRC and other Movement partners.

The National Society created six new emergency response teams and bolstered the capacities of existing teams, with ICRC-provided training and supplies. It continued to improve its first-aid programme, by recruiting additional first-aid officers, training new instructors and, with the Norwegian Red Cross, helping experienced trainers refresh their skills. It drafted strategies, with Movement partners, for emergency response and disaster management. Staff members learnt more about needs assessment and post-distribution monitoring through training and by joining ICRC activities. National Society branches benefited from infrastructural upgrades and donations of vehicles to boost their logistical capabilities.

The National Society reviewed and updated its action plan for implementing the Safer Access Framework. At regional roundtables, its staff discussed best practices in applying the framework and safeguarding access to health care.

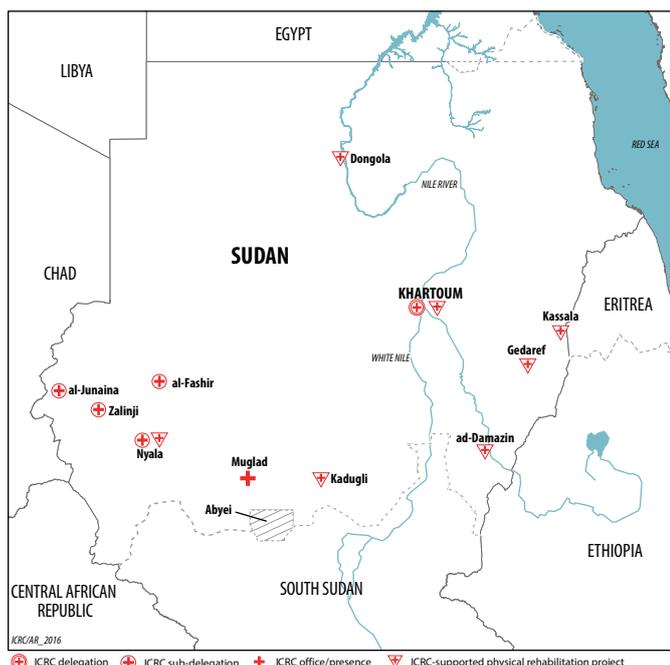
The National Society continued to draw on guidance from Movement partners in building its administrative capacities and strengthening its legal status. A regulation on the red cross emblem was signed into law by the authorities.

Movement components met regularly to coordinate their activities, with a view to maximizing their impact and avoiding duplication. Several National Societies contributed staff and other resources to support the ICRC's activities in South Sudan; the ICRC, in turn, shared its expertise in needs assessment, communication, logistics and security management.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		4,578	20		
RCMs distributed		2,628	4		
Phone calls facilitated between family members		77,619			
Names published in the media		583			
Names published on the ICRC family-links website		300			
Reunifications, transfers and repatriations					
People reunited with their families		25			
	<i>including people registered by another delegation</i>	3			
People transferred or repatriated		194			
Human remains transferred or repatriated		173			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,451	487	150	170
	<i>including people for whom tracing requests were registered by another delegation</i>	615			
Tracing cases closed positively (subject located or fate established)		404			
	<i>including people for whom tracing requests were registered by another delegation</i>	83			
Tracing cases still being handled at the end of the reporting period (people)		1,540	510	168	187
	<i>including people for whom tracing requests were registered by another delegation</i>	761			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		83	36		8
UAMs/SC reunited with their families by the ICRC/National Society		10	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		77	38		9
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		5,275	298	412	
			Women	Girls	Boys
Detainees visited and monitored individually		383	6	1	6
Detainees newly registered		206	4	1	6
Number of visits carried out		107			
Number of places of detention visited		43			
RCMs and other means of family contact					
RCMs collected		283			
RCMs distributed		75			
Phone calls made to families to inform them of the whereabouts of a detained relative		180			
People to whom a detention attestation was issued		10			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	646,256	217,776	292,114
	<i>of whom IDPs</i>	488,042	165,520	217,579
Essential household items	Beneficiaries	214,184	73,621	98,150
	<i>of whom IDPs</i>	201,155	69,257	92,433
Productive inputs	Beneficiaries	514,836	144,788	218,098
	<i>of whom IDPs</i>	335,453	102,191	144,976
Cash	Beneficiaries	184	31	77
	<i>of whom IDPs</i>	53	8	19
Services and training	Beneficiaries	451	126	184
	<i>of whom IDPs</i>	97	23	52
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	168,069	40,337	85,715
Health				
Health centres supported	Structures	6		
Average catchment population		193,383		
Consultations		96,818		
	<i>of which curative</i>	86,349	22,386	45,090
	<i>of which antenatal</i>	10,469		
Immunizations	Patients	38,417		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	17,728		
Referrals to a second level of care	Patients	669		
	<i>of whom gynaecological/obstetric cases</i>	119		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	620	29	84
Essential household items	Beneficiaries	3,199	599	370
Services and training	Beneficiaries	238	16	104
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,114	218	31
Health				
Visits carried out by health staff		16		
Places of detention visited by health staff	Structures	8		
Health facilities supported in places of detention visited by health staff	Structures	6		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	10		
	<i>of which provided data</i>	3		
Admissions	Patients	6,104	2,190	2,401
	<i>of whom weapon-wounded</i>	618	76	27
	<i>(including by mines or explosive remnants of war)</i>	17	7	4
	<i>of whom surgical cases</i>	676	185	152
	<i>of whom internal medicine and paediatric cases</i>	3,991	1,134	2,198
	<i>of whom gynaecological/obstetric cases</i>	819	795	24
Operations performed		4,550		
Outpatient consultations	Patients	77,864	27,488	30,091
	<i>of whom surgical cases</i>	6,036	1,258	2,237
	<i>of whom internal medicine and paediatric cases</i>	68,366	22,768	27,854
	<i>of whom gynaecological/obstetric cases</i>	3,462	3,462	
Water and habitat				
Water and habitat activities	Number of beds	67		
Physical rehabilitation				
Projects supported	Projects	3		
Patients receiving services	Patients	2,649	560	145
New patients fitted with prostheses	Patients	128	34	12
Prostheses delivered	Units	455	93	19
	<i>of which for victims of mines or explosive remnants of war</i>	15	3	
New patients fitted with orthoses	Patients	107	15	38
Orthoses delivered	Units	222	47	79
Patients receiving physiotherapy	Patients	1,178	268	121
Walking aids delivered	Units	2,144	313	90
Wheelchairs or tricycles delivered	Units	200	62	12

SUDAN



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Arrangements necessary for resuming ICRC field activities were discussed with the Sudanese authorities. The ICRC's operations remained limited, but it was able to carry out some initiatives as planned.
- ▶ Disabled people received assistive devices and physiotherapy services at ICRC-supported physical rehabilitation centres. Expenses for travel, accommodation and food were covered for the most vulnerable among them.
- ▶ People separated from their families, including refugees from South Sudan, located and/or restored contact with their relatives through the joint family-links activities of the Sudanese Red Crescent Society and the ICRC.
- ▶ Military lawyers and trainers learnt more about IHL and developed their ability to teach the subject at the first training sessions organized by the ICRC within the framework of an agreement signed with the defence ministry in 2015.

EXPENDITURE IN KCHF

Protection	2,403
Assistance	3,770
Prevention	2,339
Cooperation with National Societies	1,477
General	125
Total	10,114
<i>Of which: Overheads</i>	<i>617</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	15
Resident staff (daily workers not included)	165

The ICRC has been present in Sudan since 1978. It focuses on addressing the consequences of armed conflicts in Darfur and between South Sudan and Sudan. While pursuing dialogue with the authorities on gaining direct access to conflict-affected people, it focuses on activities aiming to: promote respect for IHL; help disabled people obtain rehabilitative services; re-establish links between separated family members; and seek information on the fate of persons allegedly detained in relation to the conflicts. When possible, the ICRC works with and supports the Sudanese Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **MEDIUM**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected ¹	1,261
RCMs distributed ¹	328
Phone calls facilitated between family members	326
Tracing cases closed positively (subject located or fate established)	105
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	<i>1</i>

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash ¹	Beneficiaries	
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	8 11
Patients receiving services	Patients	3,400 4,578

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Armed confrontations between Sudanese government forces and armed groups in Darfur, and in Blue Nile and South Kordofan, continued. Clashes in the Jebel Marra area during the first half of the year reportedly caused new waves of mass displacement of people, most of whom sought refuge in Central, North and South Darfur. Communal violence persisted in other parts of Sudan.

A referendum on the administrative status of Darfur was held in April, as per the 2011 Darfur Peace Agreement. Subsequently, the Darfur Regional Authority – formed under the agreement – was formally dissolved. The National Dialogue Conference, held in October, ended two years of discussion about a proposed national dialogue document that was meant to guide, among other things, the drafting of a permanent constitution.

Sudan continued to host refugees from South Sudan. Tensions persisted between the two countries, particularly in connection with the contested area of Abyei and the demarcation of the border.

International organizations' access to conflict-affected people in Darfur, refugees from South Sudan, and vulnerable communities in Blue Nile and South Kordofan remained limited. In compliance with government directives, these organizations usually channelled humanitarian aid through the Sudanese authorities, the Sudanese Red Crescent Society and/or local NGOs. In December, the government issued revised directives that are expected to ease access in certain areas.

ICRC ACTION AND RESULTS

The ICRC continued to build acceptance for its neutral, impartial and independent humanitarian approach and for its activities to benefit people affected by armed conflict and other situations of violence in Sudan. However, it was still unable to gain direct access to vulnerable communities and carry out the full range of its activities in the field, which were suspended from February to September 2014 in accordance with a government directive. It further reduced its presence and staff in Sudan, as a result. Nevertheless, the ICRC continued to implement the limited range of humanitarian activities it was able to undertake.

Discussions with the Sudanese authorities focused on the scope of the ICRC's activities, its working methods and the arrangements necessary to implement the framework agreements it signed with federal ministries in 2015. The ICRC president and other ICRC staff discussed these matters during meetings with senior Sudanese government officials. The ICRC supplemented these bilateral talks with dissemination sessions and other events for the authorities, armed forces, members of civil society and community leaders; the aim was to broaden support for the ICRC's mandate and work, and promote respect for IHL. The ICRC organized an IHL information session for military lawyers and a train-the-trainer course for armed forces instructors; they were the first sessions held within the framework of a memorandum of understanding – on IHL awareness and instruction – that the ICRC and the defence ministry signed in 2015.

After a series of meetings, the Sudanese Red Crescent and the ICRC agreed, in May 2016, to extend their 2015 cooperation agreement. This was followed by implementation of action plans concerning institutional support, family-links activities and application of the Safer Access Framework. Joint activities, to help members of

separated families reconnect, continued; the National Society was given material and financial support for sustaining its operations and expanding its capacities.

While negotiations with the authorities were in progress, the ICRC was able to conduct some of its activities as planned. It provided the National Authority for Prosthetics and Orthotics (NAPO) with technical and other forms of assistance for running physical rehabilitation centres and improving the quality of rehabilitative services in the country. As a result, thousands of physically disabled people were able to avail themselves of assistive devices and physiotherapy services. Physically disabled children received treatment at a hospital, which the ICRC also provided with raw materials, on-site support and technical guidance.

The National Society and the ICRC maintained their joint efforts to carry out family-links activities. They were able to help more people than last year to send written or oral messages to relatives separated from them by violence in Sudan or elsewhere in the region. People also continued to seek the ICRC's help in locating missing relatives, including those allegedly detained or captured; National Society and ICRC efforts resulted in several people being located.

As it was still unable to resume most of its assistance activities, the ICRC donated – to the National Society, local authorities and other local or international organizations – the undistributed supplies that it had in stock.

Through meetings with the authorities concerned, the ICRC continued to seek permission to visit people held in connection with conflict and other violence, in order to monitor their treatment and living conditions.

CIVILIANS

The ICRC continued its efforts to foster acceptance for its activities in Sudan, with a view to gaining direct and independent access to vulnerable communities. Discussions with the authorities (see *Actors of influence*) focused on the arrangements necessary to implement the agreements signed with the government and federal ministries in 2014 and 2015; these agreements were meant to enable the ICRC to resume activities that were formally suspended from February to September 2014 in accordance with a government directive. The discussions in 2016 covered, among other matters, permission for ICRC teams to travel to the field and administrative procedures for delivering essential supplies.

Families locate their relatives and restore contact with them

As per a plan of action they signed in May (see *Red Cross and Red Crescent Movement*), the National Society and the ICRC continued to work jointly to help members of dispersed families restore contact; they reached more people with family-links services than last year. National Society staff members refreshed their skills at ICRC-organized workshops, and National Society and ICRC teams raised awareness of the availability of family-links services in local communities.

The joint activities of the National Society and the ICRC enabled people in East, South and North Darfur and, for the first time since 2013, refugees and other vulnerable families in West Kordofan and White Nile to exchange news with their relatives through RCMs, phone calls, and short oral greetings relayed by ICRC delegates. Several refugee households searched for their relatives using ICRC-produced booklets containing pictures

of people separated from their families by the violence in South Sudan (see *South Sudan*).

Sudanese families seeking information on relatives allegedly arrested or captured, or missing in relation to conflict, continued to seek the ICRC's assistance. A total of 105 people were located through the efforts of National Society and ICRC teams.

Disabled people start livelihood activities to support their families

In Al Fashir and Nyala, 60 physically disabled people (supporting some 360 people) started small businesses – raising livestock and distributing water, for example – with ICRC cash grants. These beneficiaries had been patients at an ICRC-supported physical rehabilitation centre (see *Wounded and sick*).

No other assistance activities took place while negotiations with the authorities were in progress. The ICRC therefore donated the supplies it had in stock from 2015, or pre-positioned for 2016, to local institutions or other international organizations. The National Society was given essential household items, enough for some 3,600 families, to help it strengthen its emergency preparedness. Water authorities in Darfur and Khartoum, and some international organizations working in rural areas of Darfur, benefited from donations of spare parts and equipment for water systems. The health ministry was provided with solar-powered refrigerators for storing vaccines, to support its emergency response in remote areas. A hospital in Khartoum and an international organization running clinics in Darfur received medical supplies and equipment.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC pursued dialogue with the Sudanese authorities (see *Actors of influence*) and armed groups, with a view to gaining access to people held in relation to the armed conflicts in the country and monitoring their treatment and living conditions. It submitted and followed up requests for information about people allegedly arrested or captured; these requests were based on reports from families who had sought the ICRC's help in locating their relatives (see *Civilians*).

During discussions with military officials and members of armed groups, the ICRC continued to emphasize its readiness to serve as a neutral intermediary in the handover of people in their custody.

WOUNDED AND SICK

Physically disabled people avail themselves of rehabilitative services

Some 3,680 physically disabled people received assistive devices and physiotherapy services at physical rehabilitation centres in Khartoum and Nyala and at satellite centres in Damazine, Dongola, Gadaref, Kadugli and Kassala. Destitute and other particularly vulnerable people were among those who obtained services at the centre in Nyala; the ICRC covered their transportation, food and accommodation expenses.

The centres were run by NAPO with raw materials, equipment, technical guidance and other support from the ICRC; despite this assistance, shortages of supplies continued to hamper the provision of services at some of the centres. With a view to extending its reach, NAPO established a new centre in El-Obaid in North Kordofan – aided by ICRC expertise, particularly in renovating infrastructure and staffing.

A total of 896 physically disabled children obtained services at the Cheshire Home children's hospital in Khartoum; the hospital's workshop benefited from infrastructural improvements, donations of equipment and raw materials, and guidance from an ICRC-trained technician and therapist. A disabled people's association in Al-Fashir also received technical and material support from the ICRC.

The authorities take steps to ensure the good quality of physical rehabilitation services

In line with the government's commitment to pay particular attention to disabled people's needs, NAPO worked to improve the quality of services available at its centres. It drew on ICRC support for upgrading or renovating facilities, training technicians, clarifying staff members' roles and identifying good management practices. It sought to standardize procedures in its centres, such as those for collecting data, by implementing quality-control measures. Service providers and the users themselves were given Arabic-language videos or leaflets about physiotherapy and the management of club foot.

Thirteen NAPO staff members completed a training course for bench workers at a workshop that the ICRC helped renovate and equip; two others learnt how to train their colleagues. Fourteen physiotherapists expanded their skills at ICRC-backed training sessions, and fourteen others completed the first year of the three-year diploma course established by NAPO, a local university and the ICRC in 2015. Four NAPO technicians continued their studies abroad.

ACTORS OF INFLUENCE

Resumption of ICRC activities remains under discussion

Following on from dialogue that began in 2014, and based on the agreements it signed with government bodies in 2014 and 2015, the ICRC continued to work on fostering acceptance for its neutral, impartial and independent humanitarian approach and for its activities to benefit people affected by armed conflict and other violence. The ICRC met with Sudanese government officials regularly, in Sudan and elsewhere, to discuss its working procedures and the scope of its activities and to clarify the requirements for resuming them. These efforts, which included a meeting between the ICRC's president and Sudan's state minister for foreign affairs, have yielded limited results thus far (see *Civilians*).

Discussions with the authorities also covered the ICRC's humanitarian activities for people deprived of their freedom. Members of the national IHL committee, in particular, learnt more about these and about the ICRC's protection activities in general through an ICRC presentation and during meetings with ICRC officials.

Local authorities, community leaders and military and police commanders in Darfur and West Kordofan were kept informed of the ICRC's negotiations with the authorities. Local authorities acknowledged the positive impact of past ICRC activities and expressed their willingness to work with the organization again in assisting conflict-affected people.

Military lawyers and trainers advance their understanding of IHL

Twelve newly appointed lawyers of the armed forces' Military Justice Administration discussed IHL-related issues during an orientation session organized by the ICRC at the invitation of the administration's director. During a course for them, 14 trainers

from the army, navy and the air force developed their ability to teach IHL; they also discussed future IHL-related activities for the armed forces. These were the first sessions organized within the framework of a memorandum of understanding – on promoting IHL instruction and building trainers’ capacities – that the defence ministry and the ICRC signed in December 2015. The possibility of a memorandum of understanding, for providing IHL training to security services personnel, was discussed with the interior ministry.

University professors and students learn more about IHL

Training sessions held in Sudan and elsewhere helped cultivate support for IHL among the authorities and members of civil society. A legal adviser from the national IHL committee benefited from an ICRC-organized course in Lebanon (see *Lebanon*). At a local workshop organized by the ICRC and a network of academics researching IHL, 21 law students from various universities learnt more about IHL and other related matters; some 80 other law students became more familiar with the subject at another event. University students demonstrated their grasp of IHL at a national moot-court competition; ICRC support enabled the winning team to participate in a regional competition (see *Nairobi*).

Representatives of Sudanese NGOs familiarized themselves with the basics of IHL, and with the ICRC’s work, at a workshop organized by the French embassy in Sudan and the ICRC. UN personnel and staff from international NGOs learnt more, from ICRC presentations, about IHL matters related to their work.

RED CROSS AND RED CRESCENT MOVEMENT

In May, after a series of meetings, the Sudanese Red Crescent and the ICRC signed an extension of their 2015 cooperation agreement. This was followed by implementation of plans of action concerning institutional support, family-links services (see *Civilians*) and application of the Safer Access Framework. The National Society covered part of its operating costs, particularly staff salaries, with ICRC financial assistance.

The National Society worked on being better prepared for emergencies, with the ICRC’s support, which included donations of essential household items and the provision of supplies for emergency action teams. At an ICRC-organized workshop about the Safer Access Framework, National Society staff members and volunteers learnt more about mitigating risks to their safety while carrying out their duties.

Together with the ICRC, the National Society assessed capacities and needs at its headquarters and at several branches – in particular, volunteers’ knowledge of basic IHL and their communication skills – with a view to developing its capacity to promote IHL.

Despite the absence of a new Movement coordination agreement, the National Society, the International Federation, the ICRC and other components of the Movement met regularly to discuss their activities.

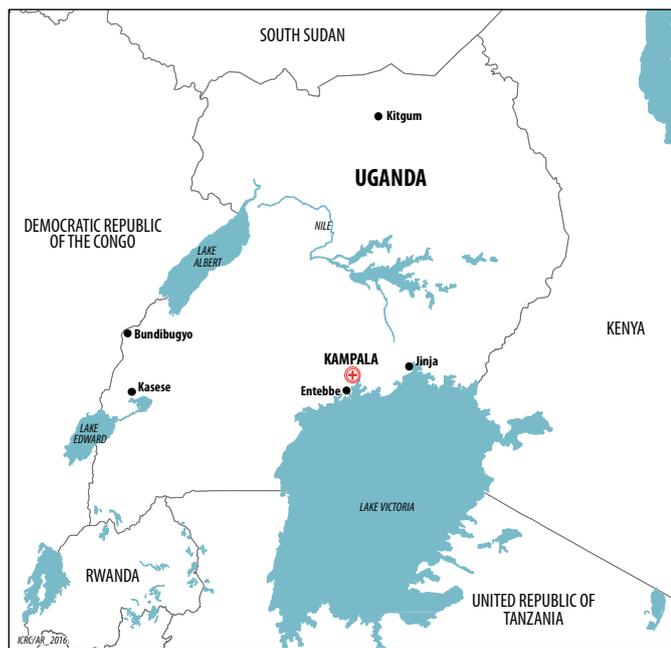
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected ¹		1,261	107		
RCMs distributed ¹		328	2		
Phone calls facilitated between family members		326			
Reunifications, transfers and repatriations					
People reunited with their families		1			
	<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		311	124	19	26
	<i>including people for whom tracing requests were registered by another delegation</i>	39			
Tracing cases closed positively (subject located or fate established)		105			
	<i>including people for whom tracing requests were registered by another delegation</i>	18			
Tracing cases still being handled at the end of the reporting period (people)		724	166	40	63
	<i>including people for whom tracing requests were registered by another delegation</i>	102			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		24	12		1
UAMs/SC reunited with their families by the ICRC/National Society		1			
	<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		26	15		1
Documents					
Official documents relayed between family members across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
RCMs and other means of family contact					
People to whom a detention attestation was issued		1			

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash ¹	Beneficiaries			
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	11		
Patients receiving services	Patients	4,578	949	1,342
New patients fitted with prostheses	Patients	361	85	14
Prostheses delivered	Units	803	208	44
	<i>of which for victims of mines or explosive remnants of war</i>	2	1	
New patients fitted with orthoses	Patients	440	24	386
Orthoses delivered	Units	1,048	97	856
Patients receiving physiotherapy	Patients	5,146	297	3,852
Walking aids delivered	Units	704	132	24
Wheelchairs or tricycles delivered	Units	23	13	

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

UGANDA



The ICRC has been present in Uganda since 1979. Given the progress towards peace in the north of the country, ICRC assistance activities have been adapted to decreasing humanitarian needs. The ICRC continues to monitor the treatment of detainees and strives to raise awareness of IHL and humanitarian principles among the armed and police forces. Whenever possible, the ICRC supports the Uganda Red Cross Society in its efforts to improve its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Particularly vulnerable detainees spent time with their families, who visited them in prison with the ICRC's help. Thousands of detainees eased their living conditions with ICRC-provided hygiene kits and recreational items.
- ▶ Refugees from countries affected by armed conflict or other situations of violence kept in touch with their relatives via the ICRC's family-links services. Some unaccompanied minors were reunited with their families.
- ▶ Through ICRC-backed initiatives, relatives of missing persons received psychosocial support, and some established savings/loan associations or began small-scale income-generating activities to help cover their economic needs.
- ▶ Peacekeepers bound for the African Union Mission in Somalia learnt more about IHL and other norms applicable to their duties, and the goals of the Health Care in Danger project, at ICRC presentations during predeployment briefings.
- ▶ Given the National Society's administrative difficulties, the ICRC initially deferred most joint activities with it, though it provided help during some emergencies. Some joint activities gradually resumed in the second half of 2016.

EXPENDITURE IN KCHF

Protection	2,461
Assistance	-
Prevention	668
Cooperation with National Societies	325
General	42
Total	3,495
<i>Of which: Overheads</i>	<i>213</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	44

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	2,371
RCMs distributed	1,221
Phone calls facilitated between family members	12,450
Tracing cases closed positively (subject located or fate established)	28
People reunited with their families	18
<i>of whom unaccompanied minors/separated children</i>	18
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	15,385
Detainees visited and monitored individually	225
Number of visits carried out	70
Number of places of detention visited	16
Restoring family links	
RCMs collected	182
RCMs distributed	176
Phone calls made to families to inform them of the whereabouts of a detained relative	149

ASSISTANCE

	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	10
Essential household items	Beneficiaries	1,301
Productive inputs	Beneficiaries	101
Cash	Beneficiaries	7

CONTEXT

Sporadic incidents of violence, particularly in connection with the general elections in February, persisted. These included political demonstrations and communal clashes in western Uganda; reportedly, attacks on police stations and military detachments led to fighting between government forces and other weapon bearers. Such incidents often resulted in casualties, arrests, displacement and damage to public property.

Uganda reportedly hosted nearly a million refugees, a significant increase from last year; their presence strained the country's resources. Most of them had fled South Sudan, particularly after violence surged from July onwards (see *South Sudan*).

Thousands of families remained without news of relatives who went missing in connection with the 1986–2006 non-international armed conflict in northern Uganda.

The Uganda People's Defence Force (UPDF) contributed troops to the African Union Mission in Somalia (AMISOM) and to military operations against the Lord's Resistance Army in the Central African Republic (hereafter CAR).

ICRC ACTION AND RESULTS

The ICRC continued its efforts to help ensure the protection and well-being of vulnerable people in Uganda, particularly detainees, refugees and the families of missing persons. Given the Uganda Red Cross Society's administrative difficulties, the ICRC initially deferred most joint activities with it; however, the ICRC did provide support for the National Society for responding to some emergencies, such as violence related to the elections. Some joint activities were gradually resumed in the second half of 2016.

Thousands of detainees received ICRC visits conducted according to the organization's standard working procedures. ICRC delegates assessed the treatment and living conditions of detainees, and confidentially shared their findings and, where necessary, recommendations with the authorities. Detainees kept in touch with their relatives using family-links services; particularly vulnerable detainees spent time with their families during ICRC-arranged prison visits. Distributions of hygiene and recreational items, and improvements to prison facilities, helped ease the living conditions of thousands of detainees. Support for prison authorities in managing detainees' files was concluded in February.

Cooperation with the National Society having been temporarily suspended, the ICRC took the lead in helping thousands of refugees – mainly from South Sudan – to restore or maintain contact with their families. It paid particular attention to unaccompanied minors, including those previously associated with armed groups; ten of them rejoined their families, and received food and other essential items to ease their reintegration.

Families of people missing in connection with the 1986–2006 non-international armed conflict in northern Uganda found some comfort amid their grief through an ICRC-backed psychosocial support programme staffed by community-based volunteers. Local trainers, with the ICRC's assistance, also helped these families set up community savings and loan associations or begin small-scale income-generating activities, enabling them to meet some of their financial needs. The ICRC began facilitating discussions among newly elected local and national officials, religious and

cultural leaders, representatives of missing people's families and other stakeholders, to help raise awareness of the issue of missing persons. Its offer to strengthen national capacities in managing human remains did not receive a positive response from the authorities; plans to support their attendance in international courses were therefore cancelled.

The ICRC maintained its efforts to foster understanding of IHL and support for the Movement among weapon bearers and academics. UPDF officers and troops bound for AMISOM added to their knowledge of IHL and the Movement's activities through briefings organized by the ICRC during their predeployment training; senior officers attended overseas events on the subject, through the ICRC's sponsorship. Military legal advisers furthered their understanding of international rules governing military operations, partly through training sessions organized by the ICRC at the UPDF's request. The ICRC extended its memorandum of understanding with the defence ministry and the UPDF, with a view to further promoting IHL among military and security forces through dissemination sessions. University lecturers developed their ability to teach IHL at local and regional events: students joined IHL-related competitions, with ICRC support. Dissemination sessions for Uganda Police Force (UPF) personnel did not take place as planned, as the UPF did not respond positively to the ICRC's proposal.

The ICRC delegation in Uganda continued to operate a warehouse to support ICRC food distributions in South Sudan (see *South Sudan*).

CIVILIANS

The ICRC continued to monitor the situation of people affected by violence, particularly in western Uganda (see *Context*). During visits to the area, it met with local authorities, community leaders and other pertinent actors, creating a network to help it respond in case of renewed tensions.

Unaccompanied minors rejoin their families

As the ICRC suspended its cooperation with the National Society during the first half of 2016, it took over the provision of family-links services for people separated from their relatives. Nevertheless, whenever possible, the ICRC extended assistance to the National Society, to strengthen its capacity to deliver these and other services to people in need (see *Red Cross and Red Crescent Movement*).

With ICRC assistance, people who had fled armed conflict and other violence in South Sudan (see *South Sudan*) and other countries (see *Burundi* and *Congo, Democratic Republic of the*) restored or maintained contact with relatives through phone calls (12,450 made) and RCMs (2,371 collected; 1,221 distributed).

Refugees and other vulnerable foreign nationals continued to approach the ICRC to express their concerns about their security or for advice on third-country resettlement. They were referred to the appropriate organizations, including providers of psychosocial support, the UNHCR and other ICRC delegations.

The ICRC paid particular attention to unaccompanied minors, including those who were formerly associated with armed groups or who had fled violence in Uganda or elsewhere. Ugandan officials were apprised of these minors' concerns and urged to address their specific needs. With the ICRC's help, some minors contacted their relatives, and 18 who had been staying in settlements in western Uganda were reunited with their families. Ten minors received

food, clothes, shoes and hygiene items from the ICRC, and were vaccinated against yellow fever before they returned to their families.

Families of the missing set up their own savings associations and income-generating projects

Thousands of families remained without news of relatives who went missing in connection with the 1986–2006 non-international armed conflict in northern Uganda. As part of an ICRC-initiated programme, some 500 families received psychosocial support for coping with their situations, through peer-support sessions led by local volunteers recruited by the ICRC. Some of them were referred to relevant organizations for their specific needs, such as health care.

The families of the missing also had help in covering some of their financial needs. With assistance from ICRC-backed local trainers, about 500 families established over 20 savings and loan associations. Households began small-scale, community-based livelihood activities, such as farming and livestock rearing, after receiving sheep, seed and farming tools from the ICRC, benefiting some 100 people; this project had been put on hold in 2015, following the Movement-wide suspension of cooperation with the National Society. Following an assessment, the most vulnerable families – 1,300 people in all – were provided by the ICRC with household essentials such as mattresses, blankets, soap and kitchen utensils, to help improve their living conditions.

Complementing these efforts, the ICRC worked closely with parties concerned to raise awareness of the issue of missing persons and to create mechanisms to address it, including by advocating the creation of a national registry of missing persons. To this end, the ICRC began facilitating discussions among newly elected local and national officials, religious and cultural leaders, representatives of missing people's families, and others. With ICRC support, the families organized commemorative events, for instance, on the International Day of the Disappeared; these were attended by thousands of people.

Plans to sponsor their attendance at international courses in managing humans were cancelled, because the authorities showed no interest.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 15,000 detainees – some of whom were alleged members of armed groups or were held on charges of “terrorism” or armed rebellion – in 16 places of detention received ICRC visits conducted in accordance with the organization's standard procedures; 225 detainees were followed up individually. Following these visits, delegates confidentially shared their assessment of detainees' treatment and living conditions with the authorities concerned. They were urged to address overcrowding in prisons, and to ensure that detention conditions were in line with internationally recognized standards, particularly with regard to respect for judicial guarantees and, for foreign detainees, the principle of *non-refoulement*. The ICRC continued to seek to engage the authorities in dialogue, with a view to gaining access to all detainees.

Elderly and other particularly vulnerable detainees spend time with their families

Detainees stayed in touch with their relatives through ICRC family-links services. Particularly vulnerable detainees – such as the elderly and the mentally ill – spent time with their relatives,

who visited them in prison with the help of the ICRC; one released detainee was provided assistance by the ICRC to return home. Some detainees sent or received RCMs, or informed their families of their whereabouts through phone calls. Foreign inmates notified their diplomatic representatives or UNHCR of their situation through the ICRC; others were referred to local organizations for legal and other assistance.

Thousands of detainees receive hygiene and recreational items

The ICRC kept up its discussions with penitentiary authorities on the type and scope of support that it could provide to help them improve the situation of detainees. In line with these discussions, over 12,300 detainees – including people held at places of temporary detention run by the police – were given hygiene supplies and recreational items. Over 1,900 detainees at various facilities received rice, sugar and other provisions from the ICRC; some detainees at the Jinja Women's Prison received powdered milk for their children who were living with them. 6,200 inmates in three prisons had better living conditions, including access to clean water, after the ICRC finished repairing water-supply and other facilities.

Drawing on ICRC technical input, administrators at the Luzira Upper Prison began to independently manage their new information-management system, which had been installed by the ICRC in 2015 to help them expedite the processing of detainees' cases and ease prison overcrowding. Plans to send a prison official to a regional meeting on data management were therefore cancelled, and ICRC support for information management ended in February.

ACTORS OF INFLUENCE

The ICRC continued to promote IHL and the Movement's work among influential actors in Uganda. Some joint activities with the Ugandan Red Cross and the ICRC were put on hold, however, owing to the suspension of cooperation between the two during the first half of 2016 (see *Red Cross and Red Crescent Movement*); these included first-aid training sessions for UPDF and police personnel, and field visits for journalists.

UPDF officers and peacekeepers learn more about IHL and other norms applicable to their duties

Over 4,700 troops and officers bound for AMISOM enhanced their understanding of IHL and the Movement, and the goals of the Health Care in Danger project, through ICRC presentations during predeployment briefings; they also received copies of an ICRC-produced code of conduct containing the basic principles of IHL and first-aid instructions, and were urged to continue facilitating access for Movement personnel to violence-affected people. At ICRC-organized training sessions requested by the authorities, over 200 legal advisers, commanders and air force personnel from the UPDF broadened their knowledge of international rules governing military operations, as did two senior military officers at a workshop abroad (see *International law and policy*). Another high-ranking officer exchanged ideas with his peers at a regional round-table on ensuring respect for IHL (see *African Union*). No senior official was sponsored to attend an advanced course in San Remo, Italy, as the UPDF had other engagements, including security for the national elections.

With a view to further promoting IHL among the armed forces through dissemination sessions, the ICRC extended its memorandum of understanding with the defence ministry and the UPDF. An IHL module, designed with the ICRC's technical

assistance, continued to be taught as part of the syllabus at the senior and junior command and staff colleges. UPDF's legal training centre received ICRC-donated IHL publications.

The chairman of the national IHL committee was unable to attend the universal meeting of such committees, owing to his other priorities. Nevertheless, the authorities and the ICRC sustained discussions on ways to incorporate IHL in domestic legislation, and on ratifying/acceding to and implementing IHL treaties, notably the Arms Trade Treaty and the Convention on Cluster Munitions. With ICRC sponsorship, a Ugandan government representative discussed with his peers the implementation of the African Union Convention on IDPs, at a regional conference on the subject (see *Nairobi*).

The police showed no interest in the ICRC's offer to conduct dissemination sessions for their personnel on international human rights law and the use of force.

Academics enrich their understanding of IHL

University lecturers developed their ability to teach IHL, at a local training course organized by the ICRC. With ICRC support, other academics attended events held abroad, such as a regional round-table for IHL lecturers (see *Nairobi*), and a conference on the points of correspondence between Islamic law and IHL (see *Iran, Islamic Republic of*). Representatives from the military, judiciary, universities and NGOs exchanged ideas on promoting respect for IHL, at a panel discussion organized by the ICRC.

Some students demonstrated their grasp of IHL through a regional essay contest, and others prepared for an international moot-court competition, all with the help of ICRC training and reference materials. Hundreds of students in Uganda, including foreigners, learnt more about IHL and the ICRC at dissemination sessions. The Kampala International University expanded its library's IHL section with over 100 copies of publications donated by the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The Uganda Red Cross Society continued its efforts to implement structural and financial reforms and carry out its activities. However, the administrative problems it continued to face compelled the ICRC to suspend anew its cooperation with the National Society, which affected some of their planned joint activities (see *Civilians* and *Actors of influence*). Nevertheless, the National Society continued to receive capacity-building and ad hoc support from the ICRC, and some joint activities – notably in relation to emergency response and the Safer Access framework – resumed in the second half of 2016.

Volunteers from two branches refreshed their first-aid skills at ICRC-organized courses. National Society teams carried out their work – particularly, in response to election-related emergencies (see *Context*) – with the help of ad hoc donations of first-aid kits, helmets and other supplies from the ICRC, which also helped cover the teams' operating costs. The ICRC also contributed to the salaries of personnel at the National Society's headquarters, with a view to facilitating the implementation of the National Society's plans.

The National Society and the ICRC discussed ways to effectively address the needs of refugees and IDPs. In particular, volunteers and staff working at a settlement camp for refugees from South Sudan were trained to deliver first-aid and family-links services safely and in accordance with Movement principles, at a workshop organized by the National Society and the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		2,371	147		
RCMs distributed		1,221	32		
Phone calls facilitated between family members		12,450			
Reunifications, transfers and repatriations					
People reunited with their families		18			
	<i>including people registered by another delegation</i>	1			
People transferred or repatriated		9			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		43	9	13	11
	<i>including people for whom tracing requests were registered by another delegation</i>	7			
Tracing cases closed positively (subject located or fate established)		28			
	<i>including people for whom tracing requests were registered by another delegation</i>	9			
Tracing cases still being handled at the end of the reporting period (people)		44	6	15	13
	<i>including people for whom tracing requests were registered by another delegation</i>	15			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		217	86		
UAMs/SC reunited with their families by the ICRC/National Society		18	6		1
	<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		291	109		4
Documents					
People to whom travel documents were issued		13			
Official documents relayed between family members across borders/front lines		4			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		15,385	675	50	
			Women	Girls	Boys
Detainees visited and monitored individually		225	15		6
Detainees newly registered		117	12		4
Number of visits carried out		70			
Number of places of detention visited		16			
RCMs and other means of family contact					
RCMs collected		182			
RCMs distributed		176			
Phone calls made to families to inform them of the whereabouts of a detained relative		149			
Detainees visited by their relatives with ICRC/National Society support		29			
People to whom a detention attestation was issued		4			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	10		
Essential household items	Beneficiaries	1,301	653	2
Productive inputs	Beneficiaries	101	57	
Cash	Beneficiaries	7	1	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	1,957	67	
Essential household items	Beneficiaries	12,353	546	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	6,200		

ABIDJAN (regional)

COVERING: Benin, Burkina Faso, Côte d'Ivoire, Ghana, Togo



ICRC/AR_2016
 ICRC regional delegation + ICRC office/presence ICRC regional logistics centre

In the countries covered by the delegation, established in 1992, the ICRC supports the authorities in implementing IHL, encourages armed and security forces to respect that law and visits detainees, working with the authorities to improve conditions for detainees. It works with the region's National Societies and supports their development. The delegation focuses on responding to the protection and assistance needs of people, including refugees, affected by armed conflicts and other situations of violence in the greater region.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Ivorian detention staff worked on improving detainees' treatment and living conditions: health workers and food-supply managers attended ICRC workshops and, advised by the ICRC, took steps to streamline their services.
- ▶ Victims of violence in Burkina Faso and Côte d'Ivoire were cared for and evacuated to hospital by National Society first-aiders. National Societies and some Ivorian hospitals used ICRC-provided supplies for treating casualties.
- ▶ Following the reopening of the Ivorian-Liberian border, Ivorian children who had been living in Liberia were reunited with their families through the joint efforts of the pertinent National Societies and the ICRC.
- ▶ ICRC briefings helped Ivorian and Togolese troops, notably peacekeepers, strengthen their grasp of IHL and international policing standards. Military and police instructors drew on ICRC expertise to create teaching materials.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	218
RCMs distributed	162
Phone calls facilitated between family members	748
Tracing cases closed positively (subject located or fate established)	4
People reunited with their families	31
<i>of whom unaccompanied minors/separated children</i>	31
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	13,752
Detainees visited and monitored individually	293
Number of visits carried out	80
Number of places of detention visited	36
Restoring family links	
RCMs collected	64
RCMs distributed	16
Phone calls made to families to inform them of the whereabouts of a detained relative	143

EXPENDITURE IN KCHF

Protection	1,994
Assistance	3,963
Prevention	2,199
Cooperation with National Societies	1,711
General	68
Total	9,935
<i>Of which: Overheads</i>	<i>606</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	33
Resident staff (daily workers not included)	168

ASSISTANCE

	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 3,000	2,016
Essential household items	Beneficiaries 4,500	3,866
Services and training	Beneficiaries 36,000	39,600
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 75,900	32,976

CONTEXT

Communal, political and socio-economic tensions in Côte d'Ivoire and Burkina Faso led to isolated incidents of violence. In Grand-Bassam, Côte d'Ivoire, gunmen attacked a hotel and killed 19 people. In western Côte d'Ivoire, armed clashes over land tenure also caused death and injuries; subsequent security operations resulted in dozens of arrests. In the north-east, hundreds of people fled fighting between herders and farmers in Bouna and sought refuge in Burkina Faso. In Burkina Faso, armed attacks on two hotels and a cafe in Ouagadougou also caused injuries and death, and electoral violence in one province displaced hundreds of people.

As reports of Ebola in West Africa subsided, Côte d'Ivoire reopened its border with Liberia, enabling hundreds of Ivorian refugees to return home through a voluntary repatriation process led by UNHCR. However, thousands of Ivorian refugees remained in Ghana. In northern Burkina Faso, thousands of Malian refugees continued to live in UN camps or host communities, further straining limited resources.

The presidential elections in Benin and Ghana passed off without incident.

ICRC ACTION AND RESULTS

In Burkina Faso and Côte d'Ivoire, the ICRC visited detainees in accordance with its standard procedures. After these visits, delegates discussed their findings confidentially with the authorities, to help them improve detainees' treatment and living conditions. Particular attention was paid to security detainees, notably: in Côte d'Ivoire, people arrested in relation to attacks and past conflict; and in Burkina Faso, people detained in relation to the 2014 protests and the 2015 coup attempt.

In Côte d'Ivoire, the penitentiary authorities drew on material and technical support from the ICRC to implement reforms related to nutrition and health care in prisons. The ICRC helped them organize workshops for health staff on medical ethics and nutrition in places of detention, guided managers in streamlining the food-supply chain, and conducted a workshop where senior detention officials refreshed their managerial skills. Detainees were screened by ICRC and health ministry staff; where necessary, they were included in ICRC-backed therapeutic feeding programmes or referred to ICRC-supported prison infirmaries for further care. The ICRC also donated essential items, including hygiene kits, to help ease detainees' living conditions. Inmates at certain prisons benefited from improvements to infirmaries and to water, sanitation and cooking facilities.

The ICRC helped the Burkinabé Red Cross Society and the Red Cross Society of Côte d'Ivoire respond to emergencies in their countries. It assisted National Society personnel in evacuating casualties of the attacks mentioned above, and also helped to evacuate the wounded during communal violence in north-eastern Côte d'Ivoire. Ivorian hospitals were provided with medical supplies to deal with influxes of patients. In Burkina Faso, people who had fled Côte d'Ivoire and people displaced by electoral violence met their urgent needs with the help of Burkinabé Red Cross/ICRC aid distributions. ICRC-trained volunteers from the Burkinabé and Ivorian National Societies promoted good hygiene practices among vulnerable people, and upgraded some water/sanitation infrastructure; this helped people protect themselves against hygiene-related illnesses. Vulnerable herders in Burkina

Faso, including Malian refugees, maintained the health and market value of their livestock; this was made possible by the free vaccination/deworming services provided by the ICRC and local actors.

People separated from their families by armed conflict and other violence, detention or other circumstances – mainly Malian refugees in Burkina Faso – restored or maintained contact with their relatives through the Movement's family-links services. After the Ivorian-Liberian border was reopened, Ivorian children who had been living in Liberia rejoined their families in Côte d'Ivoire with the help of the ICRC and the pertinent National Societies.

Throughout the region, the ICRC sought to reinforce support for IHL and humanitarian action. ICRC briefings for Ivorian and Togolese peacekeepers – for example, troops and police officers bound for missions abroad, under the Economic Community of West African States (ECOWAS) – helped them learn more about IHL. Ivorian military and Togolese police instructors drew on ICRC expertise to develop teaching materials on IHL and international policing standards. Military officers from Togo, Mali, Niger, Guinea and Côte d'Ivoire were briefed on their role in preventing sexual violence during armed conflict. Academics, journalists and community leaders broadened their understanding of IHL at workshops and other events.

Coordination with government bodies, Movement partners, UN agencies and other humanitarian organizations facilitated the activities mentioned above. National Societies, notably in Burkina Faso and Côte d'Ivoire, strengthened their capacities.

CIVILIANS

The ICRC monitored the situation in western Côte d'Ivoire, in coordination with UN agencies, NGOs and the Red Cross Society of Côte d'Ivoire. Humanitarian issues – access to health care, for example – were raised with the authorities and other parties concerned, to facilitate efforts to help the people affected (see *Actors of influence*).

Violence-affected people in Burkina Faso and Côte d'Ivoire obtain urgent aid from National Societies

Casualties of attacks in Grand-Bassam and communal violence in western Côte d'Ivoire were given first aid by Ivorian Red Cross volunteers equipped with ICRC-provided supplies. Some casualties were referred to hospitals, including those supplied by the ICRC with bandages and other medical supplies. The ICRC also installed a generator at a health centre in a volatile area, to help ensure its functioning during emergencies. In Burkina Faso, casualties of an attack in Ouagadougou were cared for and evacuated to hospital by the Burkinabé Red Cross Society. The Burkinabé and Ivorian National Societies drew on ICRC support for tending to casualties (see *Red Cross and Red Crescent Movement*).

Over 2,000 people who had fled Bouna for Burkina Faso met some of their food needs with rations distributed by the Burkinabé Red Cross and the ICRC. People displaced following electoral violence eased their living conditions, in part with household essentials distributed to them by the ICRC. The Burkinabé Red Cross replenished its emergency stock with ICRC-provided household items good for around 3,300 households.

In Burkina Faso, some 6,600 herding households (39,600 people), including Malian refugees, took advantage of free vaccination/deworming services offered by local agencies and the ICRC to

maintain the health and market value of their livestock, particularly during the hunger gap period.

Ivorian children rejoin their families

People in the countries covered – mainly Malian refugees in Burkina Faso – maintained or restored contact with relatives through Movement family-links services. After the Ivorian-Liberian border was reopened, 31 children who had been living in refugee camps in Liberia (see *Liberia*) or in Ghana rejoined their families in Côte d'Ivoire with the help of the Ivorian Red Cross and other National Societies concerned, and the ICRC. With ICRC technical support, National Societies strengthened their volunteers' capacities in restoring family-links: a family-links workshop was held for 28 Burkinabé Red Cross volunteers.

Two people who resettled in Ghana after their release from the US internment facility at Guantanamo Bay Naval Station in Cuba benefited from ICRC support. One of them spent time with his relatives during an ICRC-facilitated family visit.

In Côte d'Ivoire, the national medico-legal institute – which exhumed and identified human remains from unmarked gravesites – and the ICRC organized the fifth annual conference of the African Society of Forensic Medicine. At this event, over 100 people from 25 countries discussed the role of forensics in mitigating the consequences of armed conflicts.

People learn more about good hygiene practices from the Burkinabé and Ivorian National Societies

The Burkinabé and Ivorian National Societies drew on ICRC assistance to train volunteers in the management of water- and sanitation-related activities. Afterwards, Burkinabé Red Cross volunteers promoted good hygiene practices among some 4,550 people in Burkina-Faso, including 1,550 Malian refugees; households benefited from 80 showers and latrines constructed by the National Society. In Côte d'Ivoire, Ivorian Red Cross volunteers promoted good hygiene practices among over 28,300 people in rural and peri-urban areas, and replaced several hand pumps. These efforts helped make vulnerable people safer from hygiene-related illnesses; however, there were fewer beneficiaries than planned.

PEOPLE DEPRIVED OF THEIR FREEDOM

Security detainees receive ICRC visits

Over 11,700 detainees in Côte d'Ivoire and around 2,000 detainees in Burkina Faso were visited by the ICRC in accordance with its standard procedures. Afterwards, the detaining authorities received confidential feedback based on these visits and other technical input, which helped them improve detainee living conditions and treatment, relating to judicial guarantees, for example.

Some detainees were monitored individually. In Côte d'Ivoire, these included: inmates in solitary confinement or preventive detention, or under interrogation; people arrested in relation to the 2011 conflict and violence in the west (see *Context*); and detainees held by intelligence services and the armed/security forces. In Burkina Faso, the ICRC visited political figures and people detained in relation to the 2014 protests and the 2015 coup attempt. A few detainees in Benin serving their sentences under the UN Mechanism for International Criminal Tribunals (see *Paris*) also received visits.

Detainees maintained contact with their families via ICRC family-links services. Foreign inmates notified their consular representatives of their situation through the ICRC.

Ivorian authorities take steps to improve food supply and health care in prisons

In Côte d'Ivoire, efforts to reform penitentiary services continued. With ICRC technical support, the health and justice ministries: organized workshops on medical ethics and nutrition for 42 health staff; updated and created tools for managing detainees' health information, and promoted their use in prison clinics; and revised a manual on health care in places of detention. Health staff worked directly with the ICRC to: screen thousands of detainees; refer sick inmates to ICRC-supported prison infirmaries for further care; treat inmates suffering from vitamin-deficiency illnesses; and conduct therapeutic feeding for severely malnourished detainees.

To help make the food-supply chain more efficient, the ICRC advised supply managers in identifying and resolving recurring issues. They were encouraged to implement standardized menus and the findings of medical screenings and technical assessments were shared with them. Eleven managers attended an ICRC workshop on health care and nutrition.

To improve prison infrastructure, the authorities worked with the ICRC to: upgrade infirmaries and water, sanitation and cooking facilities at seven prisons housing almost 5,000 detainees; and launch a pilot project to produce biogas for cooking in two prisons housing about 1,540 detainees. The authorities also drew on ICRC expertise to plan the construction of a high-security prison. Another 2,400 inmates benefited from ICRC-supported fumigation campaigns, which helped reduce risks of hygiene-related illnesses. All these detainees also received hygiene kits; moreover, around 7,500 detainees eased their living conditions with ICRC-donated household essentials and recreational materials.

Seventeen senior prison managers from Côte d'Ivoire and other African countries exchanged best practices in prison management at a four-day advanced course, organized by the Institute for Criminal Policy Research and the ICRC, in Abidjan.

ACTORS OF INFLUENCE

Ivorian and Togolese military and police instructors create teaching materials with the ICRC's help

Over 1,500 Burkinabé, Ivorian and Togolese military and police officers strengthened their grasp of IHL and international policing standards at various dissemination sessions conducted by the ICRC. Among them were: troops deploying as peacekeepers; military officers attending ECOWAS military exercises in Burkina Faso; members of the Ivorian mixed police/*gendarmérie*/military unit and three Ivorian generals. Commanders and high-ranking officials discussed how to apply IHL to their operations, guided by the ICRC and drawing on what they had learnt at courses and meetings abroad (see *International law and policy* and *Nigeria*). At an ICRC briefing in Togo, 50 military commanders from Côte d'Ivoire, Guinea, Mali and Niger learnt more about their role in preventing sexual violence during armed conflict.

Drawing on the ICRC's expertise, 9 Ivorian military instructors and 10 Togolese police instructors developed IHL exercises and teaching materials on international standards applicable to arrests, detention and the use of force, respectively.

Civil society leaders and military doctors discuss facilitating access to humanitarian or medical aid

Interaction with influential parties aimed to raise awareness of humanitarian issues, including the plight of detainees and the

families of missing people, and to foster support for neutral, impartial and independent humanitarian action.

Members of the Pan-African Committee of Military Medicine were updated by the ICRC on the dangers faced by health-care providers in volatile areas. In Côte d'Ivoire, dialogue with weapon bearers and health personnel stressed the importance of ensuring unhindered access to health care, in line with the goals of the Health Care in Danger project. The Ivorian military assigned a focal point for implementing the ICRC's recommendations.

Over 610 members of Burkinabé, Ivorian and Togolese civil society – including local, political and youth leaders – and 60 soldiers in western Côte d'Ivoire learnt more about the Movement at first-aid sessions and other events organized by National Societies and the ICRC. In Burkina Faso, 160 Islamic leaders and other influential actors discussed the similarities between Islam and IHL.

The public learnt more about humanitarian issues and Movement action through the media: for instance, the reunion in Côte d'Ivoire of Ivorian children from Liberia with their families. Journalists and journalism students developed their ability to cover such subjects by attending ICRC workshops in Benin, Burkina Faso and Côte d'Ivoire.

Government officials strengthen their ability to implement IHL

Government officials across the region attended various events that the ICRC organized or supported to encourage and assist them in advancing IHL implementation. At ICRC-supported events: around 80 Burkinabé parliamentarians were briefed on their role in IHL implementation; and Burkinabé and Ivorian government officials learnt more about incorporating the Arms Trade Treaty in domestic legislation. Eight officials from the countries covered by the delegation went abroad to attend either a seminar (see *Nigeria*) or a national IHL committee meeting in Switzerland.

In Côte d'Ivoire, at a regional seminar that the ICRC organized with the justice and foreign ministries and the Organisation Internationale de la Francophonie, 29 magistrates – including directors of magistrates' schools – refreshed their knowledge of IHL applicable to their duties. The authorities continued to draw on ICRC technical input to: amend the penal codes in Benin, Burkina Faso and Côte d'Ivoire; and update the legal framework applicable to missing persons and their families.

Some 960 students of diplomacy, journalism or law learnt more about IHL through information sessions conducted by the ICRC in Burkina Faso, Côte d'Ivoire, Ghana and Togo with the goal of reaching future decision-makers. The ICRC strove to foster academic interest in IHL: lecturers from Benin, Burkina Faso, Côte d'Ivoire and Togo learnt more about teaching IHL-related topics at a course abroad (see *Yaoundé*); and lecturers and libraries were also provided with reference materials.

RED CROSS AND RED CRESCENT MOVEMENT

The Burkinabé and Ivorian National Societies build new offices and expand their operational reach

ICRC training and technical guidance helped the region's National Societies enhance their emergency response: the Burkinabé and Ivorian National Societies tended to casualties of violence (see *Civilians*); and the Beninese, Burkinabé, Ivorian and Ghanaian National Societies pre-positioned staff and resources during electoral periods. First-aiders from the Beninese, Burkinabé, Ivorian and Togolese National Societies developed their skills at a regional workshop (see *Tunis*).

With assistance from the ICRC, the Ivorian Red Cross built two offices in western Côte d'Ivoire and the Burkinabé Red Cross constructed a new office in eastern Burkina Faso, enabling them to respond quickly to emergencies, including violent incidents, in these areas.

National Societies' public-communication efforts were backed by the ICRC; a dozen Burkinabé Red Cross volunteers trained to promote IHL and the Movement in violence-prone areas.

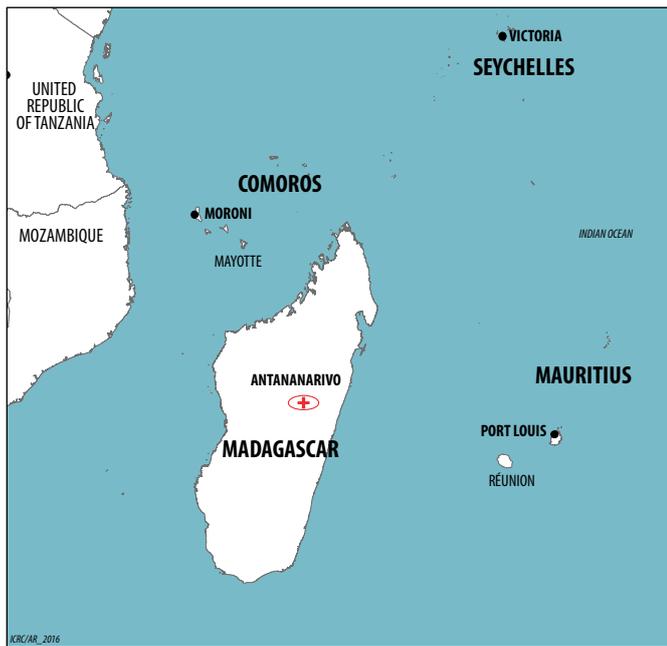
Aided by the International Federation and the ICRC, the organizational development of the National Societies continued. The Ghana Red Cross launched its 2016–20 strategy, with ICRC support.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		218	14		
RCMs distributed		162	3		
Phone calls facilitated between family members		748			
Reunifications, transfers and repatriations					
People reunited with their families		31			
	<i>including people registered by another delegation</i>	29			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		16	4	3	3
	<i>including people for whom tracing requests were registered by another delegation</i>	5			
Tracing cases closed positively (subject located or fate established)		4			
Tracing cases still being handled at the end of the reporting period (people)		169	19	13	18
	<i>including people for whom tracing requests were registered by another delegation</i>	26			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		1	1		
UAMs/SC reunited with their families by the ICRC/National Society		31	12		
	<i>including UAMs/SC registered by another delegation</i>	29			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		15	7		
Documents					
Official documents relayed between family members across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		13,752	312	413	
			Women	Girls	Boys
Detainees visited and monitored individually		293	7		2
Detainees newly registered		123	6		2
Number of visits carried out		80			
Number of places of detention visited		36			
RCMs and other means of family contact					
RCMs collected		64			
RCMs distributed		16			
Phone calls made to families to inform them of the whereabouts of a detained relative		143			
People to whom a detention attestation was issued		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	2,016	1,008	504
Essential household items	Beneficiaries	3,866	1,938	846
Services and training	Beneficiaries	39,600	11,880	19,800
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	32,976	9,893	13,190
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	7,507	157	176
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	8,736	262	175
Health				
Visits carried out by health staff		57		
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	Structures	10		

ANTANANARIVO (regional)

COVERING: Comoros, Madagascar, Mauritius, Seychelles



Having worked in Madagascar intermittently during the 1990s, the ICRC has been permanently present in the country since 2002. In 2011, it opened its regional delegation for the Indian Ocean in Antananarivo. The ICRC visits detainees in the Comoros and Madagascar, working closely with the authorities to help improve conditions in prisons. It raises awareness of IHL and international human rights law among the authorities and armed and security forces. It supports the activities of the region's National Societies, while helping them strengthen their capacities.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Malnourished detainees in Madagascar covered their nutritional needs with meals distributed by the ICRC and a local partner; beneficiaries diagnosed with TB and/or HIV started their treatment through an ICRC pilot project.
- ▶ Detainees in the Comoros and Madagascar had better living conditions partly because the authorities and the ICRC renovated basic prison infrastructure; the ICRC also donated medical supplies and equipment.
- ▶ The Malagasy police and the ICRC extended their cooperation agreement for two more years; the agreement covered training and the incorporation of pertinent standards in law enforcement operations.
- ▶ Mauritius incorporated key provisions of the Convention on Cluster Munitions and the Anti-Personnel Mine Ban Convention in a new law, and Madagascar ratified the Arms Trade Treaty – both with ICRC assistance.
- ▶ In Madagascar, police and *gendarmerie* personnel, justice ministry officials, hospital staff and other pertinent actors learnt more about managing human remains at a workshop organized by the ICRC and a Movement partner.

EXPENDITURE IN KCHF

Protection	1,132
Assistance	1,691
Prevention	468
Cooperation with National Societies	347
General	31
Total	3,668
<i>Of which: Overheads</i>	224

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	32

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	19
RCMs distributed	73
Tracing cases closed positively (subject located or fate established)	6
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	17,406
Detainees visited and monitored individually	141
Number of visits carried out	86
Number of places of detention visited	33
Restoring family links	
RCMs collected	136
RCMs distributed	16
Phone calls made to families to inform them of the whereabouts of a detained relative	370

CONTEXT

Political tensions persisted in Madagascar, and occasionally caused violence. In the Comoros, elections took place in April 2016; the country remained vulnerable to social and political unrest. Economic difficulties in both countries hindered the provision of basic services, including in prisons. In Madagascar, detainees in most prisons had less food, owing to budget cuts.

Mauritius remained politically stable. In the Seychelles, the president stepped down after his party lost the parliamentary elections, and the vice-president took over.

Comoran migrants continued to be deported from the French department of Mayotte.

The region was affected by natural disasters of varying scale. Drought in southern Madagascar caused food insecurity that affected thousands of people.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Antananarivo continued to support the authorities in the Comoros and Madagascar in improving detainees' treatment and living conditions. It fostered awareness of and support for the Movement and IHL throughout the region, and urged respect for international policing standards, especially in Madagascar. Whenever possible, it worked with the National Societies in the region and gave them support for responding to emergencies in line with the Safer Access Framework.

The ICRC visited detainees in the Comoros and Madagascar, according to its standard procedures, to monitor their treatment and living conditions. Afterwards, the ICRC communicated its findings and recommendations confidentially to the authorities, and supported them in addressing issues such as overcrowding and ensuring respect for judicial guarantees. For example, it provided prison staff with material and technical assistance for managing detainees' case files and explored alternatives to detention with the authorities. Detainees maintained contact with their relatives through family-links services such as RCMs and phone calls. At the request of foreign detainees, the ICRC sent notifications of detention to the pertinent embassies. It also covered transport costs for detainees returning home after their release.

Food rations in most Malagasy prisons decreased, owing to budget cuts. As a consequence, the Aumônerie Catholique des Prisons (ACP) and the ICRC had to provide meals for more detainees than planned. The ACP and the ICRC also renovated food storage facilities to help prison authorities manage food stocks more efficiently. ICRC training helped the ACP strengthen its ability to implement the nutrition programme with the ICRC. To make the programme more effective, the ICRC set up a pilot project in two prisons to test malnourished detainees for TB and/or HIV; those who tested positive began receiving treatment. ICRC health staff urged the justice and health ministries to work together to improve health care in prisons. For instance, the ministries began to explore possibilities for building a pharmacy to supply medicines to 41 prisons in Madagascar. The ICRC also mitigated risks to detainees' health by renovating and disinfecting prison infrastructure.

The ICRC pursued contact and dialogue with influential parties throughout the region – authorities, police forces, members of civil society and others – to broaden awareness of and support for IHL,

international human rights law, the Movement's neutral, impartial and independent humanitarian action and the ICRC's mandate. For instance, in Madagascar, it renewed its agreement with the police to cooperate in training and in incorporating pertinent standards in law enforcement operations. With ICRC technical assistance, Mauritius passed a law that incorporated key provisions of the Convention on Cluster Munitions and the Anti-Personnel Mine Ban Convention, and Madagascar ratified the Arms Trade Treaty. IHL committees in the region organized their first meeting in the Seychelles; this led to the creation of a regional platform for exchanging best practices in promoting and implementing IHL. Articles or reports published by journalists after attending ICRC press conferences helped raise public awareness of humanitarian concerns.

The region's National Societies were given support for responding to emergencies and for promoting IHL and the Movement. The ICRC and the Indian Ocean Regional Intervention Platform (PIROI), a mechanism led by the French Red Cross, conducted a joint workshop on the management of human remains for police and *gendarmerie* personnel, justice ministry officials, hospital staff and other pertinent actors in Madagascar. Owing to administrative issues, the Comoros Red Crescent remained unable to provide family-links services for Comoran migrants deported from the island of Mayotte. The ICRC coordinated its efforts with Movement partners to maximize the impact of activities and avoid duplication.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in the Comoros and Madagascar receive ICRC visits

A total of 17,153 detainees held in 31 prisons under the authority of the justice ministry in Madagascar, and 253 detainees at the Koki and Moroni detention centres in the Comoros, were visited in accordance with standard ICRC procedures. ICRC delegates monitored the treatment and living conditions of all detainees, paying particular attention to vulnerable women, children, elderly people and foreigners. Following these visits, ICRC delegates discussed their findings and recommendations confidentially with the authorities.

Detainees maintained contact with their relatives through family-links services such as RCMs or phone calls. At the request of foreign detainees, the ICRC sent notifications of detention to the pertinent embassies. It also covered transport costs for three detainees who returned home after their release.

Malagasy authorities take steps to foster respect for detainees' judicial guarantees

The ICRC worked with various Malagasy actors operating in places of detention, with a view to supporting penitentiary reform to address the causes and effects of overcrowding. During dialogue with judicial authorities, the ICRC emphasized the importance of sharing best legal practices and urged cooperation between judicial and penitentiary authorities. The justice ministry, a French organization and the ICRC drafted a set of rules and regulations for Malagasy prisons, which included a section on the special needs of detained minors; the draft was presented to the authorities concerned.

Students of the national prison administration school and prison staff learnt more about detainees' rights, internationally recognized standards for detention, judicial guarantees, ICRC activities and other related matters during ICRC training sessions and other events. The director-general of the penitentiary administration could not attend a course on prison management held abroad, owing to a government reshuffle.

The Malagasy technical committee on respect for judicial guarantees – which was established by the justice ministry – and the ICRC conducted a workshop on judicial guarantees and overcrowding in prisons for pertinent parties. With a view to expediting the sentencing of detainees, members of the committee – together with justice ministry officials and ICRC representatives – visited a prison where large numbers of people were being held in pre-trial detention; and a magistrate from the justice ministry, with ICRC financial support, conducted research on detainees' cases awaiting the Supreme Court's attention. Malagasy prison authorities enhanced their handling of prison registries and detainees' case files with technical and material assistance from the ICRC. The staff of two detention facilities in the Comoros received similar support.

The National School of Magistrates and Registrars in Madagascar and the ICRC organized a debate for lawyers, students, professors and other members of civil society on alternatives to detention. The Commission on the Reform of the Penal System drew on ICRC expertise to prepare a draft law on community service as an alternative to detention.

Malnourished detainees in Madagascar meet their nutritional needs

Food rations in most Malagasy prisons decreased, owing to budget cuts, and the ICRC had to assist more malnourished detainees through its nutrition programme than planned. A total of 9,057 malnourished detainees in 19 prisons met their nutritional needs with the help of meals distributed by the ICRC and its implementing partner, the ACP; 838 detainees with acute malnutrition were given high-energy food supplements. The ACP and the ICRC renovated food storage facilities to help prison authorities manage food stocks more efficiently; energy-saving stoves were also constructed. Through ICRC training, the ACP bolstered its capacities in implementing the nutrition programme with the ICRC.

The ICRC-supported nutritional monitoring system in 42 prisons made data on detainees' malnutrition and other health-related information accessible to the pertinent authorities. The ACP and the ICRC assisted prison staff in responding to medical emergencies; this helped reduce malnutrition and mortality rates among detainees.

Detainees in Madagascar obtain treatment for TB and/or HIV

In Madagascar, ICRC health staff urged the justice and health ministries to work together to improve health services, including the management of diseases such as TB and malaria in 19 prisons. The ministries began to explore possibilities for building a pharmacy to supply medicines to 41 prisons in Madagascar. The Malagasy technical committee tackling health care in prisons continued to seek to improve detainees' access to medical care. For example, with ICRC assistance, the committee and the health ministry established an interministerial committee to ensure health care for detainees in hospitals outside prisons. The interministerial committee began to work on a draft law to include prisoners in the Malagasy health code.

To make the nutrition programme mentioned above more effective, the ICRC set up a pilot project in two prisons to test malnourished detainees for TB and/or HIV; those who tested positive began receiving treatment. With ICRC support, 28 sick detainees in 19 Malagasy prisons obtained proper medical care; ICRC health staff followed up some of them individually. The Malagasy prison administration's chief medical officer and the ICRC provided

prison health personnel with guidance for the monitoring of health issues within the prison system during their joint prison visits. Partly because of the ICRC's efforts, the justice ministry allocated a budget for medicines in prisons. However, since the budget was inadequate, the ICRC continued to provide financial assistance for the detention authorities to buy essential medicines to treat about 12,000 detainees. A total of 11 prisons obtained medical supplies and equipment from the ICRC for the treatment of 5,447 inmates.

In the Comoros, prison health staff bolstered their capacities in collecting, managing and reporting detainees' health-related information to health and prison authorities. The ICRC helped foster cooperation between the detention authorities and other pertinent actors working to improve detainees' access to health care. At the Koki prison, 40 detainees affected by a beriberi epidemic obtained medical treatment through the ICRC.

Detained minors at two Malagasy prisons have separate quarters

In the Comoros and Madagascar, about 5,800 inmates in seven detention facilities had better living conditions after the authorities and the ICRC renovated water and sanitation infrastructure and other basic facilities. For instance, the provision of bunk beds expanded detainees' living space. In Madagascar, the ICRC also installed biogas systems in two prisons, and a solar-powered heater – to run a section of the kitchen – in one prison. Quarters constructed by the ICRC in two prisons enabled minors to be housed separately from adult detainees.

About 10,200 inmates in 15 prisons – including some of the beneficiaries mentioned above – minimized the spread of diseases with the help of ICRC-supplied soap and cleaning materials, and through good hygiene practices learnt at ICRC workshops. Disinfection of prison cells – carried out by the authorities with support from the Pasteur Institute, the health ministry and the ICRC – lowered detainees' risk of illness and disease. An ICRC-initiated chlorine production project helped one Malagasy prison reduce its sanitation costs.

ACTORS OF INFLUENCE

The ICRC pursued contact and dialogue with influential parties throughout the region – authorities, police forces, members of civil society and others – to broaden awareness of and support for IHL, international human rights law, the Movement's neutral, impartial and independent humanitarian action and the ICRC's mandate.

The Malagasy police and the ICRC renew cooperation agreement

In Madagascar, the police and the ICRC extended, for two years, their 2013 agreement to cooperate in training and in incorporating pertinent standards in law enforcement operations. Police and *gendarmérie* personnel learnt more about international human rights law, international policing standards and/or internationally recognized standards for detention at ICRC workshops. Senior officers from the *gendarmérie* expanded their capacities at an ICRC train-the-trainer session. The ICRC continued to engage in discussions with private security forces and units in mining areas in the country, with a view to raising their awareness of international human rights law.

A total of 600 new recruits to the Mauritian police, prison services and coastguard learnt more about IHL and/or international human rights law during ICRC training.

Madagascar ratifies the Arms Trade Treaty

The IHL committees of the Comoros, Madagascar, Mauritius and the Seychelles organized their first regional meeting in the Seychelles; this led to the creation of a regional platform for exchanging best practices in promoting and implementing IHL. Representatives from all four committees attended the universal meeting of IHL committees in Geneva, Switzerland and a regional IHL seminar abroad (see *International law and policy* and *Pretoria*). The Malagasy IHL committee and the Malagasy Red Cross Society maintained their joint efforts to lobby for the adoption of the emblem law. Key provisions of the Convention on Cluster Munitions and the Anti-Personnel Mine Ban Convention were incorporated in a new law in Mauritius, and Madagascar ratified the Arms Trade Treaty – both with ICRC technical assistance. The Institute for Judicial and Legal Studies in Mauritius and the ICRC provided IHL training for barristers; the institute also obtained IHL resource materials from the ICRC.

Over 200 law students in the Comoros learnt more about IHL through ICRC sessions on the subject.

Journalists raise awareness of humanitarian issues

Youth officers of the Helvetia Youth Centre in Mauritius strengthened their ability to conduct IHL dissemination sessions for young people; they did so through a workshop organized by the national IHL committee with ICRC assistance. The Mauritian IHL committee used ICRC materials while promoting its travelling photo exhibit on the importance of respecting IHL among the general public in Mauritius, and among attendees of the above-mentioned regional IHL seminar in South Africa.

Articles, interviews and reports published by journalists after attending ICRC press conferences helped broaden awareness of humanitarian concerns among the authorities and members of civil society throughout the region. An ICRC-produced video about malnourished detainees in Madagascar helped draw attention to the issue of malnutrition.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies throughout the region continued to strengthen their capacities in emergency preparedness or response and to conduct dissemination and public-communication activities on the Movement and IHL, with the support of the ICRC and other Movement partners such as the PIROI, a mechanism led by the French Red Cross. For instance, the Comoros Red Crescent organized a workshop on the Safer Access Framework for its staff and volunteers, and set up first-aid stations during national elections, in case of socio-political unrest. With ICRC support, the Malagasy Red Cross Society produced newsletters to promote its activities among the public.

The PIROI and the ICRC organized a workshop on the management of human remains for the parties concerned in Madagascar: police and *gendarmerie* personnel, justice ministry officials, hospital staff and others. Owing to administrative issues, the Comoros Red Crescent remained unable to provide family-links services for Comoran migrants deported from the island of Mayotte.

All Movement components in the region met regularly to coordinate their efforts, with a view to maximizing impact and preventing duplication. The Malagasy Red Cross explored partnership possibilities with other Movement actors in Madagascar.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		19			
RCMs distributed		73			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		14	6		
Tracing cases closed positively (subject located or fate established)		6			
Tracing cases still being handled at the end of the reporting period (people)		21	8	3	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		17,406	780	824	
			Women	Girls	Boys
Detainees visited and monitored individually		141	9	1	5
Detainees newly registered		126	9	1	5
Number of visits carried out		86			
Number of places of detention visited		33			
RCMs and other means of family contact					
RCMs collected		136			
RCMs distributed		16			
Phone calls made to families to inform them of the whereabouts of a detained relative		370			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities ¹	Beneficiaries	2,424	21	39
Essential household items	Beneficiaries	2,188	38	54
Productive inputs	Beneficiaries	2,399	38	44
Cash	Beneficiaries	2,465	37	57
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	12,187	853	4,875
Health				
Visits carried out by health staff		33		
Places of detention visited by health staff	Structures	26		
Health facilities supported in places of detention visited by health staff	Structures	13		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

DAKAR (regional)

COVERING: Cabo Verde, Gambia, Guinea-Bissau, Senegal



ICRC regional delegation ICRC sub-delegation ICRC mission ICRC-supported physical rehabilitation project

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The ICRC reminded the pertinent parties in Casamance, Senegal, of their obligations under IHL and other norms – for instance, to facilitate civilians’ access to farmland and other means of livelihood, and to prevent sexual violence.
- ▶ Returnees in Casamance resumed their livelihoods with the help of ICRC-provided seed and small livestock, or cash for purchasing them; they also rebuilt or renovated their homes using ICRC-donated materials.
- ▶ The Senegalese Red Cross and the ICRC expanded their activities – such as peer-support groups – for missing migrants’ families; the ICRC also urged the authorities to provide the families with more help for their specific needs.
- ▶ People with disabilities were treated at an ICRC-supported physical rehabilitation centre in Guinea-Bissau; they included Senegalese amputees, who were referred to the centre as part of an agreement with the Senegalese authorities.
- ▶ The Senegalese authorities continued their efforts to draft legislation implementing arms-control treaties. In Guinea-Bissau, a draft law on the protection due to the red cross emblem was approved by the government.

EXPENDITURE IN KCHF

Protection	1,657
Assistance	2,997
Prevention	2,033
Cooperation with National Societies	1,147
General	151
Total	7,986
<i>Of which: Overheads</i>	<i>487</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	129

The ICRC opened a regional delegation in Dakar in 1989, although it had already worked in the region for several years. It focuses on promoting IHL among the armed forces and other weapon bearers and on encouraging implementation of that law by the authorities throughout the region. It supports the activities of the National Societies, assists people affected by armed conflict and other situations of violence in Casamance, Senegal, and in Guinea-Bissau, and visits detainees of ICRC concern, providing them with material aid where necessary.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	6
RCMs distributed	5
Phone calls facilitated between family members	14
Tracing cases closed positively (subject located or fate established)	6
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	757
Detainees visited and monitored individually	6
Number of visits carried out	7
Number of places of detention visited	6
Restoring family links	
RCMs collected	3
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	7

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security¹ (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 700	52
Essential household items	Beneficiaries 700	
Productive inputs	Beneficiaries 6,100	9,214
Cash	Beneficiaries 1,800	3,898
Services and training	Beneficiaries 49,500	408
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 15,820	6,126
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects 1	1
Patients receiving services	Patients 600	1,811

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

The situation in Casamance, Senegal, remained relatively calm, but little progress was made in talks between the government and factions of the Mouvement des forces démocratiques de Casamance (MFDC). More and more IDPs and refugees, mainly from Gambia, returned to their homes; certain areas, however, remained inaccessible because of security concerns, including mines in areas bordering Guinea-Bissau. Senegal contributed troops to peacekeeping missions abroad.

In Guinea-Bissau, the political situation hindered efforts to improve State services, which were particularly limited in the north; people there also felt the effects of the situation in Casamance. The Economic Community of West African States (ECOWAS) extended the mandate of peacekeepers in the country to mid-2017.

In Gambia, the results of the December elections gave rise to political tensions; by the end of 2016, ECOWAS had stepped in to mediate.

Migrants headed for Europe or elsewhere, including asylum seekers and refugees, traveled through or from Senegal and the other countries covered.

ICRC ACTION AND RESULTS

In 2016, the regional delegation in Dakar focused on addressing the needs of people affected by the conflict in Casamance. The ICRC reminded the parties concerned of their obligations under IHL and other norms, such as facilitating access to farmland and other means of livelihood, and preventing sexual violence. People also reported abuses to the ICRC; these were shared with the parties concerned to prevent their recurrence, though reports had decreased compared to previous years. Following ICRC information sessions, women from communities vulnerable to sexual violence adopted risk-reduction measures – for example, the avoidance of certain routes.

Conflict-affected people in Casamance met some of their needs through activities conducted by the Senegalese Red Cross Society and the ICRC, which prioritized communities that the ICRC had exclusive access to; some activities helped mitigate protection-related concerns by reducing the need for people to leave their villages. Returnees rebuilt or improved their homes using ICRC-donated material and established or restored their livelihoods with ICRC support, which included seed and small livestock, or cash for purchasing these. Female heads of household cultivated market gardens with the ICRC's help, while others were able to hull grain more easily using ICRC-donated cereal mills. Herders availed themselves of free vaccination and deworming services for their livestock from ICRC-supported animal health workers; such assistance was also provided in northern Guinea-Bissau. Support for constructing or upgrading wells, dikes and other structures helped ensure that people had enough water for personal consumption and agriculture.

The ICRC visited detainees in Casamance to monitor their well-being. Based on these visits, it then shared confidential feedback with the authorities. In Gambia, dialogue on resuming visits to detainees remained stalled.

In Guinea-Bissau, people received physical rehabilitation services at the ICRC-supported Centro de Reabilitação Motora (CRM).

Among them were Senegalese victims of mines or explosive remnants of war (ERW), who were referred to the CRM as per an agreement between the Senegalese mine-action authorities and the ICRC.

The ICRC urged the authorities to provide missing people's families with more help for their specific needs. In the meantime, the Senegalese Red Cross and the ICRC expanded their activities for these families, which included peer-support groups, home visits and workshops on overcoming administrative and legal obstacles; some families also began to receive financial assistance. Missing people's families continued to lodge tracing requests with the ICRC.

The National Societies in the region received support for providing family-links services to families dispersed by conflict, detention or migration; assistance for the Gambia Red Cross Society, which had previously faced administrative challenges, commenced. All four National Societies also drew on the ICRC's support to strengthen: their ability to respond to emergencies in line with the Safer Access Framework; their organizational development; and their coordination with other Movement components.

The situation in Casamance and the needs of missing migrants' families were the focus of dialogue with the parties concerned. Radio programmes for communities, and briefings for local officials and leaders, helped broaden awareness of the Movement and its work. Troops in Guinea-Bissau and some MFDC units reinforced their knowledge of IHL and other norms through ICRC information sessions; in Senegal, soldiers received such briefings from ICRC-trained army instructors.

At events that the ICRC participated in or organized – such as an IHL course for humanitarian professionals in Africa – stakeholders from the region furthered their understanding of the ICRC and its work. With ICRC support, governments throughout the region took steps to ratify or implement key treaties: the Senegalese authorities continued to work on legislation implementing arms-related treaties, while in Guinea-Bissau, a draft law on the protection due to the red cross emblem was validated by the government. Cabo Verde ratified the Arms Trade Treaty.

The regional training unit and regional production centre in Dakar provided ICRC delegations with training and communication support, respectively.

CIVILIANS

People in Casamance reported abuses and IHL violations to the ICRC, which documented these allegations. It then shared them with the parties concerned in order to prevent their recurrence, though reports had generally decreased compared to previous years. These parties were also reminded of their obligation to facilitate access to farmland and sources of livelihood for civilians, including IDPs, refugees and returnees. In line with the ICRC's multidisciplinary approach, protection concerns were taken into account in the ICRC's assistance activities (see below).

The ICRC raised awareness of the medical consequences of sexual violence through information sessions for health workers and people in at-risk communities. Women and girls from these communities subsequently adopted risk-reduction measures, such as travelling in groups and/or avoiding certain routes; this contributed to a decrease in reported cases.

Returnees resume agriculture and other livelihood activities

Assistance activities carried out by the Senegalese Red Cross Society and the ICRC, which prioritized communities that the ICRC had exclusive access to, enabled conflict-affected people in Casamance to meet some of their needs; many people benefited from multiple forms of assistance. These activities also helped mitigate people's exposure to sexual violence, mines and other dangers.

In all, roughly 9,200 people restored their livelihoods with the help of productive inputs provided by the ICRC. For instance, around 1,800 returnees (200 households) began farming using ICRC-donated seed, tools, and small livestock; 68 households (612 people) were able to hull grain more easily using cereal mills that the ICRC gave to two villages. The ICRC also provided seed and advice on growing techniques to about 130 female heads of household (1,200 people total) who cultivated market gardens.

Nearly 3,900 people received cash assistance; they included 72 households (648 people) that constructed dikes for rice fields, as part of a cash-for-work project. The cash enabled them to buy, among others, canoes for fishing, or seed and working animals for farming. Meanwhile, 55 households (463 people in all) set up small business with the help of ICRC-provided grants and training.

Some 3,600 households (32,400 people) in Casamance and 800 households (5,600 people) in Guinea-Bissau availed themselves of free vaccination and deworming services for their livestock from animal-health workers supplied and trained by the ICRC. The ICRC also facilitated the procurement and planting of 2,000 saplings in order to help three villages in Casamance restore their forests, and, in the long term, their livelihoods.

About 380 returnees received two months' worth of food from an organization mobilized by the ICRC. Households affected by small-scale emergencies were provided with ad hoc assistance: five (around 50 people) received food, and another (9 people), cash.

Conflict-affected communities gain access to water

In Casamance, over 2,700 people had better access to water after the ICRC built or upgraded wells and hand pumps in several villages; mechanics were provided with tools and, in cooperation with local water boards, community members were trained in maintenance. The ICRC also constructed or repaired dikes and fences, to the benefit of some 600 rice farmers and 300 women who were cultivating market gardens. Around 2,400 returnees rebuilt or improved their homes using ICRC-donated material.

Efforts to support the families of missing Senegalese migrants are expanded

The ICRC pursued dialogue with the Senegalese authorities on the creation of a national mechanism for coordinating efforts to provide the families of missing migrants with support for their specific needs, including in relation to the identification of human remains.

Meanwhile, the Senegalese Red Cross and the ICRC – which signed a formal agreement in April – continued their efforts to assist these families, extending them to two particularly affected areas. In some communities where it had previously provided assistance, the ICRC began to hand over a few activities to local associations of missing migrants' families; these activities were supervised by the National Society.

Thus, the families of the missing obtained psychosocial, legal and financial support through initiatives conducted by ICRC-trained personnel from the National Society and local associations. Efforts to help them cope with their distress included peer-support groups for over 280 people, home visits to about 600 people in remote areas, and the organization of commemorative events. Five women were also referred to a centre for psychiatric treatment. To facilitate their social integration and improve their employment prospects, literacy classes were arranged for 37 adults, and supplementary lessons, for 80 schoolchildren. At workshops, some 100 people learnt more about the legal implications of a relative's disappearance; this equipped them to assist others in dealing with administrative obstacles. Based on an assessment conducted in 2015, the ICRC helped some families establish a revolving-credit scheme, which enabled 50 of them to start income-generating activities.

Discussions with the parties concerned, regarding the fate of people missing in connection with the conflict, were stalled by the political situation. Nevertheless, the ICRC began to collect information from these people's families, with a view to clarifying their fates.

People contact or seek their relatives through the Movement's family-links network

Families dispersed by conflict, detention, migration or other circumstances sought to reconnect through the Movement's family-links services. Notably, the relatives of missing Senegalese migrants continued to file tracing requests with the National Society and the ICRC; these cases were forwarded to other countries through the Movement's worldwide family-links network (see *Paris*).

With training and other support from the ICRC, the National Societies in the region strengthened their family-links services; for instance, the ICRC organized a regional seminar on the subject, so that they could share their experiences in addressing needs related to migration. The ICRC's support contributed to, among others, the reunification of hundreds of lost children with their families, during festivals and other crowded events in Guinea-Bissau and Senegal. The Senegalese Red Cross continued to gradually assume full responsibility for family-links services, with the ICRC slowly phasing out direct support, as another organization stepped in; meanwhile, the Gambian Red Cross, which had previously faced administrative challenges, resumed the provision of family-links services, and began to get equipment and other assistance in this regard from the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited 755 detainees in Casamance, and 2 people in Guinea-Bissau who were held on charges of "terrorism"; particularly vulnerable people were followed up individually. In Gambia, dialogue on resuming visits to detainees remained stalled.

Based on these visits, which were conducted according to the ICRC's standard procedures, the organization provided the authorities concerned with confidential feedback to help them improve detainees' treatment and living conditions. A report containing recommendations – such as alternatives to detention, which aimed to mitigate overcrowding in prisons – was sent to the minister of justice, as a follow-up to a workshop conducted in 2015. The penitentiary authorities also began to renovate the infrastructure at one facility, after the ICRC shared its assessment of the water and hygiene situation.

At an ICRC-organized workshop, prison staff, penitentiary officials, and justice ministry representatives discussed ways to improve

prison conditions and respect for judicial guarantees. Two senior officials also added to their knowledge of prison management by attending a course abroad, with the ICRC's support.

Through the ICRC's family-links services, detainees informed their families – or, in the case of foreigners, their consular representatives – of their situation. Because the need for these services was limited, plans to involve the National Society were put on hold.

WOUNDED AND SICK

At the CRM – Guinea-Bissau's only physical rehabilitation centre, which received comprehensive support from the ICRC – over 1,800 people availed themselves of physiotherapy and other services. There were about 100 children with club foot among them: these children were treated by ICRC-trained personnel from CRM and Hospital Simão Mendes, and those who underwent surgery received financial assistance for covering their treatment and transport expenses. The CRM's patients also included 63 Senegalese victims of mines or ERW, who were referred there to be fitted with prostheses in line with an agreement between the Senegalese mine-action authorities and the ICRC.

To ensure the quality and the sustainability of CRM's services, ICRC technicians provided its staff with on-the-job training, and technical and managerial advice. Other forms of ICRC support included equipment and raw materials, which helped the CRM provide patients with 165 prosthetic and orthotic devices, free of charge.

People were referred to the CRM through field visits coordinated with the Guinea-Bissau Red Cross, associations of disabled persons, and other stakeholders. The ICRC also continued to work with local organizations to promote the social reintegration of people with disabilities; for instance, it sponsored a Bissau-Guinean team's participation in a basketball tournament in Senegal, and donated 21 sports wheelchairs to athletes.

ACTORS OF INFLUENCE

The situation in Casamance and the needs of missing migrants' families (see *Civilians*) remained the focus of dialogue with the pertinent parties in Senegal and with other actors in the region. During information sessions, local officials, community and religious leaders, and members of civil society groups were briefed on the Movement and its work. Radio programmes helped inform communities about the activities of the Senegalese Red Cross and the ICRC in Casamance, while enabling the two organizations to solicit more feedback from beneficiaries.

The ICRC worked with the Senegalese Red Cross to broaden public awareness of these concerns through photojournalism and stronger efforts to communicate using digital channels. Together with the CRM, it also produced TV and radio programmes on the resilience of mine victims and other people with disabilities.

Senegalese troops learn more about IHL from ICRC-trained army instructors

Through ICRC briefings, nearly 1,200 national and foreign troops in Guinea-Bissau and 40 members of an MFDC faction learnt more about IHL, and 25 *gendarmes* in Casamance strengthened their knowledge of international standards for law enforcement, particularly on the use of force during arrests. In Senegal, ICRC-trained army instructors continued to conduct IHL dissemination sessions for over 4,300 other soldiers, including troops bound for

Casamance or for peacekeeping missions. During these events for weapon bearers, the need to protect those seeking or providing health care, and to prevent sexual violence, were both emphasized.

To help the Senegalese military incorporate IHL more fully in its training, the ICRC held a train-the-trainer workshop for ten officers, and supported the participation of another in an advanced course in Switzerland (see *International law and policy*). Progress on the revision of the army's IHL manual remained slow.

Representatives of governments and international organizations further their understanding of IHL

At events attended or organized by the ICRC, stakeholders from the region learnt more about IHL; the ICRC and its work in Casamance and elsewhere; and humanitarian concerns, such as issues related to access to health care, migration and sexual violence. For instance, Francophone humanitarian professionals who were working in Africa learnt more about such matters during a course given by the ICRC.

An international conference on the humanitarian consequences of anti-vehicle mines, which had been postponed to 2016, was cancelled because of the difficulty of gathering participants; instead, the ICRC organized a workshop with the Senegalese army, at which their medical personnel learnt more about the goals of the Health Care in Danger project.

Authorities in the region take steps to regulate arms

Regional efforts to ratify or implement key treaties continued, with ICRC support. The Senegalese authorities continued to work on draft legislation for implementing the Arms Trade Treaty; the adoption of a draft law on the regulation of small arms and light weapons, and a new code of military justice, in which IHL provisions had been incorporated, awaited their approval. In Guinea-Bissau, a draft law on the protection due to the red cross emblem was validated by the government. Cabo Verde ratified the Arms Trade Treaty.

Discussions on the establishment of IHL sub-committees within the human rights commissions/committees of Cabo Verde and Senegal continued. Gambian, Guinea-Bissauan and Senegalese officials were sponsored to attend a regional seminar (see *Nigeria*) on IHL implementation; representatives from Cabo Verde, Guinea-Bissau and Senegal attended a universal meeting of IHL committees (see *International law and policy*), with ICRC support. Two Senegalese judges participated in a regional seminar (see *Abidjan*) on the role of national tribunals in IHL implementation. IHL training for parliamentarians in Senegal was postponed, however, as the prospective participants were unavailable.

Representatives from religious circles in Senegal, the ICRC, the International Federation and the Senegalese Red Cross, discussed the common ground between IHL and Islamic law – particularly, in relation to “terrorism” – at a meeting hosted by the National Society. Meanwhile, Senegalese students continued to learn more about IHL through ICRC-donated publications and seminars at universities. The ICRC also held a workshop on IHL instruction for 15 faculty members of a university that had expressed interest in offering a master's degree in law and humanitarian action, and sponsored the participation of two professors in a regional course (see *Yaoundé*).

RED CROSS AND RED CRESCENT MOVEMENT

All the National Societies in the countries covered bolstered their operational capacities with ICRC support. For instance, in Cabo Verde, Gambia, Guinea-Bissau and Senegal, National Society first-aid instructors were trained in the Safer Access Framework; a cross-border simulation exercise in Guinea-Bissau enabled the authorities and personnel from the Bissau-Guinean, Gambian and Senegalese National Societies to strengthen their coordination. Prior to the elections in Gambia, the International Federation and the ICRC helped the National Society prepare for possible violence by providing equipment and refresher training for their personnel.

With ICRC support, the four National Societies promoted IHL and the Movement's work, notably, through radio programmes and events to celebrate World Red Cross and Red Crescent Day (May 8). The National Societies of Cabo Verde, Gambia, and Guinea-Bissau drew on the ICRC's expertise to strengthen their legal bases and facilitate the revision of laws protecting the red cross emblem. In Senegal, a campaign to raise awareness of the emblem, and the respect due to it, continued in areas bordering Gambia and the Republic of Guinea.

Together with the International Federation, the ICRC provided the National Societies of Gambia and Guinea-Bissau, and to a lesser extent, Senegal, with support for reviewing their financial management, and training on governance and the Fundamental Principles. Staff from the Bissau-Guinean and Gambian National Societies were also trained in project management, and the Senegalese Red Cross received support for developing its plans and tools for internal and external communication.

Movement components present in Dakar met regularly to coordinate their activities, including support for National Societies in the region, and to discuss various concerns, such as needs related to migration and food security.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		6			
RCMs distributed		5			
Phone calls facilitated between family members		14			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		71	4		
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases closed positively (subject located or fate established)		6			
Tracing cases still being handled at the end of the reporting period (people)		386	5	1	14
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		757	22	21	
			Women	Girls	Boys
Detainees visited and monitored individually		6			
Detainees newly registered		6			
Number of visits carried out		7			
Number of places of detention visited		6			
RCMs and other means of family contact					
RCMs collected		3			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		7			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security¹ (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	52	16	24
Productive inputs	Beneficiaries	9,214	3,188	3,324
Cash	Beneficiaries	3,898	1,525	1,171
	<i>of whom IDPs</i>	261	118	83
Services and training	Beneficiaries	408	147	139
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	6,126	1,838	2,450
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services	Patients	1,811	640	322
New patients fitted with prostheses	Patients	102	26	5
Prostheses delivered	Units	102	25	6
	<i>of which for victims of mines or explosive remnants of war</i>	66	19	
New patients fitted with orthoses	Patients	51	13	24
Orthoses delivered	Units	63	15	33
	<i>of which for victims of mines or explosive remnants of war</i>	13	6	2
Patients receiving physiotherapy	Patients	1,699	597	308
Walking aids delivered	Units	164	57	27
Wheelchairs or tricycles delivered	Units	62	33	7

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

HARARE (regional)

COVERING: Malawi, Mozambique, Namibia, Zambia, Zimbabwe



ICRC/AR_2016
 Ⓡ ICRC regional delegation + ICRC office

The Harare regional delegation has existed in its current form since 1981, although the ICRC has been present in some of the countries for much longer. It visits detainees in the region, working closely with Zimbabwe's authorities to improve detainees' conditions. It supports Zimbabwe's Mine Action Centre in strengthening its capacities. In Mozambique, it monitors the situation of people in tension-prone/affected areas. Regionwide, it helps separated relatives, including refugees, restore contact; raises awareness of IHL and international human rights law among the authorities and armed and security forces; and helps National Societies develop their operational capacities.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Detainees in Namibia, Zambia and Zimbabwe received ICRC visits. Some restored or maintained contact with relatives, using Movement family-links services – notably, security detainees in Namibia were visited by their families.
- ▶ In Zimbabwe, detainees supplemented their diet with prison-farm produce and, during shortages, ICRC-donated rations. Malnourished detainees addressed their condition with specialized food from the authorities and/or the ICRC.
- ▶ The Zimbabwe Mine Action Centre enhanced its ability to conduct demining activities, with ICRC support for staff training initiatives. It also obtained basic tools and equipment, towards developing additional mine-clearance teams.
- ▶ Authorities in the region – such as national IHL committee members – security forces and other key actors, honed their grasp of IHL, other norms and pertinent standards, via the ICRC's dialogue, networking and events with them.
- ▶ The National Societies in the countries covered took steps to build their capacities in such fields as family-links services, emergency response, and public communication, with technical and financial backing from the ICRC.

EXPENDITURE IN KCHF

Protection	1,963
Assistance	3,336
Prevention	1,384
Cooperation with National Societies	665
General	42
Total	7,390
<i>Of which: Overheads</i>	<i>451</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	69

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	515
RCMs distributed	377
Phone calls facilitated between family members	145
Tracing cases closed positively (subject located or fate established)	141
People reunited with their families	117
<i>of whom unaccompanied minors/separated children</i>	109
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	15,035
Detainees visited and monitored individually	89
Number of visits carried out	48
Number of places of detention visited	27
Restoring family links	
RCMs collected	10
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	129

CONTEXT

Economic difficulties in the region were exacerbated by adverse climatic conditions caused by the El Niño phenomenon.

People in Zimbabwe grappled with the unavailability of essential services, including within the penitentiary system – detainees endured conditions below internationally recognized standards. The government implemented a countrywide scheme aimed at ensuring the supply of maize; the detaining authorities registered prison farms in the scheme.

In Namibia and Zambia, some people arrested on security-related charges remained in detention.

Although demining operations in Zimbabwe progressed, people along the country's border with Mozambique continued to be at risk from mines/explosive remnants of war (ERW).

Some of the people displaced by 2014 clashes between the armed forces of Mozambique and the Mozambican National Resistance (RENAMO), the country's main opposition party, remained in an IDP camp. Skirmishes between these parties in 2016 led to further displacement – some people fled to Malawi and Zimbabwe. Refugees from the wider region, particularly Burundi and the Democratic Republic of the Congo, continued to arrive or remained in the countries covered.

Bouts of violence were reported in: Zambia, linked to the general elections held in August; and Zimbabwe, in relation to civil protests fuelled by rising social and political tensions.

ICRC ACTION AND RESULTS

The ICRC's Harare regional delegation worked with the authorities and National Societies in the region to help address the needs of vulnerable people and to bolster the National Societies' capacities in such fields as: family-links services; emergency response; and public communication. It prepared to hand over coverage of Mozambique to the Pretoria regional delegation, beginning in 2017.

In accordance with its standard procedures, the ICRC conducted visits to detainees to monitor their treatment and living conditions: those held in Zimbabwe by the Zimbabwe Prisons and Correctional Services (ZPCS); those detained in Namibia, including people held in connection with the 1999 Zambezi region (formerly the Caprivi Strip) uprising; and those held in Zambia on security-related charges. Based on these visits, the ICRC shared confidential feedback, including recommendations for improvement, with the authorities concerned. Some detainees contacted their relatives, using Movement family-links services. Notably, in Namibia, security detainees received National Society/ICRC-facilitated family visits.

The ICRC backed the ZPCS as it worked to fulfil its responsibilities in ensuring detainees' food supply. During shortages, the ICRC helped facilitate some deliveries of food by providing transportation or fuel to the ZPCS, and donated rations to detainees. The ZPCS continued to streamline its management of prison farms. With the ICRC, ZPCS health workers regularly monitored detainees' nutritional status, enabling malnourished detainees to be diagnosed in a timely manner and receive supplementary or therapeutic food. Detainees continued to have health-care access through prison clinics and, as necessary, referral hospitals.

Detainees had more orderly surroundings through the maintenance of or improvements to water, sanitation, ventilation and other facilities by the ZPCS and the ICRC. These efforts were undertaken in line with the guidelines that the ZPCS had developed, with ICRC input. Support to biogas-energy systems facilitated the more sustainable use of resources. Such also helped improve sewage networks and, alongside upgrades to kitchens, expand cooking capacities. By participating in projects to produce chlorine solution and cleaning materials, some inmates contributed to making their living conditions more sanitary. In Namibia and Zimbabwe, detainees eased their confinement with the help of donated household essentials. Former security detainees in Namibia received financial assistance to facilitate their social reintegration.

Pursuant to a cooperation agreement with the authorities to help mitigate the consequences of widespread mine/ERW contamination in the country, the ICRC continued supporting the Zimbabwe Mine Action Centre (ZIMAC). The ICRC facilitated training courses for key staff members, and donated basic tools and equipment to enable the ZIMAC to develop additional mine-clearance teams.

The ICRC monitored the situation of people displaced by clashes in Mozambique. Through representations, the organization urged the Mozambican authorities and RENAMO representatives to safeguard the welfare of these and other potentially vulnerable people.

Whenever possible, the ICRC partnered with the Malawi Red Cross Society, the Mozambique Red Cross Society, the Namibia Red Cross, the Zambia Red Cross Society and the Zimbabwe Red Cross Society to help people in need. People separated from their relatives – such as unaccompanied minors – used family-links services provided with or through the pertinent National Society, to reconnect with them. The National Societies also increased their ability to operate safely and effectively, with ICRC technical and financial support.

Throughout the region, the ICRC – at times with the National Societies – engaged authorities, weapon bearers, members of the international community, and civil society representatives, through dialogue, networking and events, fostering acceptance for IHL and other pertinent norms, applicable standards, and the Movement. National IHL committees drew on the ICRC's IHL expertise; in Zambia, this contributed to facilitating the government's ratification of the Arms Trade Treaty.

Periodic interaction between Movement partners helped bolster coordination of activities.

CIVILIANS

Mozambican actors are urged to ensure the welfare of vulnerable people

The situation of people displaced by clashes in Mozambique, including those who remained in an IDP camp or fled to neighbouring countries (see *Context*), was monitored by the ICRC; some received help to contact relatives (see below). ICRC representations urged Mozambican authorities and RENAMO representatives to safeguard the welfare of these and other potentially vulnerable people, and, when necessary, to facilitate humanitarian access to them.

To help ensure an appropriate response to the humanitarian needs of refugees, notably unaccompanied minors, in the countries covered (see *Context*), the ICRC regularly coordinated with the authorities concerned and the UNHCR.

ZIMAC enhances its ability to conduct demining activities

As per a 2012 agreement between the Zimbabwean government and the ICRC, extended to end-2016, ZIMAC continued to draw on ICRC technical and material support. Before the start of their annual operations, 15 members of the mine-clearance unit participated in refresher courses. Ten other personnel trained in quality assurance and control. During a study tour in Lebanon, two senior ZIMAC officials, and one representative of the National Mine Action Authority of Zimbabwe, deepened their understanding of data and quality management systems, mine-risk education, and victim-assistance programmes. ZIMAC received basic tools and equipment, towards developing additional mine-clearance teams, and updated a plan of action to help advance ongoing demining efforts. It continued to coordinate and monitor demining activities in the country to ensure their conformity with domestic mine-action standards. It remained housed within military premises, owing to budgetary constraints.

Unaccompanied minors see their cases followed up more systematically

So that a greater number of family members dispersed by violence, migration or other causes could reconnect (see *Context*), the National Societies in the region strengthened their ability to deliver family-links services, with the help of ICRC-provided training – including during joint activities in the field – and/or financial support. Unaccompanied minors in Malawi and Zimbabwe – 59 and 66 respectively – saw their cases followed up more systematically by the pertinent National Societies; the Malawi Red Cross, in particular, initiated monthly monitoring. The Malawi Red Cross also enabled 145 Congolese or Burundian refugees to contact relatives by telephone. Other people separated from their relatives lodged tracing requests or exchanged news using RCMs, with the help of the National Society concerned and/or the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

In accordance with its standard procedures, the ICRC visited detainees to monitor their treatment and living conditions: those held in Zimbabwe, by the ZPCS; those detained in Namibia; and those held in Zambia, on security-related charges. Particularly vulnerable detainees, such as minors, security detainees, and those with mental health issues, were followed up individually. In Namibia, those detained in connection with the 1999 Zambezi region uprising eased their situation with the help of ICRC-donated clothing and toiletries. People previously held on similar charges, and released in December 2015, obtained one-off ICRC cash grants. Such enabled them to cover the costs of their journey home and take steps to resume livelihood activities, helping facilitate their social reintegration.

Some detainees contacted their relatives, using Movement family-links services. In Namibia, security detainees received National Society/ICRC-facilitated family visits. Inmates in Zimbabwe relayed information on their whereabouts through phone calls – made by ICRC delegates on their behalf – or RCMs.

Based on its visits, the ICRC shared confidential feedback, including recommendations for improvement, with the authorities concerned. Amid resource constraints, the ZPCS regularly addressed the points raised by the ICRC (see below).

During ICRC workshops held at their request, ZPCS officials learnt more about internationally recognized detention standards and how to integrate these into their prison-management practices and

training curriculum for personnel under the audit and inspectorate unit. The Malawian detaining authorities were encouraged to conduct staff training on these standards. Military and police officers from the region augmented their knowledge of norms and standards applicable to law enforcement (see *Actors of influence*). The Zimbabwean justice ministry drew on the ICRC's advice for its ongoing revision of the penal code.

The ZPCS strives to provide detainees with sufficient food

Budgetary and logistical constraints and adverse climatic conditions (see *Context*) led to intermittent shortfalls of food and contributed to some detainees' becoming malnourished or ill (see below). The ZPCS, however, endeavoured to ensure the nutritional status of detainees, notably seeing to the efficient delivery of food it purchased to prisons countrywide, at times with ICRC-provided transportation or fuel. Detainees continued to supplement their diet with prison-farm produce, either fresh or previously preserved in prisons equipped with drying facilities. More than 18,000 detainees received rations, donated by the ICRC through the ZPCS, to help fill gaps in the food supply; groundnuts were included in these rations to help prevent pellagra, a vitamin-deficiency disease (see below).

The ZPCS sought to sustain longer-term measures to provide adequate food to all detainees. It cultivated around 228 hectares of land across various prison farms, using ICRC-donated seed, fertilizer and other agricultural supplies, and continued to streamline the management of these farms. ZPCS efforts resulted in a doubled harvest of cowpeas compared to 2015; other crops fared less well in the prevailing climate, particularly given inadequate irrigation systems. Inmates and ZPCS officers and prison-farm managers furthered their grasp of best farming practices during on-site training sessions with the ICRC. These managers discussed means to increase agricultural productivity, during peer exchanges and a workshop facilitated by the ICRC.

Malnourished detainees address their health status

In Zimbabwe, detainees in all places of detention underwent periodic nutritional assessments – upon their arrival and every month thereafter – by ZPCS health workers. These workers' visits to prisons, which also constituted on-site training opportunities for them, were jointly made with the ICRC. Such systematic monitoring enabled the ZPCS to respond in a timely manner to cases of malnutrition, which decreased by year-end, despite a slight increase in the first half of 2016.

Over the course of the year, hundreds of detainees with severe acute malnutrition received therapeutic food, directly from the ICRC; and 4,690 detainees with moderate acute malnutrition obtained supplementary rations, through a programme of the ZPCS and the ICRC covering 25 prisons. Detainees afflicted with pellagra were temporarily enrolled in the programme towards alleviating their condition; the appropriate medicine was procured through the coordinated efforts of the ZPCS and the health ministry or, during shortages, provided by the ICRC. The health status of all these detainees was checked weekly.

Detainees continued to have access to health care at prison clinics – which used ICRC-donated medical essentials and office equipment/supplies – and, as necessary, were transferred to referral hospitals. Some detainees with mental health issues were released to the care of their families, partly because of the ICRC's financial support of social workers to regularly monitor the situation of these detainees and provide appropriate treatment.

Detainees have cleaner and more orderly surroundings

A total of 7,400 detainees benefited from the maintenance of or improvements to water, sanitation, ventilation and other facilities, some ongoing, by the ZPCS and the ICRC. Support to biogas-energy systems at two prisons, and the construction of a similar system at another, facilitated the more sustainable use of resources. Such also helped improve sewage networks and, alongside upgrades to kitchens and kitchen equipment, expand cooking capacities. The installation of foot-powered pumps enabled untreated water to be used for irrigation, thus saving potable water. Renovations to the ZPCS national training centre foreshadowed more cost-efficient staff training. These initiatives, and the appointment of new maintenance personnel, were undertaken in line with the infrastructural operation and maintenance guidelines that the ZPCS had developed, with ICRC input.

By participating in ongoing projects to produce chlorine solution and cleaning materials, some inmates contributed to making their living conditions more sanitary. With a view to refining its protocol on delousing campaigns, drafted with ICRC support and approved by the health ministry, the ZPCS pilot-tested the protocol in one prison.

During a round-table series in ten provinces, ZPCS and ICRC representatives discussed an ICRC report on space allocation in selected prisons, towards identifying projects that the ZPCS construction unit could implement to boost the efficiency of such allocation, and thus contribute to alleviating overcrowding.

Several thousand detainees eased their confinement with the help of household essentials – such as blankets, food containers and clothes, including for winter – distributed by the ZPCS and the ICRC. The clothes were produced by the ZPCS using ICRC-donated fabric and knitting and sewing machines.

ACTORS OF INFLUENCE

Throughout the region, the ICRC – at times with the National Societies – engaged the authorities, weapon bearers, members of the international community and civil society representatives, notably journalists, through dialogue, networking and events. Multi-format informational materials were also distributed to them. These efforts fostered acceptance for IHL and other pertinent norms, applicable standards, and the Movement; broadened awareness of humanitarian concerns; and helped facilitate activities for vulnerable people (see above).

Security personnel further their grasp of pertinent norms

Before their deployment to field exercises or peace-support operations, some 1,600 members of armed forces from the countries covered underwent briefings – many conducted with the National Society concerned – on IHL, international human rights law and the Movement; they included Zambian troops assigned to a UN mission (see *Central African Republic*). The Southern African Development Community training centre in Zimbabwe and the ICRC, in line with a 2015 agreement, delivered courses on norms and standards pertinent to armed conflict and law enforcement, including arrest and detention; over 400 military and police officers from across the region thus better acquainted themselves with these. About 140 Namibian and Zimbabwean military students strengthened their grasp of IHL during sessions facilitated by the Zimbabwe Defence Forces and the ICRC. A senior Zambian military officer enhanced his insight into IHL during a workshop in Lucerne, Switzerland (see *International law and policy*).

The United States Africa Command drew on the ICRC's IHL advice for an international military exercise covering peace-support and disaster management operations, which took place in Malawi, in August.

Zambia ratifies the Arms Trade Treaty

Government authorities increased their awareness of IHL during their ICRC-supported participation in events abroad (see *Pretoria*): a regional IHL course, attended by representatives from all the countries covered; and a round-table on nuclear disarmament, attended by Malawian and Zambian officials. Namibian parliamentarians advanced their understanding of IHL at dissemination sessions run by the National Society with ICRC input.

The national IHL committees of Malawi, Namibia, Zambia and Zimbabwe promoted the domestic implementation of IHL, with ICRC support. Members of the Zambian committee, many new to their positions, familiarized themselves with their roles and responsibilities during an ICRC workshop, held at their request; this contributed to facilitating the government's ratification of the Arms Trade Treaty. In Namibia, after a meeting of some southern African national IHL committees – co-hosted by the country's justice ministry and the ICRC – representatives of the Namibian committee enriched their knowledge of IHL during an ICRC seminar, also organized at their request. The Zimbabwean committee tackled the issue of protecting cultural property; the Malawian one was encouraged to become more active in its work. Committee members from the above-mentioned countries exchanged views with their peers at a meeting in Geneva, Switzerland (see *International law and policy*).

Future decision-makers increase their proficiency in IHL

Academics from Zimbabwe joined a regional course (see *Pretoria*), with ICRC backing, enabling them to update their knowledge of IHL. Teams of students honed their proficiency in IHL during moot court competitions, in the country – organized by a local law association and the ICRC – and abroad, such as the Jean-Pictet Competition on IHL in France. In Zambia and Zimbabwe, over 300 students pursuing such courses as journalism, law, and political science learnt more about the legality and the humanitarian consequences of armed conflict during ICRC lectures at their universities.

Joint public-communication initiatives with the Zambia Red Cross helped broaden awareness of its role during emergencies. Newly appointed communication focal points of the Malawi Red Cross strengthened their capacities during a workshop, held with ICRC support.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the region worked jointly with the ICRC and drew on its technical and financial support to develop strategic plans and bolster their capacities, including emergency response, in line with the Safer Access Framework (see also *Civilians and Actors of influence*). For instance, given bouts of violence (see *Context*): Zambia Red Cross personnel honed their first-aid skills, during workshops, and started applying recommendations from a National Society/ICRC post-election lessons-learnt exercise; and the Zimbabwe Red Cross updated its contingency plan to cover civil unrest and natural disaster.

Each National Society continued to reinforce its legal base and organizational structure, backed by the ICRC and other Movement partners. Malawian and Namibian National Society personnel

trained in financial management. Newly elected leaders of the National Societies in Malawi, Namibia and Zambia gained sharper insight into their duties, during a workshop. The Mozambican and Zambian National Societies each began drafting revisions to its constitution. The Namibia Red Cross, with Movement partners, finalized its new constitution and worked on proposals to amend the statute governing its legal status.

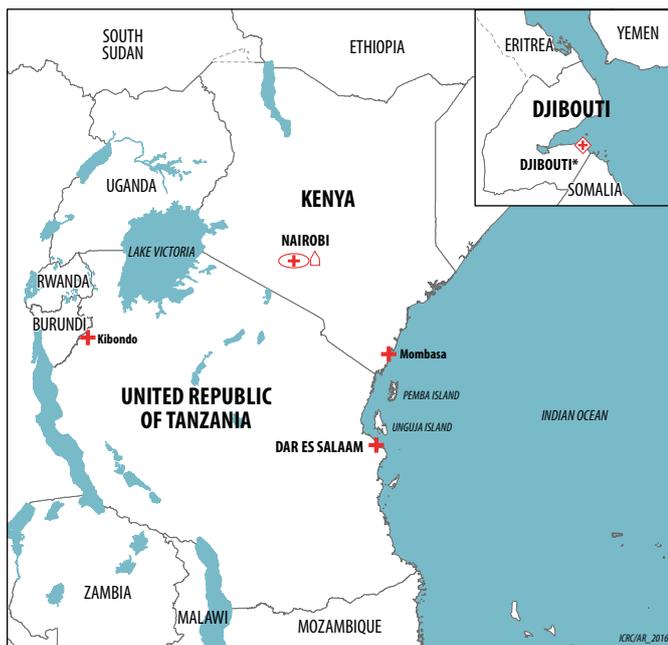
Periodic interaction between the National Societies, other Movement partners and the ICRC helped bolster coordination of activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		515	53		
RCMs distributed		377	15		
Phone calls facilitated between family members		145			
Reunifications, transfers and repatriations					
People reunited with their families		117			
	<i>including people registered by another delegation</i>	116			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		315	56	90	85
	<i>including people for whom tracing requests were registered by another delegation</i>	262			
Tracing cases closed positively (subject located or fate established)		141			
	<i>including people for whom tracing requests were registered by another delegation</i>	129			
Tracing cases still being handled at the end of the reporting period (people)		517	92	157	134
	<i>including people for whom tracing requests were registered by another delegation</i>	364			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		32	13		
UAMs/SC reunited with their families by the ICRC/National Society		109	39		5
	<i>including UAMs/SC registered by another delegation</i>	108			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		149	69		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		15,035	319	29	
			Women	Girls	Boys
Detainees visited and monitored individually		89	6	1	12
Detainees newly registered		40	6	1	10
Number of visits carried out		48			
Number of places of detention visited		27			
RCMs and other means of family contact					
RCMs collected		10			
RCMs distributed		7			
Phone calls made to families to inform them of the whereabouts of a detained relative		129			
Detainees visited by their relatives with ICRC/National Society support		39			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	18,031	286	
Essential household items	Beneficiaries	19,556	62	
Productive inputs	Beneficiaries	22,752	281	
Services and training	Beneficiaries	597		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	7,400	296	74
Health				
Visits carried out by health staff		37		
Places of detention visited by health staff	Structures	25		

NAIROBI (regional)

COVERING: Djibouti, Kenya, United Republic of Tanzania



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ People who had fled Somalia or South Sudan for Kenya, Burundi or the Democratic Republic of the Congo for the United Republic of Tanzania, and Yemen for Djibouti, contacted their relatives via Movement family-links services.
- ▶ Dialogue with the Djiboutian authorities covered the possibility of their releasing and facilitating the resettlement of 19 POWs from Eritrea, who had been detained in relation to the border dispute between the two countries in 2008.
- ▶ People affected by violence in Kenya met some of their needs after the Kenyan Red Cross and the ICRC launched joint efforts to distribute emergency relief and upgrade water infrastructure, and increased their livelihood support.
- ▶ Djiboutian and Tanzanian journalists were briefed on the red cross emblem and other topics by the National Societies and the ICRC, in order to foster support for the Movement and facilitate access to people in need.
- ▶ States discussed the importance of implementing IHL and IHL-related treaties, including the African Union Convention on IDPs, at regional seminars organized by the ICRC and other stakeholders.

EXPENDITURE IN KCHF

Protection	4,052
Assistance	3,128
Prevention	2,353
Cooperation with National Societies	44
General	373
Total	9,951
<i>Of which: Overheads</i>	<i>607</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	47
Resident staff (daily workers not included)	356

The ICRC's regional delegation in Nairobi was set up in 1974 and has a dual purpose: first, to promote IHL and carry out operations in the countries covered, namely restoring contact between refugees and their families, protecting and assisting people injured, displaced or otherwise affected by armed conflicts or other situations of violence, visiting detainees falling within its mandate, and supporting the development of the National Societies; and second, to provide relief supplies and other support services for ICRC operations in neighbouring countries in the Horn of Africa and Great Lakes regions, and further afield.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	25,095
RCMs distributed	22,947
Phone calls facilitated between family members	197,685
Tracing cases closed positively (subject located or fate established)	252
People reunited with their families	130
<i>of whom unaccompanied minors/separated children</i>	132
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	945
Detainees visited and monitored individually	42
Number of visits carried out	17
Number of places of detention visited	5
Restoring family links	
RCMs collected	146
RCMs distributed	88
Phone calls made to families to inform them of the whereabouts of a detained relative	821

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	6,210
Essential household items	Beneficiaries	5,000
Productive inputs	Beneficiaries	2,500
Cash	Beneficiaries	6,500
Services and training	Beneficiaries	600
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	20,000
		22,000

CONTEXT

Djibouti, Kenya and the United Republic of Tanzania (hereafter Tanzania) hosted migrants, including refugees and asylum seekers, from the wider region; among them were people who had fled Somalia or South Sudan for Kenya, Burundi or the Democratic Republic of the Congo (hereafter DRC) for Tanzania, and Yemen for Djibouti. The Kenyan authorities announced their intent to close the Dadaab refugee camp by June 2017, citing security concerns.

Djibouti and Kenya participated in military operations conducted by the African Union Mission in Somalia (AMISOM) against the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab). In Kenya, groups affiliated with al-Shabaab reportedly carried out attacks and bombings; the authorities responded by carrying out security operations, mainly in areas near the coast or the Kenya-Somalia border. Disputes over resources brought about communal violence in parts of north and north-western Kenya, while political tensions connected with the forthcoming general elections in 2017 led to violence in various parts of the country.

Presidential elections were held in Djibouti, as tensions between the government and the opposition persisted. The country's relations with Eritrea remained strained because of a border dispute. In Tanzania, presidential elections were held again in Zanzibar, but were boycotted by the opposition, amid lingering tensions.

People sentenced by the International Criminal Tribunal for Rwanda were held in Arusha, Tanzania, by the UN Mechanism for International Criminal Tribunals (MICT).

ICRC ACTION AND RESULTS

In 2016, the Nairobi regional delegation continued to help migrants, including refugees and asylum seekers, reconnect with their relatives by giving financial, material and technical support for family-links services provided by the Kenya Red Cross Society, the Tanzania Red Cross Society and the Red Crescent Society of Djibouti. In Tanzania, the ICRC documented refugees' allegations of abuses in camps and in their countries of origin, especially Burundi; these were discussed with the pertinent parties, with a view to preventing their recurrence. It opened a new office in Kibondo.

The ICRC visited detainees in Djibouti and Tanzania according to its standard procedures, in order to ensure that their treatment and living conditions complied with IHL or internationally recognized standards. Detainees were also able to contact their relatives through ICRC-facilitated phone calls, RCMs, and family visits; furthermore, some of them benefited from infrastructure upgrades at their places of detention.

Dialogue with the Djiboutian authorities covered the possibility of their releasing and facilitating the resettlement of 19 POWs from Eritrea, who had been detained in connection with the border dispute between the two countries in 2008. The ICRC continued discussions with the Kenyan and Tanzanian authorities regarding access to detainees.

People affected by violence in Kenya met some of their needs after the Kenya Red Cross Society and the ICRC launched joint efforts to distribute emergency relief and upgrade water infrastructure, and increased their support for people's livelihoods. Through its

operational presence in violence-affected communities, the ICRC also sought to obtain first-hand information on violent incidents, with a view to establishing dialogue on these issues with the pertinent parties.

Courses on trauma management and weapon-wound surgery helped Kenyan and Tanzanian hospital staff prepare for emergencies. In Kenya, the ICRC stepped up its efforts to help forensic professionals add to their knowledge of human remains management. The Djiboutian, Kenyan and Tanzanian National Societies also strengthened their emergency preparedness with ICRC support, which included training for their personnel.

Through contact with the authorities, weapon bearers and civil society, the ICRC sought to foster support for its work, and to promote respect for IHL and other norms. It organized briefings on the Movement for journalists and local leaders, with a view to facilitating Movement personnel's access to people in need during emergencies. During presentations at international conferences, the ICRC sought to broaden awareness of humanitarian concerns – such as issues related to the Health Care in Danger project and sexual violence during armed conflict – among representatives of governments and multilateral/international organizations. Academics discussed IHL at ICRC-organized events, and the public learnt more about the ICRC's work through communication materials produced by the ICRC or with its support.

At ICRC workshops, security personnel added to their knowledge of international rules and standards for law enforcement, including those on the proper use of force and firearms. The ICRC conducted IHL briefings for troops to be deployed as peacekeepers abroad.

Governments in the region discussed the implementation of IHL and IHL-related treaties – such as the African Union Convention on IDPs – at seminars organized by the ICRC with other stakeholders. With technical support from the ICRC, Djibouti finalized a domestic law on the emblems protected under IHL, and Kenya adopted legislation implementing the Anti-Personnel Mine Ban Convention.

ICRC delegations in the DRC, Somalia, South Sudan and elsewhere continued to obtain supplies through the ICRC's Nairobi-based logistics support centre. They also benefited from technical advice, training courses and other support from regional units for assistance activities and for training.

CIVILIANS

Refugees from Somalia, South Sudan, Burundi, the DRC and Yemen reconnect with their families

Migrants, including refugees and asylum seekers, restored or maintained contact with their relatives through family-links services provided by the Djiboutian, Kenyan and Tanzanian National Societies in partnership with the ICRC, which gave them financial, material and technical support.

People in the three countries covered – mainly those who had fled Somalia or South Sudan for Kenya, Burundi or the DRC for Tanzania, and Yemen or Ethiopia for Djibouti – sent and received over 25,000 and nearly 23,000 RCMs and made roughly 197,000 phone calls. Furthermore, over 250 people were able to locate their relatives or ascertain their fate through various means; for instance, the names of people who were being sought were read out on the ICRC-sponsored radio programme on the BBC Somali

Service (see *Somalia*). To help their relatives find them, 249 South Sudanese refugees allowed their photographs to be circulated in camps in Kenya and in other places where their families might have sought refuge (see *South Sudan*).

The ICRC produced a video to promote its family-links services, with a view to reaching more people. During coordination meetings with other organizations, it also worked to reaffirm the Movement's lead role in restoring family links throughout the region.

No progress was made in ascertaining the fate of people missing in relation to past violence in the Mt. Elgon region and the post-election violence in 2007–2008 in Kenya; the ICRC gradually ceased its efforts to initiate dialogue on these matters with the parties concerned.

Kenyan professionals discuss the role of forensics in humanitarian action

During ICRC-organized workshops in Kenya, people involved in human remains management – military and police officials, National Society personnel, forensic scientists and mortuary staff – strengthened their knowledge of dealing with mass-casualty situations and of procedures for handling DNA samples. Additionally, staff from a government-run laboratory and other institutions received technical advice on aligning their guidelines with international standards.

At a conference in Côte d'Ivoire (see *Abidjan*) and a course in South Africa (see *Pretoria*), Kenyan representatives discussed, with other professionals from the region, the role of forensics in humanitarian action; Tanzanian representatives also attended the

latter event. In both cases, the ICRC provided financial assistance for their participation.

The Djibouti Red Crescent was provided with body bags by the ICRC, to help it manage the remains of migrants in a dignified manner. The Kenyan health ministry also received forensic supplies after a car accident.

Violence-affected people in Kenya meet their food needs and resume their livelihoods

The Kenyan Red Cross and the ICRC stepped up their joint efforts to help violence-affected people in some parts of Kenya meet their basic needs.

Over 1,200 households (6,200 people) in Lamu County, which had lost their livelihoods because of the security situation near Boni Forest, were provided with a month's worth of food; this enabled them to diversify their diet and have three meals a day. They were also able to resume farming with seed donated by the Kenyan Red Cross and the ICRC. To help about 1,000 of these households cope with the lean season, an additional two months' worth of food was distributed to them. Additionally, around 1,000 of them (5,000 people) also received household essentials, which helped them ease their living conditions.

In Tana River County, 600 households (3,000 people) obtained up to three months' worth of food or started small businesses with unconditional or conditional cash grants from the National Society and the ICRC. Another 300 households (1,500 people) were provided with basic business training.

CIVILIANS	Djibouti	Kenya	The United Republic of Tanzania
Red Cross messages			
RCMs collected	54	7,322	17,719
<i>including from unaccompanied minors (UAMs)/separated children (SC)</i>			999
RCMs distributed	223	8,942	13,782
<i>including from UAMs/SC</i>			775
Phone calls facilitated between family members	24,508	92,247	80,930
Reunifications, transfers and repatriations			
People reunited with their families			130
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered	10	438	112
<i>of whom women</i>	2	78	23
<i>of whom minors at the time of disappearance - girls</i>	2	122	35
<i>of whom minors at the time of disappearance - boys</i>	3	18	16
<i>including people for whom tracing requests were registered by another delegation</i>		235	
Tracing cases closed positively (subject located or fate established)	10	222	20
<i>including people for whom tracing requests were registered by another delegation</i>		113	
Tracing cases still being handled at the end of the reporting period (people)	18	1,576	247
<i>of whom women</i>	1	307	47
<i>of whom minors at the time of disappearance - girls</i>	1	429	68
<i>of whom minors at the time of disappearance - boys</i>	1	47	51
<i>including people for whom tracing requests were registered by another delegation</i>		857	
UAMs/SC, including demobilized child soldiers			
UAMs/SC newly registered by the ICRC/National Society		4	968
<i>of whom girls</i>		2	388
UAMs/SC reunited with their families by the ICRC/National Society			132
<i>of whom girls</i>			54
UAM/SC cases still being handled at the end of the reporting period		43	766
<i>of whom girls</i>		13	307
Documents			
People to whom travel documents were issued		9	

Over 22,000 people in Kilifi County and Tana River County had better access to water through infrastructure renovated or upgraded by the Kenyan Red Cross and the ICRC.

Kenyan Red Cross personnel strengthened their ability to carry out the activities mentioned above through training and other support from the ICRC. The Kenyan Red Cross and the ICRC also signed an agreement regarding a project to mitigate the effects of sexual violence in parts of Nairobi; however, this was postponed to 2017 because of staffing constraints.

Refugees in Tanzania report allegations of abuse

In Tanzania, the ICRC collected information from refugees on abuses that they reportedly experienced in camps and in their countries of origin, especially Burundi. To prevent the recurrence of such abuse, the ICRC confidentially discussed these allegations with the concerned parties in Tanzania, or relayed them to the ICRC delegation in Burundi (see *Burundi*).

Through its operational presence in violence-affected communities in Kenya (see above), the ICRC sought to obtain first-hand information on violent incidents, with a view to commencing dialogue on these issues with the pertinent parties. It reminded the Kenyan authorities – through a written representation – of their obligations under IHL as part of AMISOM (see *Somalia*), particularly those related to the conduct of hostilities in Somalia.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in Djibouti and Tanzania according to its standard procedures, to ensure that their treatment and living conditions complied with, as applicable, IHL or internationally recognized standards. In Djibouti, they comprised 570 detainees; this included people in the central prison, some of whom were arrested in connection with the political situation, and 19 POWs from Eritrea. In Tanzania, they comprised 365 detainees in Zanzibar (including people affiliated with an opposition group) and 10 people held by the MICT.

The Djiboutian authorities and the ICRC discuss the possibility of their releasing Eritrean POWs

Based on the visits mentioned above, the ICRC discussed its findings and recommendations – notably, on the psychological effects of detention – with the detaining authorities concerned. Through ICRC workshops, penitentiary officers in Zanzibar and members of the health and justice ministries in Djibouti strengthened their knowledge of prison management and of health care in places of detention, respectively.

Dialogue with the Djiboutian authorities covered their obligations under the Third Geneva Convention, and the possibility of their releasing the 19 POWs from Eritrea and facilitating the POWs' resettlement. At the end of 2016, preparations were under way, and the UNHCR had begun to assess their eligibility for refugee status.

The ICRC continued to seek access to detainees in Kenya and all detainees in Tanzania through dialogue with the authorities concerned. In Tanzania, this enabled the ICRC to help detainees at one facility exchange RCMs with their families in refugee camps.

Detainees from Zanzibar receive visits from their families

Foreign detainees kept in touch with relatives through ICRC-facilitated phone calls or RCMs. In mainland Tanzania, some detainees affiliated with an opposition group in Zanzibar reconnected with their families through about 180 family visits sponsored by the ICRC.

Some 880 people benefited from upgrades to the water facilities at two prisons in Zanzibar and the renovation of the kitchen in Djibouti's central prison.

WOUNDED AND SICK

In Kenya and Tanzania, medical staff prepared for emergencies through initiatives organized by the ICRC and local institutions, including the National Societies and health ministries concerned. Nearly 70 health personnel from Kenya – including staff from hospitals in the west, and military surgeons – and 40 from Zanzibar honed their skills at courses on trauma management and weapon-wound surgery; they also familiarized themselves with matters covered by the Health Care in Danger project, such as best practices for protecting health-care workers and facilities.

ACTORS OF INFLUENCE

Journalists in Djibouti and Tanzania learn more about the Movement

Through dialogue with and events for national authorities and civil society, the ICRC sought to garner support for its work in the region (see *Civilians* and *People deprived of their freedom*) and beyond.

At forums organized by the ICRC and the National Societies concerned, Djiboutian and Tanzanian journalists familiarized themselves with the Movement's neutral, impartial and independent humanitarian approach, the emblems protected under IHL, and the media's role during emergencies; in Zanzibar, this helped facilitate the Movement's response to election-related incidents.

PEOPLE DEPRIVED OF THEIR FREEDOM	Djibouti	MICT	The United Republic of Tanzania
ICRC visits			
Detainees visited	570	10	365
<i>of whom women</i>	38	1	4
<i>of whom minors</i>	32		
Detainees visited and monitored individually	32	10	
<i>of whom women</i>	1	1	
Detainees newly registered	6		
Number of visits carried out	9	1	7
Number of places of detention visited	2	1	2
Restoring family links			
RCMs collected	4		142
RCMs distributed			88
Phone calls made to families to inform them of the whereabouts of a detained relative	25		1
People to whom a detention attestation was issued			1

During dissemination sessions in violence-affected areas of Kenya, community leaders and government officials also learnt more about the Movement and its work. Ahead of the 2017 elections, discussions with Kenyan security forces aimed to strengthen acceptance of the ICRC's activities during situations of violence.

ICRC presentations at international conferences helped representatives of governments and multilateral/international organizations to further their understanding of the ICRC's humanitarian concerns – such as issues covered by the Health Care in Danger project, protracted conflicts, and sexual violence during armed conflict – and its work to address these issues. These events included the 6th Tokyo International Conference on African Development, held in Nairobi, where the ICRC president met with high-level officials to discuss matters of mutual interest.

The general public learnt more about the Movement's activities from content produced by the ICRC, or by media outlets that did so with the help of ICRC-organized field trips and ICRC-provided communication material. Academics examined IHL-related issues at ICRC-organized events, including regional/national moot-court and essay-writing competitions for students and a regional round-table for IHL lecturers; some of them participated in IHL-related conferences abroad (see *Pretoria*) with the ICRC's financial assistance. IHL reference materials were donated to university libraries and made available at the ICRC documentation centre in Nairobi. A seminar on the links between IHL and Islamic law was postponed to 2017.

Security forces strengthen their knowledge of international rules and standards related to their duties

At ICRC dissemination sessions, over 2,000 police officers from Tanzania, 280 from Kenya and 20 from Djibouti strengthened their knowledge of international rules and standards for law enforcement, including those regulating the use of force and firearms.

Peacekeepers bound for missions abroad – around 180 commanders and officers from Kenya, 30 officers from Djibouti, and 50 military, police and prison personnel from the East Africa Standby Force – learnt about the IHL-related aspects of peace-support operations at ICRC briefings.

Kenyan military commanders participated in an advanced IHL course in Switzerland (see *International law and policy*) and an IHL conference in Ethiopia (see *African Union*); a Tanzanian officer also attended the former. In both cases, the ICRC provided financial assistance for their participation.

The ICRC discussed, with Tanzanian officials, the possibility of incorporating IHL-related considerations more fully in their army's doctrine and training, and ways to incorporate IHL training in East African States' joint military exercises.

Governments discuss the implementation of the African Union Convention on IDPs

With technical input from the ICRC, Djibouti finalized a domestic law on the emblems protected under IHL, Kenya adopted legislation implementing the Anti-Personnel Mine Ban Convention, and Tanzania discussed an act implementing the 1949 Geneva Conventions. Djibouti and Tanzania continued the process of formalizing their national IHL committees, while Kenya reactivated its committee in June. Representatives from all three

countries were provided with financial support for attending the fourth universal meeting of IHL committees (see *International law and policy*).

During a seminar organized by the Kenyan authorities and the ICRC, representatives from East African countries discussed their governments' plans for domestic IHL implementation, and ways to provide each other with support. Congolese, Kenyan, South Sudanese and Tanzanian delegates furthered their understanding of States' legal obligations under the Arms Trade Treaty through an ICRC presentation at a conference organized by the Control Arms Coalition. The Intergovernmental Authority on Development and the ICRC hosted a seminar on the African Union Convention on IDPs, where member States discussed the importance of implementing the treaty, and the support available to them in this regard.

The ICRC worked with the East African Community and the East African Court of Justice (EACJ) to identify areas of mutual interest, such as IHL promotion; an agreement thereon was signed with the former. IHL training sessions for judges and other staff from the EACJ, as well as the African Court on Human and Peoples' Rights, were postponed to early 2017.

RED CROSS AND RED CRESCENT MOVEMENT

The Djiboutian, Kenyan and Tanzanian National Societies drew on financial, material and technical support from the ICRC to bolster their operational capacities and their ability to promote IHL and the Movement. Their running costs, including the salaries of key personnel, were partially covered by the ICRC.

National Society volunteers strengthened their emergency preparedness through training backed or conducted by the ICRC. This included workshops on first aid and psychosocial support for Tanzanian Red Cross Society volunteers assisting Burundian refugees; simulation exercises and a contingency planning workshop for personnel from the Djibouti Red Crescent; and courses on first aid in conflict for Kenyan Red Cross staff. Some Kenyan Red Cross personnel learnt more about the Safer Access Framework through an exchange programme with the Burundi Red Cross.

The Kenyan Red Cross signed a partnership agreement with the ICRC for 2016–2018. In line with this, it organized events with the ICRC's support, including a Health Emergencies in Large Populations course and a round-table for six National Societies, regarding the Safer Access Framework and issues covered by the Health Care in Danger project. The two organizations also launched a joint project to improve waste management and livelihood opportunities at the Dadaab refugee camp by providing refugees with a machine for recycling plastic.

Movement components regularly coordinated their activities. Kenyan Red Cross representatives contributed to Movement-wide discussions by participating in events abroad, including a meeting of the Movement Reference Group for the Health Care in Danger project, and a conference on global partnerships for humanitarian impact and innovation.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		25,095	999		
RCMs distributed		22,947	775		
Phone calls facilitated between family members		197,685			
Reunifications, transfers and repatriations					
People reunited with their families		130			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		560	103	159	37
<i>including people for whom tracing requests were registered by another delegation</i>		235			
Tracing cases closed positively (subject located or fate established)		252			
<i>including people for whom tracing requests were registered by another delegation</i>		113			
Tracing cases still being handled at the end of the reporting period (people)		1,841	355	498	99
<i>including people for whom tracing requests were registered by another delegation</i>		857			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		972	390		
UAMs/SC reunited with their families by the ICRC/National Society		132	54		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		809	320		
Documents					
People to whom travel documents were issued		9			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		945	43	32	
			Women	Girls	Boys
Detainees visited and monitored individually		42	2		
Detainees newly registered		6			
Number of visits carried out		17			
Number of places of detention visited		5			
RCMs and other means of family contact					
RCMs collected		146			
RCMs distributed		88			
Phone calls made to families to inform them of the whereabouts of a detained relative		821			
People to whom a detention attestation was issued		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	6,210	1,242	3,726
Essential household items	Beneficiaries	5,000	1,000	3,000
Productive inputs	Beneficiaries	6,210	1,242	3,726
Cash	Beneficiaries	3,000	600	1,800
Services and training	Beneficiaries	1,521	304	913
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	22,000	6,600	8,800
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	880		

PRETORIA (regional)

COVERING: Botswana, Lesotho, South Africa, Swaziland



The ICRC has worked in South Africa since the early 1960s, opening a regional delegation in Pretoria in 1978. It visits migrants at an immigration detention centre in South Africa, and other detainees within its purview in Lesotho and Swaziland to monitor their treatment and living conditions. The ICRC also helps vulnerable migrants restore contact with relatives, and helps facilitate efforts to clarify the fate of missing migrants. It promotes IHL and supports the incorporation of the law into military training and university curricula, particularly in South Africa. The ICRC supports the region's National Societies in building their capacities.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Migrants, including those detained, contacted relatives through Movement family-links services. South African authorities worked to improve their capacities in identifying migrants' remains, with ICRC support.
- ▶ In view of planned changes to South African immigration policy, the authorities and the ICRC discussed matters related to detention conditions for migrants, particularly compliance with internationally recognized standards.
- ▶ Swazi correctional authorities sought to make more food available for detainees by improving the productivity of prison farms; they drew on ICRC recommendations and received material assistance to this end.
- ▶ Peacekeeping troops and South African Police Service officers advanced their understanding of IHL, international policing standards and other applicable laws and norms, during briefings and workshops led by the ICRC.
- ▶ African government officials discussed IHL implementation at a seminar held with ICRC help. Lesotho became party to the Arms Trade Treaty, and to Protocols IV and V to the Convention on Certain Conventional Weapons.

EXPENDITURE IN KCHF

Protection	777
Assistance	-
Prevention	878
Cooperation with National Societies	541
General	31
Total	2,227
<i>Of which: Overheads</i>	<i>136</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	7
Resident staff (daily workers not included)	24

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	372
RCMs distributed	327
Phone calls facilitated between family members	3,660
Tracing cases closed positively (subject located or fate established)	8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	5,658
Detainees visited and monitored individually	12
Number of visits carried out	18
Number of places of detention visited	7
Restoring family links	
RCMs collected	18
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	14

CONTEXT

Migration within the region gave rise to various socio-economic issues for both migrants and their host countries. South Africa received more asylum applications than it could process, which made it difficult for many migrants to remain within the country legally. Migrants often lost contact with their families during their journey; many were further displaced by violence resulting from socio-political tensions in their host communities. In July, South African authorities published a document that proposed various changes to existing immigration policies; their plans included setting up processing centres near border areas to accommodate asylum seekers while their status was being determined.

South Africa continued to remain influential throughout the continent. It took part regularly in diplomatic initiatives and contributed troops to peacekeeping missions abroad. South Africa also continued to host the Pan-African Parliament (PAP) and other regional organizations, as well as an extensive diplomatic community, regional offices of the UN and other humanitarian agencies, think-tanks and major media organizations.

Protests and strikes occurred occasionally and led to violence, for example, in Swaziland. Political instability persisted in Lesotho.

ICRC ACTION AND RESULTS

The ICRC's delegation in Pretoria maintained its efforts to foster broader understanding of humanitarian concerns, particularly issues facing migrants. It also continued to reinforce the ICRC's position as a reference organization on IHL for national authorities and other influential actors in the region. The delegation made preparations for the inclusion of Angola and Mozambique among the countries it covers, beginning in 2017.

The ICRC helped migrants throughout the region in locating and connecting with their relatives, and supported efforts to ascertain the fate of missing migrants and provide answers to their families. Together with the National Societies, it enabled migrants, including those detained, to contact their family members through phone calls and other family-links services. The ICRC also helped South African authorities bolster their capacities in identifying unclaimed human remains, with a view to helping resolve cases involving missing migrants. To this end, it designed a pilot project with the authorities to collect and centralize ante/post-mortem data, and provided the national police force and a government-run mortuary in Johannesburg with technical and material assistance. It also supported the efforts of authorities and forensic professionals in South Africa to develop the country as a regional hub for forensic expertise. The ICRC helped organize a training course at which participants from various countries learnt more about the role of forensics in humanitarian action; it also arranged training sessions on the subject for troops.

The ICRC visited migrants held at the largest retention facility in South Africa and detainees in selected places of detention in Lesotho and Swaziland. ICRC delegates monitored the treatment and living conditions of these migrants or detainees and, afterwards, shared their findings and, if applicable, recommendations confidentially with the authorities. The ICRC supported – through such means as training – the efforts of authorities in Swaziland to improve prison management and detainees' living conditions. Swazi correctional authorities drew on ICRC recommendations to increase the productivity of prison farms, and received ICRC material assistance for improving food security in prisons.

Efforts to promote respect for IHL and other related laws, and foster support for neutral, impartial and independent humanitarian action, continued throughout the region. South African National Defence Force (SANDF) personnel bound for peacekeeping missions abroad learnt more about IHL during predeployment briefings conducted by the SANDF with ICRC support. Officers from the South African Police Service (SAPS) and Swazi police officers learnt more about international policing standards at briefings held by the African Policing Civilian Oversight Forum (APCOF), for which the ICRC provided technical advice. The South African Development Community (SADC) and the ICRC agreed upon a plan of action on further cooperation between the two organizations, for example through organizing training courses for troops.

The ICRC held meetings and other events with national authorities, members of civil society, diplomats, and regional and international organizations which facilitated discussions on IHL and various humanitarian issues. Dialogue with the authorities on subjects of mutual concern was further developed, notably through meetings held during the ICRC president's visit in October; in light of the planned changes in South African immigration policy, the topics discussed included concerns related to the detention of migrants. Students and lecturers added to their knowledge of IHL during courses and competitions organized by the ICRC or with its help. Members of the media reported on issues of humanitarian concern, and on Movement activities, using information provided by the ICRC.

With ICRC technical and financial support, the region's National Societies continued to bolster their capacities, particularly in the restoration of family links and organizational development. The ICRC continued to coordinate its activities with National Societies and other Movement partners.

CIVILIANS

The ICRC engaged authorities across the region in dialogue on various issues of humanitarian concern, including the difficulties faced by migrants (see *Actors of influence*). Dialogue with Swazi authorities and security forces on the use of force during law enforcement operations was put on hold owing to other priorities of the regional delegation.

Migrants contact their relatives using family-links services

People displaced within the region, including migrants, located and reconnected with their families through family-links services provided by National Societies and the ICRC. In South Africa, migrants staying in temporary shelters after being displaced by violence arising from communal tensions contacted their relatives through RCMs and phone calls. People at a camp in Botswana used family-links services provided by the Botswana Red Cross, with ICRC financial and technical support, to exchange messages with relatives. Migrants trying to locate relatives in their countries of origin lodged a total of 74 tracing requests.

At the UNHCR's request, the ICRC issued travel documents for 102 Somali migrants bound for resettlement in the United States of America.

National Societies in the region bolstered their capacity to implement family-links activities through ICRC training.

South African forensic professionals develop their ability to identify migrants' remains

South African forensic professionals – in particular, the national government's Forensic Pathology Services (FPS) – and the SAPS

worked to bolster their capacities in forensics with ICRC support, with a view to helping resolve tracing cases involving missing migrants. The FPS-run mortuary in Johannesburg, Gauteng province – where hundreds of sets of human remains remained unclaimed from the authorities – used specialized equipment from the ICRC to improve their management of the unidentified remains. Following consultations with academics, the authorities and the ICRC designed a pilot project to facilitate the identification of those human remains. In particular, the project's focus would be the collection of data – ante-mortem data from tracing requests, and post-mortem data – and their entry into a centralized database for processing.

The authorities and forensic professionals continued efforts to develop South Africa as a regional hub for forensic expertise, with ICRC support. At a training course organized jointly by the University of Pretoria, the Argentine Forensic Anthropology Team and the ICRC, participants – government officials, security forces personnel, members of the judiciary, and forensic professionals – from nine African countries deepened their knowledge of best practices in humanitarian forensics, and the role of forensics in helping families affected by violence and natural disaster to learn the fate of their missing relatives. Military personnel from various countries also learnt more about forensics during ICRC training sessions.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives through phone calls

The ICRC visited, according to its standard procedures, people held in selected places of detention in Lesotho, South Africa and Swaziland, to monitor their treatment and living conditions. These people included security detainees in Swaziland, and people of various nationalities detained at Lindela centre, the largest immigration detention facility for migrants in South Africa. At the Lindela centre, migrants were interviewed about their migration routes and about specific issues of humanitarian concern; ICRC delegates also assessed their access to good-quality health care.

After the visits, detaining authorities were provided with feedback and, if necessary, recommendations for ensuring that detainees' conditions were in line with internationally recognized standards. Notably, authorities at the Lindela centre and the ICRC discussed ways to improve migrants' access to health care. The ICRC pursued dialogue with the authorities in Lesotho, with a view to visiting soldiers detained by the armed forces on suspicion of mutiny.

The migrants detained in South Africa contacted their relatives through phone calls facilitated by the ICRC. Detainees in Lesotho, meanwhile, stayed in touch with their families through phone calls organized by the Lesotho Red Cross Society and the ICRC; some detainees also received hygiene items to help them cope with their circumstances. Migrants held at Botswana's only immigration

detention centre benefited from family-links services provided by the Botswana Red Cross, which received ICRC technical support; the ICRC joined National Society teams in their visits to the facility.

Swazi correctional authorities improve the productivity of prison farms

In Swaziland, prison authorities maintained their efforts, with ICRC help, to improve detainees' living conditions. Detainees' food supply having been affected by a regional drought, correctional officials were given material assistance for improving food security in prisons.

At three correctional centres that were set up as farms, authorities continued to draw on ICRC recommendations – formulated based on the findings of an assessment it conducted – to improve the productivity of these farms, with a view to increasing detainees' food supply and reducing their dependence on government funding. These efforts were supplemented by ICRC donations of seed and tools. Prison staff strengthened their ability to implement agricultural projects at a workshop organized by the Swazi correctional services and the ICRC.

Approval of the Correctional Services Bill, which was drafted with the ICRC's input, remained pending.

ACTORS OF INFLUENCE

Police forces in the region familiarize themselves with international policing standards

Some 750 SANDF peacekeepers bound for missions abroad furthered their understanding of IHL and related issues, including the protection of civilians, at predeployment briefings and during field exercises and courses conducted by the SANDF with ICRC support. Armed forces from around the region were similarly briefed during training sessions conducted with ICRC help. SAPS personnel familiarized themselves with international policing standards at courses organized by APCOF with technical input from the ICRC.

The ICRC maintained its efforts to expand its network and strengthen cooperation with the authorities and other influential groups in the region. It notably provided input to the APCOF regarding guidelines on pre-trial detention.

The SADC's military health service and the ICRC agreed on a plan of action to improve their cooperation, for example through organizing training courses for troops regarding the proper management of human remains. SANDF officials participated in the peer-review process for the updated commentaries to the 1949 Geneva Conventions, and attended a senior workshop abroad for military officers (see *International law and policy*).

PEOPLE DEPRIVED OF THEIR FREEDOM	Botswana	Lesotho	South Africa	Swaziland
ICRC visits				
Detainees visited	783	773	2,293	1,809
<i>of whom women</i>	168		58	21
Detainees visited and monitored individually		8		4
Number of visits carried out	1	2	11	4
Number of places of detention visited	1	1	1	4
Restoring family links				
RCMs collected	12		4	2
RCMs distributed			1	1
Phone calls made to families to inform them of the whereabouts of a detained relative	9		5	

Lesotho ratifies the Arms Trade Treaty and other IHL-related treaties

National authorities across the region were encouraged – through meetings, provision of informational materials and other means – to incorporate IHL in domestic law and ratify related treaties. National IHL committees continued to draw on ICRC expertise in this regard. Lesotho became party to the Arms Trade Treaty, and to Protocols IV and V to the Convention on Certain Conventional Weapons.

Representatives from 15 African countries discussed the implementation of IHL and compliance with it at an annual seminar hosted by the Department of International Relations and Cooperation of the South African government and the ICRC.

South African authorities and the ICRC discuss issues related to the detention of migrants

South African authorities and the ICRC maintained their dialogue on issues of mutual concern, such as the humanitarian consequences of regional conflict and other violence, and the difficulties faced by migrants. Notably, these matters were also discussed at high-level meetings during the ICRC president's visit in October. Particularly in light of government plans to revise immigration policies, South African authorities – such as officials from the home affairs department – and the ICRC discussed matters related to detention conditions for migrants, especially compliance with internationally recognized standards. The South African government and the ICRC signed an amended headquarters agreement in December.

Discussions between the PAP and the ICRC, on further developing their cooperation, continued. ICRC briefings for parliamentary committee members helped them learn more about the issues affecting women during armed conflict.

National authorities and members of civil society throughout the region, the diplomatic community in Pretoria, and South African think-tanks and academics with a key role in influencing government policies met at regional and international round-tables, workshops, and other events organized or attended by the ICRC; there, they discussed such issues as nuclear disarmament and the ICRC's activities in the Lake Chad region, Somalia and South Sudan. Members of the judiciary from various African countries familiarized themselves with IHL during a regional course, held jointly by the ICRC and other humanitarian actors.

Academics learn more about teaching IHL

During an annual course hosted by the University of South Africa and the ICRC, academics and post-graduate students from various African countries discussed IHL, including in relation to contemporary events; this helped them update their knowledge on the subject and enhance their ability to teach it. Lawyers and law academics learnt more about promoting respect for IHL through ICRC-led discussions at an international conference. An event planned for South African law lecturers was postponed.

Members of media based in South Africa were provided by the ICRC with updates on humanitarian issues and Movement activities, for example in South Sudan and Somalia, thus helping them report on these topics and bring wider attention to them. Public interest in humanitarian issues and the ICRC's activities was given a boost by the coverage of press conferences held during the ICRC president's visit.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region bolstered their operational capacities and pursued organizational development with technical and financial backing from the ICRC.

With ICRC support, the South African Red Cross Society worked towards improving its managerial capacities; it also drafted a memorandum of understanding – on the provision of health care and the respect due to the red cross emblem – for the review of national health authorities.

The region's National Societies delivered family-links services and carried out communication activities with the help of training and other support from the ICRC. In South Africa, the National Society and the ICRC developed a pilot project to provide family-links services to migrants at the border with Zimbabwe.

Engagement with the region's National Societies on the application of the Safer Access Framework was limited, owing in part to their focus on responding to needs brought about by a regional drought.

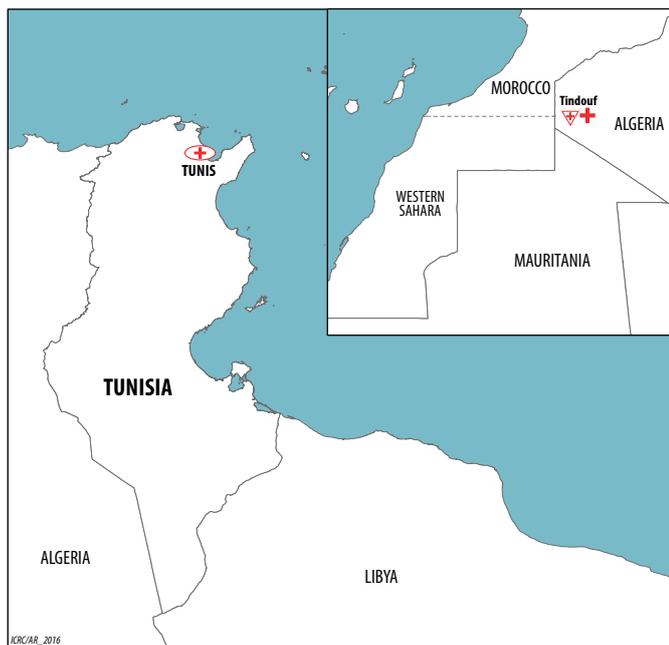
The ICRC continued to coordinate its activities with those of Movement partners and other humanitarian actors, to maximize impact and avoid duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		372	12		
RCMs distributed		327	5		
Phone calls facilitated between family members		3,660			
Names published in the media		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		85	23	19	3
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases closed positively (subject located or fate established)		8			
Tracing cases still being handled at the end of the reporting period (people)		168	40	31	16
<i>including people for whom tracing requests were registered by another delegation</i>		13			
Documents					
People to whom travel documents were issued		102			
Official documents relayed between family members across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		5,658	247		
			Women	Girls	Boys
Detainees visited and monitored individually		12			
Number of visits carried out		18			
Number of places of detention visited		7			
RCMs and other means of family contact					
RCMs collected		18			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		14			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	8		
Essential household items	Beneficiaries	781		
Vouchers	Beneficiaries	2		
Health				
Visits carried out by health staff		1		
Places of detention visited by health staff	Structures	1		

TUNIS (regional)

COVERING: Tunisia, Western Sahara



ICRC/AR_2016
 ○ ICRC regional delegation + ICRC presence ▽ ICRC-supported physical rehabilitation project

The regional delegation based in Tunis, which has been operating since 1987, visits people deprived of their freedom in Tunisia, monitoring their treatment and conditions of detention. It promotes awareness of IHL among the authorities, armed forces and armed groups, as well as implementation of that law. The ICRC supports the Tunisian Red Crescent in building its capacities. With the Polisario Front and Sahrawi organizations, it works to address issues of humanitarian concern arising from the aftermath of the Western Sahara conflict. It helps Sahrawi refugees with disabilities obtain physical rehabilitation services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Detainees in Tunisia benefited from the authorities' efforts to improve their access to health care; for instance, they refurbished a laboratory to help health staff in two prisons address medical issues better.
- ▶ People separated from their families by armed conflict, detention or migration – notably people rescued off the Tunisian coast – kept in touch with their relatives through Tunisian Red Crescent/ICRC family-links services.
- ▶ Medical professionals in Tunisia, including several affiliated with the military, expanded their skills in war surgery and their understanding of medical ethics in relation to IHL by attending training courses with ICRC support.
- ▶ Disabled Sahrawi refugees, including mine victims, regained some mobility through services and assistive devices provided at an ICRC-supported physical rehabilitation centre.
- ▶ Military and police officers in the region, including instructors from the Tunisian police and national guard, learnt more about IHL and/or international law enforcement standards at ICRC briefings and lectures.

EXPENDITURE IN KCHF

Protection	1,579
Assistance	2,372
Prevention	898
Cooperation with National Societies	338
General	28
Total	5,216
<i>Of which: Overheads</i>	<i>318</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	39

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	69
RCMs distributed	106
Phone calls facilitated between family members	726
Tracing cases closed positively (subject located or fate established)	6
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	15,680
Detainees visited and monitored individually	372
Number of visits carried out	44
Number of places of detention visited	15
Restoring family links	
RCMs collected	105
RCMs distributed	95
Phone calls made to families to inform them of the whereabouts of a detained relative	129

ASSISTANCE	2016 Targets (up to)	Achieved
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Projects	1
Patients receiving services	Patients	870

CONTEXT

In Tunisia, major attacks by gunmen in 2016 – for instance, in Ben Guerdane near the Libyan border – wounded and killed people, including some civilians. State forces continued to target armed groups reportedly operating in the region and within Tunisia – particularly along the borders with Algeria and Libya. Many arrests were made, specifically under anti-terrorism legislation adopted in 2015. Massive protests and violent demonstrations in early 2016 – linked to widespread unemployment and wage-related issues – also contributed to the fragility of the political situation in the country. The situation was calmer in the second half of the year – after more security measures were taken – and no major incidents were reported.

Thousands of people fleeing armed conflict or instability in the region continued to seek refuge in Tunisia or pass through it on their way to their home countries or Europe.

The status of Western Sahara remained a point of contention between Morocco and the Polisario Front. The UN Mission for the Referendum in Western Sahara (MINURSO) was extended to 2017. Hundreds of people continued to wait for news of relatives missing since the 1975–1991 Western Sahara conflict. Families in Western Sahara remained at risk from mines and explosive remnants of war (ERW). Tens of thousands of Sahrawis lived in refugee camps near Tindouf, Algeria.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Tunis focused on meeting the needs of people deprived of their freedom in Tunisia, and of vulnerable people separated from their families, in cooperation with government bodies and Movement partners in the region.

In Tunisia, the ICRC visited thousands of detainees in accordance with its standard procedures. Special attention was paid to people held on security-related charges and to foreigners. Dialogue with the ICRC, on improving detainees' treatment and living conditions, encouraged detention authorities to make essential items such as hygiene kits and clothes available to detainees. Joint health ministry and ICRC pilot health projects continued to make good-quality health care available to detainees at the Borj El Amri and Mornaguia prisons. A laboratory was refurbished to help health staff in both prisons address medical issues better. The ICRC provided technical support to the ministries and penitentiary authorities concerned with the government-mandated handover of responsibility for health care in prisons from the justice to the health ministry.

Members of families dispersed by armed conflict, detention or migration restored or maintained contact through Movement family-links services. Tunisian forensic authorities drew on the ICRC for advice on improving their methods of managing human remains; forensic professionals attended courses and workshops on the subject. Polisario Front authorities, organizations such as the "Sahrawi Red Crescent" and the Moroccan and Sahrawi human rights committees, and the ICRC had discussions on ascertaining the fate of people missing since the past conflict.

To help ensure that wounded people could receive adequate treatment, the ICRC helped Tunisian military and civilian doctors to expand their capacities in war surgery, and Tunisian Red Crescent volunteers to develop their ability to administer first aid.

The "Sahrawi Red Crescent" updated its first-aid manual with ICRC assistance.

Disabled Sahrawi refugees living near Tindouf, Algeria, including mine victims, regained a measure of mobility through treatment and prosthetic/orthotic devices provided to them at the ICRC-supported physical rehabilitation centre in Tindouf or during outreach activities.

The ICRC helped 140 families to rebuild their houses, which had been damaged by the floods that struck the refugee camps in Tindouf in 2015; there were disabled people among these families.

The ICRC gave the Tunisian interior ministry expert advice for improving the treatment of people in police custody, and support for training its personnel in international law enforcement standards. It also provided guidance and the necessary materials for instructors from the Tunisian police and national guard to incorporate IHL-related training in their work. Sahrawi and Tunisian authorities, weapon bearers, media professionals, and others capable of advancing the humanitarian agenda learnt more about IHL and the ICRC's work through information sessions and courses held locally or abroad.

CIVILIANS

The Tunisian Red Crescent and the ICRC enabled migrants rescued at sea, or intercepted by Tunisian authorities at the border with Libya, to phone their families; these migrants included asylum seekers and refugees. Families in Tunisia also used Movement family-links services to restore or maintain contact with relatives detained or interned in the country or abroad.

Tunisian families requested the ICRC's help in finding relatives said to be involved in the conflicts in Libya or the Syrian Arab Republic or who had gone missing in Lebanon. The families of migrants who had left Libya by boat made similar requests; some of these migrants were among the people rescued by the Tunisian coast guard or among those whose bodies washed ashore in Tunisia.

Forensic authorities in Tunisia and the ICRC discussed the ICRC's analysis of the authorities' methods of managing human remains, with a view to setting up a working group in this connection. With ICRC financial support, forensic professionals in the region expanded their capacities in managing human remains: one doctor from Tunisia attended a training course abroad; and 30 medical personnel, representatives of Tunisian government agencies, and National Society volunteers from Libya and Tunisia participated in an ICRC workshop on the subject. The Tunisian authorities turned down the ICRC's proposal to exhume and identify the remains – found in 2014 – of a group of migrants.

The National Society, together with the ICRC, began an evaluation of its capacity in restoring family links.

Polisario Front authorities, and organizations such as the "Sahrawi Red Crescent" and the Moroccan and Sahrawi human rights committees, had discussions with the ICRC on ascertaining the fate of people missing since the past conflict. The ICRC reminded all parties of its readiness to serve as a neutral intermediary.

Sahrawi authorities were given technical and financial assistance to educate people about the threat of mines and ERW: they developed and distributed reference materials and conducted information sessions for some 2,500 people.

The ICRC helped 140 refugee families to rebuild their houses using local construction techniques; the houses had been damaged by the floods that struck the refugee camps in Tindouf in 2015; there were disabled people among these families.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Tunisia, over 15,000 detainees held by the justice ministry and some 430 by the interior ministry received visits conducted in accordance with standard ICRC procedures. Particular attention was paid to vulnerable women, minors, people held on security-related charges and foreigners. Over 370 detainees were followed up individually.

Several cases of foreign detainees – some of whom faced possible deportation in violation of the principle of *non-refoulement* – were referred to UNHCR, the IOM or other organizations for specific assistance.

The ICRC shared with the prison administration recommendations drawn from its prison visits. Detention authorities and the ICRC maintained their dialogue on improving detainees' living conditions and treatment, which included preventing and responding appropriately to cases of ill-treatment. At the ICRC's encouragement, the authorities allocated a budget for essential items such as hygiene kits and clothes for detainees, particularly for migrants in prison and at a migrant retention centre, and for vulnerable female inmates.

Information sessions enabled some 150 prison guards and other staff to familiarize themselves with the ICRC's work for detainees and its standard procedures for prison visits. Two prison directors benefited from attendance at a prison management course. At a three-day seminar organized by the ICRC, prison doctors and other health staff strengthened their grasp of the ethical issues associated with health care in places of detention.

A multi-sectoral working group – created by penitentiary authorities in 2015 – met regularly to discuss ways to tackle overcrowding. It drew on ICRC expertise to draft recommendations for submission to the justice ministry; the recommendations included proposals for revising the penal code.

A number of detainees, particularly foreigners, maintained contact with their relatives through Movement family-links services; the ICRC informed several families of their relatives' detention.

A refurbished laboratory helps health staff in two prisons better address medical issues

During follow-up visits, ICRC delegates checked the medical condition of several detainees in places of temporary and permanent detention, and of people being held at a migrant retention centre – some of whom were on hunger strike or had been victims of ill-treatment.

Inmates at the Borj El Amri and Mornaguia prisons continued to benefit from good-quality care through pilot health projects run jointly by the health and justice ministries. The capacities of prison health staff were strengthened by the training of two laboratory technicians and the ICRC-sponsored refurbishment of the laboratory at the Mornaguia prison; the laboratory was intended to serve both prisons. The ICRC donated computers and other office equipment and supplies, and presented detention health authorities with electronic forms, to help staff at both prisons manage medical data more efficiently.

Two doctors in places of detention managed by the interior ministry attended a training session in Switzerland, where they learnt more about public-health issues in prisons.

The government announced that responsibility for health care in prisons would pass from the justice to the health ministry; the ICRC offered technical support as the two ministries and other penitentiary authorities discussed the handover.

Detainees have better living conditions after prison infrastructure is upgraded

Fumigation campaigns carried out by Mornaguia prison staff with ICRC support helped curb the spread of disease.

Some 700 detainees stood to benefit from the ICRC-funded construction of a new kitchen in the Kasserine prison. Around 6,100 inmates in the Mornaguia prison had better living conditions after improvements were made to the prison's reception areas and laundry. No progress was made in talks with detention authorities about forming a technical committee to oversee the renovation and construction of prisons.

A project to rehabilitate five places of temporary detention and provide training for police officers was cancelled owing to the authorities' lack of interest.

WOUNDED AND SICK

The "Sahrawi Red Crescent" developed its first-aid capacities with ICRC material and technical support. It reviewed and updated its first-aid manual, and held refresher training for its volunteers.

Medical professionals in Tunisia strengthened their ability to provide adequate treatment, with ICRC help: 26 surgeons expanded their war-surgery skills at a seminar held in Tunisia, and two military doctors attended a similar seminar abroad. The ICRC also provided technical support for a workshop on war surgery that the military organized for its surgeons.

Over 20 medical professionals, mainly from emergency services and one military hospital, learnt how to improve their response to mass-casualty incidents at the first emergency trauma management course held in Tunisia. During a joint visit to the Ben Guerdane hospital after it was attacked (see *Context*), Tunisian health ministry officials and ICRC delegates reviewed the hospital's mass-casualty contingency plan.

To advance their understanding of medical ethics in relation to IHL, health personnel affiliated with the military attended a course held in Tunisia and three forums in Switzerland on the subject. Police officers, emergency-room doctors, surgeons and members of the public learnt more about the issues covered by the Health Care in Danger project at information sessions.

Disabled Sahrawis obtain physical rehabilitation services at the Rabouni hospital

Some 870 disabled people living near Tindouf, including mine victims, regained some mobility through treatment and prostheses/orthoses provided to them by the ICRC-supported physical rehabilitation centre at the Rabouni hospital. Women and children made up nearly half of the beneficiaries. Among those who benefited from physiotherapy, over 180 were mine victims. Some 130 devices were repaired at the centre. Disabled people were able to participate in social activities after receiving wheelchairs and walking aids.

The centre maintained or improved the quality of its services with the ICRC's help. Some 20 local staff, volunteers and apprentices, including from the health authorities, developed their skills in prosthetics/orthotics and physiotherapy through on-site supervision and at training sessions organized by ICRC technicians.

The centre conducted a dozen outreach visits, to promote its services, and to treat patients unable to travel easily. During these visits, some people availed themselves of the services offered or learnt more about caring for children with special needs. Public events and media campaigns helped broaden awareness of the centre's services.

ACTORS OF INFLUENCE

Authorities and weapon bearers in the region, and individuals capable of facilitating humanitarian activities for vulnerable people and detainees, or of persuading others to do so, furthered their understanding of IHL and Movement action through ICRC publications, information sessions and discussions with delegates. At an IHL course in Arabic organized by the League of Arab States and the ICRC in Tunisia, 50 lawyers, judges, government officials and NGO leaders from throughout the region, including two Tunisian military judges, added to their knowledge of IHL and its links to Islamic law, refugee law and international human rights law. At other ICRC presentations, government officials, Tunisian military personnel – including 200 commanders – and some foreign troops undergoing training in the country, learnt more about IHL and the ICRC's neutral, impartial and independent humanitarian action.

Tunisian military officials increase their ability to take IHL into account in their decision-making

Two senior military officers learnt more about taking IHL into account in their operational decision-making at a workshop in Switzerland (see *International law and policy*); one military judge added to his knowledge at a course in San Remo. Military doctors exchanged views on protection for medical workers and facilities at training/information sessions (see *Wounded and sick*).

At ICRC training sessions, some 60 officers from the police and the national guard strengthened their grasp of international standards for law enforcement, particularly those covering the use of force, arrests, detention and interrogation. Instructors from both the police and the national guard were given technical guidance and the materials necessary to incorporate elements of the training sessions in their work.

The interior ministry drew on ICRC expertise to improve the treatment of persons in police custody (see also *People deprived of their freedom*); the ministry's working group on this matter received ICRC-facilitated training in law enforcement standards and project management.

Four law professors – including those set to teach a newly established graduate course in IHL – and four judges, including one affiliated with the national IHL committee, attended IHL courses held locally (see above) or abroad (see *Lebanon* and *Yaoundé*). Academics and students from an Islamic university in Tunisia discussed the common ground between IHL and Islamic law at two conferences. University students and teachers tested their knowledge of IHL at a moot court competition.

Polisario Front officials add to their knowledge of IHL

Officials from the Polisario Front and from Sahrawi organizations advanced their understanding of IHL, other international norms, and humanitarian principles at various ICRC events. In particular: a Sahrawi judicial police officer and a judge attended a training session on international human rights law (see *Algeria*); a military official from the Polisario Front took an advanced course in San Remo; and a representative of the principal Sahrawi organization dealing with cases of missing persons participated in a course for humanitarian professionals (see *Dakar*). Some 60 officers from the Sahrawi armed forces and military tribunals and members of civil society learnt more about humanitarian issues at information sessions.

ICRC-facilitated camp visits gave media professionals first-hand experiences and information on which to base their reports on ICRC activities in the Tindouf refugee camps. Journalists, including 20 people covering southern Tunisia, learnt more about ICRC's activities through briefings or workshops. Audiovisual materials published by the ICRC – for instance, a short film on mine victims in Western Sahara – helped to broaden public awareness of humanitarian issues and the Movement's work.

RED CROSS AND RED CRESCENT MOVEMENT

The Tunisian Red Crescent continued to develop its capacities with financial, material and technical assistance from the Movement. It strengthened its staff and volunteers' ability to safely assist people in need through training sessions on the Safer Access Framework, which 60 volunteers from 14 regions attended. First-aid supplies from the ICRC strengthened the National Society's services. It conducted first-aid training sessions for volunteers at local branches, and exchanged ideas with first-aid specialists and instructors from 17 other National Societies, from francophone African countries, at a regional meeting it hosted with the ICRC. With ICRC support, it held workshops to strengthen its volunteers' ability to conduct assessments during emergencies. It evaluated its response to the recent attacks in Tunisia and identified areas for improvement.

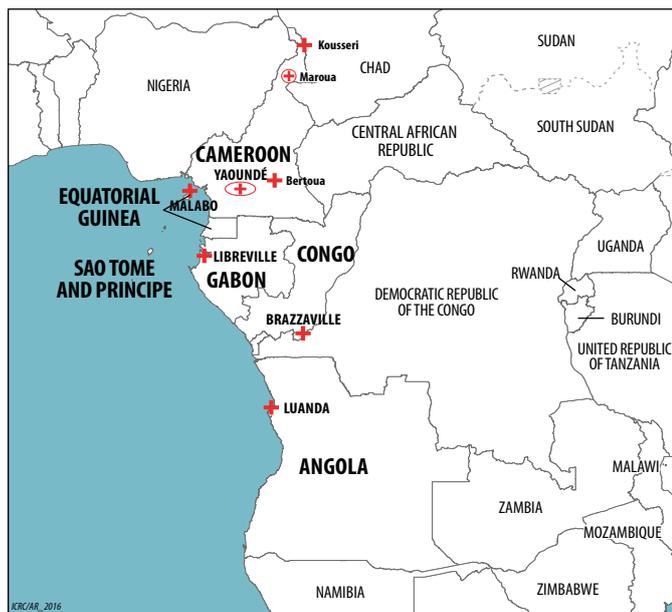
The Tunisian Red Crescent, with ICRC assistance, organized briefings for local authorities, particularly in areas affected by migration and violence, to help increase their understanding of its role and the Movement's activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		69			
RCMs distributed		106			
Phone calls facilitated between family members		726			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		48	6	7	8
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases closed positively (subject located or fate established)		6			
Tracing cases still being handled at the end of the reporting period (people)		187	14	13	17
<i>including people for whom tracing requests were registered by another delegation</i>		57			
Documents					
Official documents relayed between family members across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		15,680	537	168	
			Women	Girls	Boys
Detainees visited and monitored individually		372	40	3	6
Detainees newly registered		173	29	3	6
Number of visits carried out		44			
Number of places of detention visited		15			
RCMs and other means of family contact					
RCMs collected		105			
RCMs distributed		95			
Phone calls made to families to inform them of the whereabouts of a detained relative		129			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	6,814	68	
Health				
Visits carried out by health staff		52		
Places of detention visited by health staff	Structures	13		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services	Patients	870	217	175
New patients fitted with prostheses	Patients	1		
Prostheses delivered	Units	43	3	1
<i>of which for victims of mines or explosive remnants of war</i>		37	1	
New patients fitted with orthoses	Patients	31	8	3
Orthoses delivered	Units	82	26	13
<i>of which for victims of mines or explosive remnants of war</i>		9		
Patients receiving physiotherapy	Patients	851	212	175
Walking aids delivered	Units	265	71	14
Wheelchairs or tricycles delivered	Units	134	59	18

YAOUNDÉ (regional)

COVERING: Angola, Cameroon, Congo, Equatorial Guinea, Gabon, Sao Tome and Principe



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Despite constraints – namely, security concerns and difficulties in contacting key actors – the region’s authorities and weapon bearers and the ICRC discussed respect for IHL and other applicable norms, and protection for civilians.
- ▶ In Cameroon, people affected by the conflict in the Lake Chad region met their urgent needs via ICRC-supplied food and household essentials, and ICRC-repaired water facilities. IDPs in Congo also received essential household items.
- ▶ Detainees in Cameroon benefited from the provision of food and medicines, and repairs to prison facilities, by the ICRC. Malnourished detainees received nutritional supplements, which helped them recover their health.
- ▶ IDPs in northern Cameroon, and refugees from the Central African Republic and Nigeria, reconnected with relatives through the Movement’s family-links services. Separated minors rejoined their families in Cameroon and Congo.
- ▶ In Cameroon, conflict-affected people had access to health services at two ICRC-supported centres. During election-related violence in Congo and Gabon, wounded people were treated by the ICRC-backed National Societies.
- ▶ The National Societies in the region promoted IHL and the Movement. With ICRC financial, material and technical support, they strengthened their capacity to respond to emergencies, administer first aid and restore family links.

EXPENDITURE IN KCHF

Protection	3,492
Assistance	11,157
Prevention	2,266
Cooperation with National Societies	2,118
General	73
Total	19,106
<i>Of which: Overheads</i>	<i>1,166</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	34
Resident staff (daily workers not included)	137

The ICRC set up its Yaoundé regional delegation in 1992 but has been working in the region since 1972. It monitors the domestic situation in the countries covered, visits security detainees and helps restore contact between separated family members, including migrants, and responds to the emergency needs of refugees and IDPs in northern Cameroon. It pursues longstanding programmes to spread knowledge of IHL among the region’s authorities, armed forces and civil society, and supports the development of the National Societies.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	602
RCMs distributed	269
Phone calls facilitated between family members	24
Tracing cases closed positively (subject located or fate established)	391
People reunited with their families	22
<i>of whom unaccompanied minors/separated children</i>	22
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	9,609
Detainees visited and monitored individually	1,015
Number of visits carried out	45
Number of places of detention visited	27
Restoring family links	
RCMs collected	58
RCMs distributed	10
Phone calls made to families to inform them of the whereabouts of a detained relative	167

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 72,000	90,497
Essential household items	Beneficiaries 42,000	45,617
Productive inputs	Beneficiaries 30,000	28,566
Cash	Beneficiaries	13,932
Services and training	Beneficiaries 3	
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 30,000	60,990
Health		
Health centres supported	Structures 4	2
WOUNDED AND SICK		
Water and habitat		
Water and habitat activities	Number of beds	40

CONTEXT

The conflict linked to the activities of the armed group that calls itself Islamic State's West Africa Province (also known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad or Boko Haram) persisted throughout the Lake Chad region. Cameroon – along with its neighbours Chad, Niger and Nigeria – continued to send troops to combat the armed group. Humanitarian needs, arising from the presence of refugees and IDPs, persisted in the north; because of logistical, financial and security constraints, however, few humanitarian actors were able to provide sufficient aid. The Cameroonian government continued to transport Nigerians without the necessary documents back to Nigeria.

The spillover of violence from the conflict in the Central African Republic (hereafter CAR) prevented refugees from leaving eastern Cameroon and Congo.

In Congo and Gabon, election-related violence led to casualties and mass arrests. In the Pool region of Congo, where government forces were deployed, some people were temporarily displaced.

Socio-political concerns were sources of tension in Angola and Equatorial Guinea.

ICRC ACTION AND RESULTS

Security concerns and difficulties in reaching out to key interlocutors sometimes curtailed the ICRC's access to people in need. Despite these constraints, the organization pursued its efforts to expand dialogue with authorities and weapon bearers in the region. Discussions with armed and security forces, particularly in Cameroon and Congo, focused on the protection of civilians and their access to basic services, and on IHL and other norms applicable to the conduct of hostilities. The ICRC organized pre-deployment training sessions for Congolese and Gabonese armed and security forces personnel bound for Bangui in the CAR. Influential Cameroonian and Congolese figures, such as military judges and prosecutors, learnt more about IHL and other applicable norms – through discussions and training sessions – and were encouraged to incorporate these norms in their duties. Regular contact with the ICRC helped members of civil society – religious and traditional leaders, academics and journalists – further their understanding of and support for humanitarian principles, IHL and the Movement.

The Yaoundé regional delegation continued to adapt its set-up and activities to respond to the prevailing humanitarian needs in Cameroon. To facilitate its access to people in need, it strengthened its sub-delegation in Maroua – covering the conflict-affected departments of Mayo-Sava and Mayo-Tsanaga – and, at the end of 2016, upgraded its Kousséri office to a sub-delegation – covering the Logone-et-Chari department, which hosts the largest number of IDPs in the country. The situation in the Lake Chad region called for a budget extension¹ (see also *Chad, Niger and Nigeria*), which was used, in Cameroon, to reinforce the Movement's family-links services. Photo-tracing services were used to search for children separated from their families within the Minawao refugee camp, and vulnerable people outside the camp began to benefit from family-links services.

In northern Cameroon, people affected by the conflict in the Lake Chad region coped with the help of food and/or household

essentials distributed by the Cameroon Red Cross Society and the ICRC; some vulnerable resident households received agricultural supplies and equipment, which helped them pursue their food production activities. They had better access to potable water after the ICRC repaired boreholes, and to good-quality health services because of ICRC financial, material and technical support for two primary-health-care centres. The Congolese Red Cross and the Gabonese Red Cross Society, with ICRC backing, administered first aid to people injured during election-related violence in their countries. In Congo, people displaced by violence in the Pool region (see *Context*) received household essentials from the ICRC, which helped them meet some of their needs.

In Angola, Cameroon and Congo, ICRC delegates visited detainees – in places of detention to which they had access – to monitor and help improve their treatment and living conditions. After such visits, delegates discussed their findings confidentially with the detaining authorities: various issues were covered, including the need to respect international norms and principles applicable to arrests and detention. The ICRC's dialogue with detaining authorities in the region had two other important aims: to secure broader access to detainees and to ensure that prison visits could be conducted in accordance with standard ICRC procedures. In Cameroon, the growing numbers of arrests related to the conflict in the Lake Chad region put additional pressure on facilities, resources and services already under strain. Malnourished detainees in some prisons received nutritional supplements, which helped them recover their health. Detainees benefited from ICRC distributions of medicines for common diseases; their living conditions improved after the ICRC upgraded infrastructure at their facilities.

In light of the situation in northern Cameroon and socio-political tensions in the region, particularly in Congo and Gabon, the ICRC reinforced its partnership with all the National Societies in the countries covered. ICRC financial, material and technical support, and training, helped them to strengthen their communication, emergency-response and family-links capacities. Movement components met regularly to coordinate their activities.

CIVILIANS

Despite some constraints (see *ICRC action and results*), the ICRC pursued dialogue – including on the protection of civilians and their access to basic services, notably health-care services in line with the Health Care in Danger project – with the authorities in the countries covered by the regional delegation. This was especially the case in northern Cameroon, where people, particularly IDPs, continued to endure the effects of the conflict in the Lake Chad region, and in Congo, where people were affected by election-related violence. The ICRC and the authorities also discussed security forces' compliance with international rules governing crowd control and the use of force.

The ICRC initiated discussions with Cameroonian authorities on the conditions for transporting Nigerians back to their country (see *Context*) and the treatment of people during arrest operations.

IDPs and refugees in Cameroon and Congo restore contact with their relatives

The region's National Societies, notably those of Cameroon and Congo, improved the quality of their family-links services with the ICRC's support. The National Societies concerned and the ICRC helped members of dispersed families – mostly refugees from

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C22344A334FA4D99C12580270022ADD7/\\$File/BEA_2016_LakeChad_347_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/C22344A334FA4D99C12580270022ADD7/$File/BEA_2016_LakeChad_347_Final.pdf)

the CAR and Nigeria, and IDPs in northern Cameroon – restore and maintain contact with their relatives through telephone calls and RCMs; those who could not locate their relatives filed tracing requests with the National Society and the ICRC. In the Minawao refugee camp in Cameroon, people benefited from photo-tracing services, which facilitated the search for children separated from their families within the camp. Vulnerable people outside Minawao – particularly female heads of households and the elderly – had access to family-links services, because of the partnership between the National Society and the ICRC.

Over 240 unaccompanied minors and separated children were newly registered and given help to locate their relatives. Twenty-one children were reunited with their families in Cameroon, and one rejoined his family in Congo.

The ICRC assessed the family-links needs of migrants in Gabon and supported the Gabonese National Society in developing its response to them.

People in northern Cameroon have access to health services

The National Societies – particularly those responding to humanitarian needs arising from the situations in northern and eastern Cameroon or the election-related violence in Congo and Gabon – strengthened their emergency-response capacities, including first aid, with the help of ICRC-provided materials and training. During an outbreak of yellow fever, ICRC-trained Angola Red Cross volunteers helped raise awareness of the disease and how to prevent its contraction; they also carried out vaccination campaigns, in coordination with the health ministry.

Over 40,200 people in northern Cameroon had better access to good-quality curative and preventive health-care services at the Maltam and Mémé primary-health-care centres, both of which received material, technical and financial support – including coverage of the staff's salaries – regularly from the ICRC. Children and pregnant women had medical consultations, free of charge, at these centres. A total of 115 people injured in an attack received life-saving care from staff at the Mémé centre, who used supplies provided by the ICRC to treat weapon wounds. Over 40 people in need of higher-level medical care were referred, and transported, to a hospital supported by Médecins Sans Frontières. Infrastructural upgrades made by the ICRC aimed to enhance the quality of services available at both supported centres.

People affected by conflict and other violence cover their basic needs

Approximately 60,200 IDPs and residents of host communities had access to drinking water after the ICRC repaired over 80 boreholes in several communities in northern Cameroon. Latrines, showers and water points were built in response to an emergency in an IDP camp; some 700 people benefited. In two communities in Mayo-Tsanaga, water committees and maintenance workers were trained to help ensure the sustainability of infrastructure; the ICRC prepared to extend such support to other communities.

Despite the security and logistical constraints that impeded relief distributions, the ICRC pursued its efforts to assist conflict-affected people in northern Cameroon – specifically in Diamaré, Logone-et-Chari, Mayo-Sava and Mayo-Tsanaga. Some 61,000 IDPs (around 10,000 households) and 29,500 residents (around 4,600 households) met their nutritional requirements with food distributed by the National Society and the ICRC; some 13,900 IDPs bought food

with cash transfers. Around 44,600 people (7,503 households), mostly IDPs, coped with their situation with the help of household essentials. In addition, 4,761 vulnerable resident households increased their crop yield (benefiting some 28,600 people) with seed and fertilizer, and technical support, from the ICRC. The ICRC coordinated with other humanitarian organizations – notably the WFP – and strengthened its cooperation with the Cameroonian National Society, to strengthen its activities for people in need and to avoid duplication of effort.

In Congo, over 1,000 people (209 households) displaced by the fighting in the Pool region (see *Context*) met some of their needs with ICRC-distributed household essentials. Aided by the ICRC, National Society volunteers working at IDP sites carried out activities to help ensure that people had access to sanitation facilities and health-care services; they also helped the authorities to manage the sites.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC pursued its dialogue with the region's detaining authorities, with a view to gaining improved access to detainees and ensuring that its visits could be conducted in accordance with its standard procedures. In Angola, Cameroon and Congo, ICRC delegates visited over 9,600 detainees – in places of detention to which they had access – and monitored their treatment and living conditions. They communicated their findings and recommendations confidentially to the pertinent authorities.

In Cameroon, dialogue with the authorities – notably the justice ministry – continued; it covered such subjects as the treatment of detainees, particularly in places of temporary detention, and respect for judicial guarantees. ICRC activities continued to focus on emergencies in prisons (see below). In Angola and Congo, some detainees – including those allegedly involved in an attempted coup d'état in Angola and people arrested during election-related violence in Congo – benefited from ad hoc ICRC assistance. In Gabon, national authorities and detention officials attended a meeting organized by the justice ministry and the ICRC, where they discussed how to improve the health system in the country's detention facilities.

Thirty-eight detainees held in Yaoundé were visited by their relatives for the first time since their arrest; the visits were arranged through the ICRC's family-visit programme.

Detainees in Cameroon have better living conditions

In Cameroon, people continued to be arrested in growing numbers as the conflict in the Lake Chad region intensified. This put additional pressure on facilities, resources and services already under strain, and adversely affected inmates' living conditions.

Some 3,700 malnourished detainees in four places of detention – in Bertoua and Kousséri, and two in Maroua – continued to receive nutritional supplements from the ICRC, which helped most of them to recover their health. Almost 37,100 detainees in these prisons and in the Garoua prison received food from the ICRC, which helped prevent malnutrition among them. These prisons also received material support and/or training from the ICRC, to strengthen the food-supply chain. Some 4,600 detainees in five places of detention, including one in Yaoundé, had improved living conditions thanks to ICRC-provided household essentials and hygiene items. Detainees in four prisons – around 4,000 people – had access to medicines for common diseases. When necessary,

detainees were taken to health facilities outside prison; their medical expenses were covered by the ICRC.

Detainees further improved their health and living conditions with the help of ICRC upgrades to prison facilities. At one of the prisons in Maroua, 1,700 detainees benefited from the installation of ovens and the donation of cooking pots. At the Bertoua prison, 700 detainees had better access to potable water after the ICRC built a water tower and repaired a well; they also benefited from upgrades made to the prison's kitchen facilities and wastewater-treatment system. Similar projects were ongoing in the Garoua and Kousseri prisons.

When seasonal power cuts narrowed access to potable water in one of the prisons in Maroua, the city's fire brigade and the ICRC trucked in water every day for about a month and a half, while longer-term solutions were sought; 1,700 detainees benefited.

ACTORS OF INFLUENCE

The region's armed and security forces learn about IHL and other applicable norms

In light of the general situation in the region (see *Context*), the ICRC sought to expand its dialogue with local and national authorities, and weapon bearers. It aimed to help them strengthen their understanding of and support for humanitarian principles, IHL and other norms applicable to their duties, and the ICRC's role and mandate, and to facilitate the ICRC's access to detainees with respect to the organization's standard procedures. In Cameroon and Congo, discussions with weapon bearers focused on the protection of people not or no longer taking part in hostilities, especially from abuses such as sexual violence and forced recruitment. Dialogue was, however, limited by poor security conditions and difficulties in reaching out to all of the key parties involved in the conflict and other violence.

Through dissemination sessions, military personnel in Cameroon – including members of the multinational force (see *Context*), the Rapid Intervention Brigade and the *gendarmerie* – learnt more about IHL and/or other norms applicable to the conduct of hostilities, law enforcement operations and command responsibility. They were encouraged to incorporate IHL in their doctrine, training and operations, and in military disciplinary and sanction mechanisms. With ICRC help, senior officers attended a workshop abroad on rules governing military operations (see *International law and policy*).

Military student officers from 18 countries participated in an event held at a military academy in Libreville, Gabon, where they strengthened their grasp of IHL and of the ICRC's mandate and activities. In Congo, officers in charge of security during the presidential elections attended a workshop on international standards for the use of force and norms applicable to arrests and detention. Congolese and Gabonese military and security forces personnel waiting to be deployed to Bangui participated in ICRC training sessions on IHL.

Influential figures are encouraged to incorporate IHL and other applicable norms in their duties

Military judges and prosecutors and other influential figures took part in a series of discussions and training sessions, organized by the ICRC in Yaoundé, where they learnt more about IHL and other applicable norms, and were encouraged to incorporate these norms in their duties; topics included the use of force in law

enforcement, treatment of detainees, judicial guarantees, and the use of sanctions to prevent violations of IHL. In Congo, 30 civilian and military magistrates discussed these matters at an IHL seminar organized by the justice ministry and the ICRC.

Members of civil society in Cameroon and Congo advance their understanding of humanitarian issues

The ICRC expanded its engagement with the region's civil society – journalists, academics, and religious and traditional leaders – to help broaden their awareness of humanitarian concerns and the Movement. Such interaction aimed to facilitate access for the National Societies and the ICRC to people in need. This was especially the case in northern Cameroon where the ICRC discussed its role as guardian of IHL, and its activities in response to the conflict in the Lake Chad region, with administrative and religious leaders. Through joint communication efforts, the National Societies and the ICRC raised awareness of their activities for people affected by armed conflict and other violence.

During seminars and meetings with the ICRC, Cameroonian and Congolese journalists learnt more about their roles and responsibilities while reporting on armed conflict and other violence, and about the protection afforded to them by IHL. In Cameroon, the general public, including people who benefited from ICRC assistance, learnt more about the ICRC and its activities through press releases and radio programmes.

Students at the University of Maroua participated in dissemination sessions and gained access to an IHL library; the ICRC gave its advice on the school's IHL curricula. The ICRC's annual pan-African IHL training course was held in Yaoundé, in March; a total of 32 professors from 13 countries, sponsored by the ICRC, participated in the event. Such efforts strengthened the ICRC's relationship with academics.

The Congolese justice ministry sought the ICRC's expert opinion on the revisions of the penitentiary, penal and procedural codes. In Cameroon, the ICRC and the National Society began to review the law on the protection of the red cross emblem. The ICRC initiated discussions with the pertinent Cameroonian authorities on the implementation of the African Union Convention on IDPs. It continued to encourage the governments in the region to establish national IHL committees.

RED CROSS AND RED CRESCENT MOVEMENT

The National Societies in the region strengthened their partnership with the ICRC, and – with ICRC training and material support – reinforced their ability to administer first aid and restore family links (see *Civilians*).

The Cameroonian, Congolese and Gabonese National Societies expanded their emergency-response capacities through sessions on the Safer Access Framework; the Cameroonian and Gabonese National Societies received technical support for applying the framework, and for developing contingency plans, which helped ensure that their activities were carried out in safety. As the ICRC's primary partner in assisting conflict-affected people in northern Cameroon, the Cameroonian National Society received three additional vehicles from the ICRC, which expanded its operational and logistical capacities; 352 volunteers received insurance coverage.

All six National Societies received ICRC support for broadening awareness of and acceptance for their work. The Cameroonian,

Congolese and Gabonese National Societies built up their communication capacities through ICRC workshops, at which volunteers were reminded of the Fundamental Principles and the proper use of the red cross emblem. Radio and TV programmes in Congo and Gabon informed people of the National Societies' activities. Youth volunteers from the Cameroonian National Society promoted the Movement among students, whom they also trained in first aid. The ICRC provided support for organizational development to the Equatorial Guinea Red Cross Society and the Sao Tome and Principe Red Cross.

Movement components met regularly to coordinate their activities and avoid duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		602	182		
RCMs distributed		269	20		
Phone calls facilitated between family members		24			
Reunifications, transfers and repatriations					
People reunited with their families		22			
	<i>including people registered by another delegation</i>	11			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		513	12	84	172
	<i>including people for whom tracing requests were registered by another delegation</i>	10			
Tracing cases closed positively (subject located or fate established)		391			
	<i>including people for whom tracing requests were registered by another delegation</i>	33			
Tracing cases still being handled at the end of the reporting period (people)		2,518	406	438	349
	<i>including people for whom tracing requests were registered by another delegation</i>	516			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		243	81		
UAMs/SC reunited with their families by the ICRC/National Society		22	4		3
	<i>including UAMs/SC registered by another delegation</i>	11			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		527	179		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		9,609	489	220	
			Women	Girls	Boys
Detainees visited and monitored individually		1,015	65	2	57
Detainees newly registered		725	55	1	48
Number of visits carried out		45			
Number of places of detention visited		27			
RCMs and other means of family contact					
RCMs collected		58			
RCMs distributed		10			
Phone calls made to families to inform them of the whereabouts of a detained relative		167			
Detainees visited by their relatives with ICRC/National Society support		38			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	90,497	20,684	53,635
	<i>of whom IDPs</i>	60,992	13,441	37,176
Essential household items	Beneficiaries	45,617	10,748	26,390
	<i>of whom IDPs</i>	45,199	10,643	26,182
Productive inputs	Beneficiaries	28,566	7,096	15,976
Cash	Beneficiaries	13,932	3,018	8,584
	<i>of whom IDPs</i>	13,932	3,018	8,584
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	60,990	18,297	24,396
	<i>of whom IDPs</i>	15,247	4,574	6,099
Health				
Health centres supported	Structures	2		
Average catchment population		37,882		
Consultations		26,046		
	<i>of which curative</i>	22,298	6,686	11,208
	<i>of which antenatal</i>	3,748		
Immunizations	Patients	200,569		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	110,418		
Referrals to a second level of care	Patients	178		
	<i>of whom gynaecological/obstetric cases</i>	47		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	37,068	588	1,335
Essential household items	Beneficiaries	4,606	126	138
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,400	48	72
Health				
Visits carried out by health staff		16		
Places of detention visited by health staff	Structures	4		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Water and habitat				
Water and habitat activities	Number of beds	40		

AMERICAS

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The ICRC continued to act as a neutral intermediary during peace talks between the Colombian government and an armed group; it also played that role to help facilitate transfers of people held by armed groups and of human remains.
- ▶ Violence-affected people in the region, including IDPs, received ICRC support to meet their basic needs, boost their livelihoods and obtain health care. The youth in some urban areas accessed educational and recreational activities.
- ▶ Migrants eased their journey at ICRC-supported centres offering water, health and family-links services and/or lodging along the migration route, particularly in Mexico. Deported minors returned home with ICRC travel allowances.
- ▶ Detainees, including migrants, received standard ICRC visits. With ICRC input, detaining authorities finalized the sentences of some inmates, provided basic health services to detainees and upgraded prison infrastructure.
- ▶ Drawing on ICRC guidance, the region's military and police forces refined their understanding of IHL and/or international policing standards. States ratified or acceded to IHL-related treaties, such as those on weapons control.
- ▶ Movement partners coordinated their activities to aid victims of an earthquake in Ecuador and a hurricane in Haiti. The region's National Societies boosted their emergency response capacities, including their family-links services.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	100
RCMs distributed	68
Phone calls facilitated between family members	83,995
Tracing cases closed positively (subject located or fate established)	194
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	169,871
Detainees visited and monitored individually	601
Number of visits carried out	344
Number of places of detention visited	131
Restoring family links	
RCMs collected	861
RCMs distributed	614
Phone calls made to families to inform them of the whereabouts of a detained relative	40

ASSISTANCE	2016 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	5,000	2,831
Essential household items	Beneficiaries	35,000	4,522
Productive inputs	Beneficiaries	10,820	14,726
Cash	Beneficiaries		171,658
Services and training	Beneficiaries	220	140,077
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	95,800	106,798
Health			
Health centres supported	Structures	6	16
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	3	15
Water and habitat			
Water and habitat activities	Number of beds		242
Physical rehabilitation			
Projects supported	Projects	19	18
Patients receiving services	Patients	2,500	19,608

EXPENDITURE IN KCHF	
Protection	22,525
Assistance	26,861
Prevention	17,766
Cooperation with National Societies	6,869
General	1,041
Total	75,062
<i>Of which: Overheads</i>	<i>4,581</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	94%
PERSONNEL	
Mobile staff	143
Resident staff (daily workers not included)	629



DELEGATIONS

Colombia
Haiti

REGIONAL DELEGATIONS

Brasilia
Caracas
Lima
Mexico City
Washington
New York

 ICRC delegation
  ICRC regional delegation
  ICRC mission



Mexico, Ciudad Serdán. The ICRC and the Mexican Red Cross provide assistance to migrants. An ICRC employee explains to migrants the information they can find in the ICRC leaflet promoting self-care.

HUMANITARIAN NEEDS AND RESPONSES

In 2016, the ICRC helped people cope with the consequences of armed conflict and other situations of violence in the region, and assisted vulnerable migrants and detainees. In most cases, it worked with the region's National Societies and other local partners.

Colombia remained the ICRC's largest operation in the Americas. Although the Colombian government and the Revolutionary Armed Forces of Colombia – People's Army (FARC-EP) finalized peace talks amid a sustained ceasefire, which resulted in an overall drop in violence, hostilities between government troops and other armed groups persisted. The ICRC continued to encourage the parties concerned to respect IHL and other applicable norms. It continued to act as a neutral intermediary during the peace talks between the Colombian government and the FARC-EP; it played the same role to help facilitate the transfer of people held by armed groups and of human remains to the authorities or relatives concerned. The ICRC provided various types of support for families of missing persons (see below).

Colombian State services continued to benefit from ICRC input to enhance their capacities to meet the material needs of IDPs and other vulnerable people in rural and urban areas. Gaps in those services were filled by direct assistance to the people concerned, which the ICRC usually provided with the Colombian Red Cross. Distributions of food and cash helped households meet their daily needs, and the provision of productive inputs or livelihood grants enabled breadwinners to work towards self-sufficiency. The National Society and the ICRC upgraded water and other community infrastructure to help IDPs and residents – especially those living in areas affected by weapon contamination – reduce their exposure to risks.

Elsewhere in the region, vulnerable members of communities received various forms of ICRC support to cope with the consequences of armed violence. Those in Peru's Apurímac-Ene and Mantaro Valley (VRAEM), in northern Paraguay and in parts of Guatemala, Honduras and Panama accessed potable water from newly built or refurbished facilities; others drew on material and financial assistance to start or resume income-generating activities. The ICRC partnered with or supported National Societies and health and educational institutions providing psychosocial care to victims of violence in, for example, Guatemala, southern Chile and three Mexican states. With ICRC support, health and education officials in Brazil implemented measures to mitigate the effects of armed violence in municipalities of Rio de Janeiro and other cities. Residents of violence-prone areas in El Salvador, Honduras and Jamaica, including young people, accessed recreational and educational activities with the help of the National Society concerned and the ICRC.

To help ensure that wounded, sick and disabled persons and victims of sexual violence across the region obtained good-quality health care, the ICRC provided material and/or infrastructural support and training to emergency responders and health personnel or facilities. In support of the goals of the Health Care in Danger project, it acted as a neutral intermediary, accompanying Colombian health staff in conflict-affected areas. The Peruvian health ministry and the Peruvian Red Cross adopted an ICRC primer detailing the rights and duties of health personnel, for nationwide distribution to the personnel concerned. In Chile, the health ministry implemented a tool to monitor situations affecting health services in two places. In the Bolivarian Republic of Venezuela (hereafter Venezuela), medical staff from public and military hospitals honed their skills in treating people wounded

by firearms and explosives. Vulnerable residents and Colombian migrants in Venezuelan states bordering Colombia obtained basic health services provided by the Venezuelan Red Cross, with ICRC backing.

Migrants traveling through Guatemala, Honduras and Mexico eased their journey at ICRC-supported facilities along the migration route, where they obtained drinking water, health care, family-links services and/or temporary lodgings. Informational materials distributed along the route apprised them of the location of assistance points and how to stay safe. In Guatemala and Honduras, deported minors, and the relatives accompanying them, received ICRC travel allowances for the journey home. The ICRC provided ad hoc support to help the authorities concerned – including those in Costa Rica, El Salvador and Panama – address the influx of migrants in the region and launch or expand some of these activities.

The ICRC continued to help local partners in Mexico and Central and South America boost their capacities to search for missing persons and address the needs of these persons' families. Forensic personnel and health staff received training and technical input to manage human remains and related data, and to provide psychosocial support to families of the missing, respectively. With ICRC financial support, families in Peru travelled to exhumation sites to participate in the search for their missing kin; those in Colombia and Guatemala arranged or attended dignified burials for relatives who were located after years of being unaccounted for. In Peru, the authorities approved a bill and a related national plan that waived – on purely humanitarian grounds – the need for judicial proceedings for exhumations of people who had died in relation to the 1980–2000 conflict. Argentina and the United Kingdom of Great Britain and Northern Ireland agreed to have the ICRC recover and identify the remains of Argentine soldiers who had perished during the 1982 conflict between them.

Other people separated from relatives owing to armed conflict and other violence, detention, natural disaster or other circumstances maintained or restored contact through family-links services offered by the National Societies and the ICRC. After an earthquake struck northern Ecuador, the Ecuadorean Red Cross led the Movement's response, which focused on providing victims with these services.

Across the region, detainees received ICRC visits conducted according to the organization's standard procedures. Those visited included security detainees, migrants, and internees at the US internment facility at Guantanamo Bay Naval Station in Cuba. Following the visits, the ICRC shared its findings confidentially with the pertinent authorities. In May, it suspended its activities for people held in prisons in El Salvador, after officials implemented stricter detention measures there in order to curb gang violence. It remained unable to visit inmates in Venezuela.

Penitentiary authorities across the region drew on different kinds of ICRC assistance to improve detainees' treatment and living conditions. The Peruvian authorities approved a directive for the provision of comprehensive care and treatment for female detainees. Haitian officials followed up the cases of people held in prolonged pre-trial detention, resulting in the release of dozens of detainees. In Colombia, the ICRC reoriented its activities for detainees to focus on advising penitentiary authorities on systemic detention issues at the policy level. In parts of the region, inmates

benefited from improved health services and infrastructure. For example, in Haiti, newly detained people were vaccinated against cholera, and malnourished inmates given ad hoc food supplements provided by the ICRC. Upgrades to water, sanitation and other facilities, as in the Plurinational State of Bolivia, Honduras, Paraguay and hurricane-affected prisons in Haiti, helped enhance detainees' living conditions.

The ICRC sustained its dialogue with State weapon bearers, urging them to respect IHL and/or international human rights law. It informed them of documented allegations of abuse, with a view to encouraging them to prevent recurrences. As a result, military troops in Peru's VRAEM region cleared weapon-contaminated areas. The ICRC also provided technical input during briefings and workshops, to help the armed and police forces incorporate IHL and/or pertinent internationally recognized standards into their operations and training. Officials from Canada and the United States of America drew on ICRC expertise to incorporate measures to protect civilians in the various stages of their military operations abroad. Forces in charge of maintaining national security – including military troops involved in police operations, as in Belize, Jamaica and Trinidad and Tobago – learnt more about international norms governing the use of force. Police commanders in the region exchanged good practices with their peers at the first event organized for that purpose, by the Ecuadorean interior ministry and police and the ICRC. Dialogue resumed between the Venezuelan police and the ICRC on topics of common interest.

With help from their national IHL committees and the ICRC, governments advanced IHL implementation: Peru ratified the Arms Trade Treaty, and Cuba and El Salvador acceded to the Convention on Cluster Munitions and the Rome Statute, respectively. Some governments also contributed to the ICRC's study of customary IHL. Through regular contact with and presentations at events run by UN and regional bodies, their Member States and other pertinent organizations, the ICRC called attention to topics of humanitarian concern worldwide. It emphasized subjects such as the protection of the civilian population, displacement, weapons control, peacekeeping and the humanitarian situation in the Lake Chad region and in the Middle East. These efforts helped shape the international humanitarian agenda and the content of the policies and resolutions adopted.

To raise public awareness of and support for humanitarian principles and for the Movement and its activities around the world, the ICRC held various events and produced communication materials for traditional and new media.

With the International Federation, the ICRC helped National Societies working in the region build their capacities to respond to emergencies and to assist victims of conflict and other violence in line with the Safer Access Framework. Regular coordination meetings between Movement components and with UN agencies and other humanitarian players resulted in more efficient humanitarian action. In Haiti, coordination agreements among Movement partners helped facilitate resource mobilization and humanitarian aid in the wake of Hurricane Matthew.

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION													
	CIVILIANS												
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published on the ICRC family-links website	People reunited with their families	People transferred/repatriated	Human remains transferred/repatriated	People located (tracing cases closed positively)	Detainees visited	<i>of whom women</i>	<i>of whom minors</i>	Detainees visited and monitored individually	<i>of whom women</i>
Colombia	52	31				27	17	178	63,892	5,304	1,224	253	19
Haiti	40		574	188					10,750	712	295		
Brasilia (regional)			1						13,513	1,072	60	107	7
Lima (regional)	1	9	128					12	39,158	1,691	31	147	30
Mexico City (regional)	5	18	82,869		1			4	42,451	1,730	2,375	12	
Washington (regional)	2	10	423						107			82	
Total	100	68	83,995	188	1	27	17	194	169,871	10,509	3,985	601	56

PEOPLE DEPRIVED OF THEIR FREEDOM

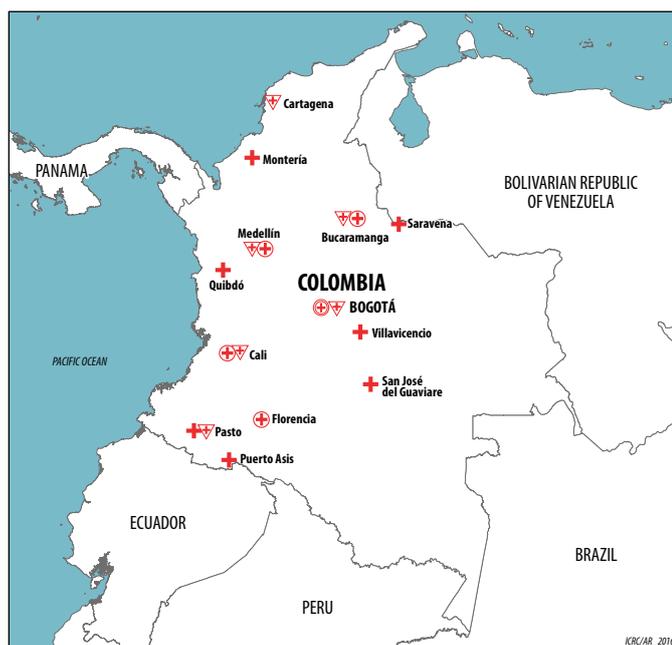
<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	People to whom a detention attestation was issued	
5	48	114	9	5	41	122	32	17	2		41		Colombia
						44	18	69	36	7			Haiti
		30	3			46	20	1			43		Brasilia (regional)
		7				42	21	11	1	5	118	2	Lima (regional)
						82	39	34	8	28	5	4	Mexico City (regional)
						8	1	729	567			1	Washington (regional)
5	48	151	12	5	41	344	131	861	614	40	207	7	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE										
	CIVILIANS									PEOPLE DEPRIVED OF THEIR FREEDOM
	CIVILIANS - BENEFICIARIES						HEALTH CENTRES			
	Food commodities	Essential household items	Productive inputs	Cash	Services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations	Essential household items
Colombia	2,805	4,338	14,291	170,718	139,727	17,406	3	2,433		
Haiti					200					1,749
Brasilia (regional)			435			1,737				
Lima (regional)	26	121		695		2,662				7
Mexico City (regional)		63		245	150	84,993	13	125,980	29,694	
Total	2,831	4,522	14,726	171,658	140,077	106,798	16	128,413	29,694	1,756
of whom women	731	1,279	4,099	55,476	49,926	8,034				294
of whom children	1,366	2,010	7,065	69,535	48,003	7,354				46
of whom IDPs	217	369	4,337	163,596	138,227	916				

PEOPLE DEPRIVED OF THEIR FREEDOM	WOUNDED AND SICK									
	FIRST AID	HOSPITAL	PHYSICAL REHABILITATION							
			Projects supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered		
Water and habitat activities	First-aid posts supported	Hospitals supported	Projects supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
7,681	8	14	11	11,922	350	5,147	644	8,161	4,398	Colombia
3,901										Haiti
3,902										Brasilia (regional)
1,642										Lima (regional)
19,405		1	7	7,686	149	852	250	1,141	5,781	Mexico City (regional)
36,531	8	15	18	19,608	499	5,999	894	9,302	10,179	Total
2,387				7,338	118	1,193	178	2,002	5,403	of whom women
78				5,369	54	3,417	69	5,209	704	of whom children
										of whom IDPs

COLOMBIA



ICRC delegation ICRC sub-delegation ICRC office/presence ICRC-supported physical rehabilitation project

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ As a neutral intermediary, the ICRC facilitated: the handover of 27 people held by armed groups; the transfer of demobilized child soldiers to reception centres; and the recovery of the remains of 17 people killed in the fighting.
- ▶ Families of missing persons coped with their situation with the help of psychosocial care and financial assistance provided by the ICRC and local partners.
- ▶ Thousands of IDPs and other vulnerable people in both urban and rural areas worked to recover their food-production capacities and livelihoods, with the help of ICRC-provided supplies and equipment and cash assistance.
- ▶ IDPs and residents in over 30 communities reduced their exposure to health hazards and risks posed by mines, partly through ICRC upgrades to their water, sanitation and shelter facilities, and promotion of good hygiene practices.
- ▶ With ICRC advice, the authorities revised their policies on solitary confinement, the use of force and other disciplinary measures; they were also better placed to apply laws protecting minors formerly associated with armed groups.
- ▶ Sick and weapon-wounded people, disabled persons and victims of sexual violence received appropriate care, with ICRC support. Weapon bearers were reminded of the necessity of facilitating the safe delivery of health care.

EXPENDITURE IN KCHF

Protection	8,705
Assistance	13,855
Prevention	3,064
Cooperation with National Societies	1,166
General	522
Total	27,313
<i>Of which: Overheads</i>	<i>1,667</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	66
Resident staff (daily workers not included)	301

In Colombia since 1969, the ICRC strives to protect and assist victims of armed conflicts and other situations of violence, secure greater compliance with IHL by all weapon bearers, and promote integration of IHL and international human rights norms into the security forces' doctrine, training and operations. The ICRC visits security detainees. It supports efforts to address the needs of families of missing persons, provides relief to violence-affected IDPs and residents, and helps ensure their access to health care. It runs a comprehensive mine-action programme. It works closely with the Colombian Red Cross and other Movement components active in Colombia.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action	HIGH
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PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	52
RCMs distributed	31
Tracing cases closed positively (subject located or fate established)	178
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	63,892
Detainees visited and monitored individually	253
Number of visits carried out	122
Number of places of detention visited	32
Restoring family links	
RCMs collected	17
RCMs distributed	2

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 5,000	2,805
Essential household items	Beneficiaries 5,000	4,338
Productive inputs	Beneficiaries 10,600	14,291
Cash	Beneficiaries	170,718
Services and training	Beneficiaries	139,227
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 16,500	17,406
Health		
Health centres supported	Structures	3
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	14
Water and habitat		
Water and habitat activities	Number of beds	84
Physical rehabilitation		
Projects supported	Projects 8	11
Patients receiving services	Patients	11,922

CONTEXT

In October 2016, the Colombian public voted not to ratify the peace agreement between the government and the Revolutionary Armed Forces of Colombia – People’s Army (FARC-EP). The parties revised their peace agreement; after its approval by the Colombian Congress, it was implemented in December 2016. The parties continued to implement an agreement on clarifying the fate of missing people, and pursued their commitment to demobilize child soldiers. Minors formerly associated with armed groups were transferred to reception centres run by other humanitarian organizations or the State.

The peace agreement, accompanied by a sustained ceasefire, resulted in a decrease in the violence related to the armed conflict. However, situations of violence involving other armed groups continued, especially in urban centres such as Buenaventura and Medellín. The government authorized the use of military force to combat some of these groups. Despite ongoing hostilities, negotiations between the government and the National Liberation Army continued.

People continued to suffer the consequences of the armed conflicts and other violence: among others, disappearance, displacement, sexual violence and restricted access to basic services.

The Colombian Constitutional Court issued a ruling declaring the situation in the country’s penitentiary system as unconstitutional, particularly with regard to overcrowding.

ICRC ACTION AND RESULTS

The ICRC maintained its operational presence in rural and urban areas affected by conflict and other violence. It continued its confidential dialogue with parties to the conflicts and other weapon bearers and, where necessary, reminded them of their obligations under IHL or other applicable laws through oral and written representations based on documented allegations of abuses. These activities, along with acceptance of the organization’s role as a neutral intermediary, enabled it to: receive information on the fate of missing persons; recover human remains for identification and burial; facilitate the handover of people, especially children, held by armed groups; and promote the safe delivery of health-care services in violence-affected communities.

To foster long-term compliance with the applicable norms, the ICRC continued supporting the armed and security forces’ efforts to incorporate IHL and other pertinent norms in their training and doctrine. With ICRC support, government officials and relevant stakeholders discussed, at various events, IHL issues specific to Colombia’s situation, such as non-international armed conflicts and victims’ rights. Colombia worked towards ratifying the Arms Trade Treaty.

The ICRC shared its recommendations on a draft law establishing a national mechanism for clarifying the fate of missing persons. It reinforced its response to missing persons’ families; it published a report on their needs, and urged the authorities to take the necessary measures to address them. At ICRC-organized workshops, the authorities tackled the importance of a multi-disciplinary approach – combining forensic identification, and economic, legal and psychosocial support – to meeting these families’ needs. With the Colombian Red Cross, the ICRC shared with the families concerned ways to cope with their economic, legal and psychological needs; with local partners, it provided psychosocial care for them.

The ICRC focused its assistance activities towards helping State services strengthen their ability to respond to the needs of IDPs and other vulnerable people. Where budgetary constraints or the volume of victims’ claims hampered State services, the ICRC, by itself or with the National Society, helped fill gaps in State coverage. Distributions of cash and food, and livelihood-support initiatives, helped vulnerable families cover their immediate needs or work towards self-sufficiency. Upgrades to water and sanitation facilities helped IDPs and residents – including people in areas contaminated with mines or explosive remnants of war (ERW) – reduce the risk to their safety.

With ICRC help, sick and weapon-wounded people, disabled persons and victims of sexual violence received suitable medical attention. Health personnel learnt more about their rights and duties, and received markers bearing protective emblems, which helped them deliver their services safely.

The ICRC continued to visit detainees according to its standard procedures; afterwards, it confidentially shared its findings with the authorities. Detainees restored contact with their families through the Movement’s family-links services. The ICRC concluded its material assistance to the detaining authorities in 2016, and began shifting towards a more advisory role in detention-related activities. It focused on advising central authorities on addressing system-wide detention-related issues at policy level, following the Colombian Constitutional Court’s ruling (see *Context*). With ICRC technical advice, the authorities continued revising their policies on solitary confinement, the use of force and other disciplinary measures, and worked to address health emergencies in prisons. Penitentiary officials from 13 countries participated in the first regional conference on prison management in Latin America.

The ICRC broadened public awareness of IHL and humanitarian issues in Colombia through its report *Humanitarian Challenges 2016* and other communication materials picked up by local media outlets.

Regular cooperation helped the National Society and the ICRC to improve their capacities to address humanitarian needs. With ICRC support, the National Society integrated the Safer Access Framework into its volunteers’ training.

CIVILIANS

Parties to the conflicts and the ICRC held confidential dialogue on: the protection of civilians; the release of minors associated with armed groups; missing persons; and sexual violence. Weapon bearers were reminded of their obligations under IHL or other applicable laws, through oral or written representations made by the ICRC based on documented allegations of abuses, including attacks on people seeking or delivering health-care services. The ICRC discussed with the parties the consequences of sexual violence and the means of preventing it; and provided vulnerable people with brochures outlining ways of reducing the risks of sexual violence.

Parties affirmed their understanding of and acceptance for the ICRC’s role as a neutral intermediary, particularly in connection with the peace talks between the Colombian government and the FARC-EP, and their humanitarian demining projects. The ICRC also participated in the technical committee in charge of implementing the agreement between the Colombian government and the FARC-EP on missing persons.

Minors held by armed groups rejoin their families

As a neutral intermediary, the ICRC facilitated the return of 27 people held by armed groups – including 15 minors – to their families, with the agreement of all parties concerned. It also assisted in the transfer of 13 minors formerly associated with the FARC-EP to reception centres run by the State or other humanitarian organizations; where appropriate, the ICRC helped restore contact between them and their families.

Twenty other demobilized minors spent time with their families during ICRC-organized visits. Family members dispersed by armed conflict or detention restored contact through the Movement's family-links services. With ICRC assistance, over 755 people facing threats linked to the conflicts or other violence reached safer places, and some 75 families covered funeral expenses for relatives killed in the fighting.

Missing persons' families receive psychosocial support

As per the agreement between the Colombian government and the FARC-EP on missing persons, the ICRC, acting as a neutral intermediary, recovered the remains of ten people and turned them over to the authorities. Five were identified, and four returned to their families, who received psychosocial support throughout the process. The remains of seven other people were handed over by an armed group and community members to the ICRC, which turned them over to the authorities.

Over 160 relatives of missing persons received psychosocial care from health-care personnel or ICRC-trained local partners. At support-group sessions facilitated by the Colombian Red Cross and the ICRC, 72 members of missing persons' families learnt how to manage their economic, legal and psychological needs. With the ICRC's financial assistance, 22 families gave their relatives' remains a dignified burial. Another 87 families (121 people) received cash for rebuilding their livelihoods.

The ICRC made recommendations, to the parties concerned, for a draft law establishing a national mechanism for clarifying the fate of missing persons. It also released its assessment of the needs of missing persons' families in a public report; findings were used to urge or help the authorities to improve measures assisting these families. At ICRC-facilitated workshops, more than 280 government officials, prosecutors, investigators, forensic experts and National Society volunteers were reminded of the rights of missing persons' families, and urged to address these families' needs through an approach combining forensic identification with economic, legal and psychosocial support.

ICRC training helped emergency responders – including civil defence personnel, firefighters and National Society volunteers – strengthened their ability to manage human remains during disasters. Cemetery workers learnt ways to improve the management of unidentified or unclaimed human remains; 461 vaults were constructed in the central cemetery of Buenaventura. At ICRC-organized seminars, forensic experts discussed the standardization of forensic procedures. The ICRC collected biological samples from several missing persons' families, and monitored their processing by forensic services.

Newly arrived IDPs in urban centres meet their immediate needs with cash assistance

The State's victim assistance unit and other institutions drew on ICRC support to help IDPs and other vulnerable people. They received cash and technical or material support for service delivery,

benefitting over 154,000 and 138,000 people, respectively. For example, they used ICRC-donated computers and office equipment to file victims' statements and expedite administrative processes, thereby delivering assistance to beneficiaries more quickly.

Where budgetary constraints or the sheer volume of victims' claims hampered State services, the ICRC, by itself or with the National Society, helped fill gaps in State coverage. Distributions of food to over 2,800 IDPs and other conflict-affected people (700 households), and household essentials for over 4,300 people (1,000 households), helped them meet their immediate needs. Some 3,000 IDPs (760 households) who had recently arrived in urban centres also received cash assistance.

Where circumstances allowed, the ICRC helped IDPs work towards self-sufficiency: over 1,400 breadwinners (supporting over 5,900 people) received cash for vocational training or as partial coverage of their salaries; 246 households (984 people) earned income from small businesses they had established with ICRC-provided materials. Over 3,260 households (10,147 people) in rural areas used ICRC-provided agricultural inputs to increase or diversify their harvests, allowing them to consume or sell more food. Beneficiaries included 372 agricultural students who developed techniques for improving their community's food production.

Some 900 IDPs and around 16,500 residents from Buenaventura and 32 rural areas decreased their exposure to health hazards through ICRC hygiene-promotion sessions and upgrades to their water, sanitation and shelter facilities. Through similar projects, 2,797 people also reduced their exposure to mines or ERW; over 1,770 children were encouraged to attend class following improvements to their school facilities. At ICRC-organized workshops, nearly 14,000 community members and local authorities learnt more about victims' rights and safe practices in weapon-contaminated areas.

Victims of sexual violence receive suitable care

Around 170 victims of sexual violence coped with their situation, with ICRC-provided medical and psychological care. At ICRC-facilitated workshops, local service providers and National Society volunteers trained to provide psychological first aid. The ICRC donated medical supplies to, or repaired the facilities of, three health centres to help them cope with influxes of patients.

To facilitate people's safe access to health care in conflict-affected areas, the ICRC monitored attacks against people delivering or seeking health care and made representations to the parties concerned. About 6,000 health personnel received markers bearing protective emblems, including some for use on facilities and vehicles. With ICRC support, National Society volunteers, community members and health personnel learnt more about their rights and duties, and ways to promote respect for health-care services; three universities incorporated these topics in their curricula.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in accordance with its standard procedures, and confidentially shared with the authorities feedback to help them ensure that detainees' treatment and living conditions conformed to internationally recognized standards.

Authorities work towards refining criminal policies and disciplinary measures

The ICRC concluded its material support to the detaining authorities in 2016; it began shifting towards a more advisory role in its

detention-related activities. It focused on advising central authorities on addressing system-wide issues, such as: overcrowding, and updating criminal policies and reinforcing respect for judicial guarantees. The ICRC's advisory role was facilitated by its participation in the committee charged with following up the Constitutional Court's ruling (see *Context*).

Senior penitentiary officials from 13 Latin American countries participated in the first regional conference on prison management, organized by the ICRC and Colombian penitentiary authorities. The participants discussed such matters as the challenges posed by overcrowding, the importance of training prison staff and the need for a standardized model for prison management. Colombian authorities were urged to adopt an ICRC-designed model for handling health emergencies in prisons and ensuring vulnerable detainees' timely access to health care. They drew on ICRC technical advice to ensure that the infrastructure of newly constructed prisons, especially for women and minors, complied with the minimum internationally recognized standards. Over 7,600 detainees had improved living conditions after ICRC-supported upgrades to their water, sanitation and dining facilities.

Judiciary and penitentiary authorities drew on ICRC expertise to revise their policies on solitary confinement, the use of force and other disciplinary measures; some 240 penitentiary officers underwent training in the proper use of force. A task force of 31 judges responsible for carrying out sentences visited selected detention centres with the ICRC; the aim was to assess detainees' living conditions, with a view to establishing clearer criteria for alternative sentences, such as house arrest and conditional release.

With ICRC support, authorities in the juvenile penal system developed their ability to apply laws protecting minors formerly associated with armed groups. Detained minors, including those formerly associated with armed groups, contacted their relatives through RCMs; 30 adolescents spent time with their families during ICRC-organized visits.

WOUNDED AND SICK

Through ICRC assistance, some 1,400 wounded and sick people obtained adequate care. One-off donations of medical supplies were made to 22 hospitals and first-aid posts, to help them cope with influxes of patients.

Over 11,900 disabled people received services or assistive devices, or both, at six ICRC-supported physical rehabilitation centres. Among them, 341 people – including 73 detainees, some injured by mines or ERW prior to detention – covered their transportation, accommodation and treatment expenses, with ICRC assistance. Drawing on ICRC technical advice, the national health authorities and two training institutes enhanced the implementation of good practices in providing prosthetic and orthotic services, and over 84 prosthetic-orthotic technicians honed their skills at specialized courses. Two wheelchair-manufacturing facilities, and the physical rehabilitation section of one hospital, maintained the quality of their services with spare parts and supplies from the ICRC.

Through training conducted by the ICRC, by itself or with the National Society, some 1,400 people from areas contaminated with mines or ERW strengthened their first-aid skills; over 500 medical personnel and students learnt more about weapon-wound management.

ACTORS OF INFLUENCE

Dialogue with the authorities and with weapon bearers emphasized the necessity of ensuring the safe and unhindered delivery of humanitarian aid, particularly health services, to communities affected by conflict and other violence. Such contact facilitated the ICRC's activities and fostered acceptance for the ICRC's role as a neutral intermediary.

The ICRC maintained its efforts to strengthen dialogue with armed groups in violence-affected urban areas, such as Buenaventura and Medellín.

The Colombian military incorporates IHL in its doctrine

The armed forces continued their cooperation with the ICRC in integrating IHL and international human rights law into their doctrine, with a view to completing the process by 2020. With ICRC technical support, the armed forces and the national police continued integrating these bodies of law into their respective educational and training curricula. Drawing on ICRC technical input, the armed forces assessed their incorporation of IHL in their doctrine and refined their protocols for preventing sexual violence, during self-evaluation exercises and round-tables (see *Civilians*).

With ICRC support, 1,700 members of the armed and security forces attended training in IHL and international standards for the use of force, particularly for their joint law enforcement operations. They incorporated learnings from such training in their own exercises, with a view to instructing their staff in the same topics. Senior police officers discussed methods for handling violent social protests, and other topics, at a regional colloquium in Ecuador (see *Lima*).

Policy-makers discuss how to uphold conflict victims' rights

At two public panels organized by academic institutions and the ICRC, some 350 government officials and other stakeholders discussed IHL issues pertinent to Colombia's situation: for instance, the participation of civilians in hostilities and the provision on non-international armed conflicts in the updated Commentary on the First Geneva Convention. Public servants tested their knowledge of IHL in the fifth Augusto Ramírez Ocampo Course on IHL, organized jointly by the national IHL committee and the ICRC. At the first ICRC-organized workshop on overcoming challenges in the application of IHL in Colombia, key legal stakeholders discussed policy-making in connection with IHL and victims' rights, and measures for attending to the needs of missing people's families (see *Civilians*).

Colombia passed a law officially recognizing the Arms Trade Treaty as binding; the foreign affairs ministry prepared to deposit instruments of ratification, the final step in the ratification process.

The media broaden public awareness of the needs of victims of conflict and other violence

ICRC public communication efforts focused on broadening awareness of humanitarian issues related to: the plight of missing people and their families; the needs of detainees; urban violence; and the long-term impact of weapon contamination. These efforts included: regularly posting multimedia material on the ICRC's website and on social media platforms; and publishing the delegation's report on IHL and humanitarian issues, *Humanitarian Challenges 2016*, which was made available to decision-makers at local and national levels. Media organizations relayed the report's key messages to the wider public; partner television stations – in

Medellín, for instance – adapted the report into a series of news pieces highlighting victims’ stories.

Sustained contact with journalists and opinion-makers contributed to the media focus on the aforementioned points. At two courses, 80 journalists learnt about the protection afforded to them by IHL; senior editors were encouraged to report accurately on IHL and humanitarian issues.

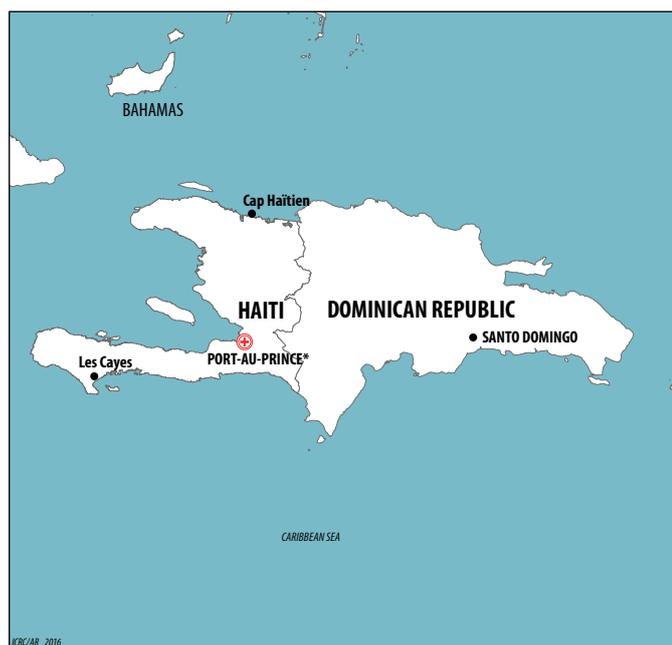
RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross continued responding to the needs of people affected by conflict and other violence in the country (see *Civilians*); it bolstered its capacity to do so with ICRC technical and financial support. For instance, the National Society incorporated the Safer Access Framework in its training programme; ICRC-trained National Society instructors briefed volunteers and staff from 16 branches, thereby enhancing their ability to operate safely in violence-affected areas. With ICRC help, the National Society also strengthened its financial management and upgraded the infrastructure of its branches.

The National Society and the ICRC further strengthened their partnership by developing joint strategies for activities such as addressing the issue of missing persons and training security forces in human rights law and the use of force (see *Actors of influence*). Regular meetings reinforced coordination among Movement partners and facilitated the exchange of security-related information. The National Society also took part in the coordinated Movement response to the earthquake in Ecuador in April 2016 (see *Lima*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		52	46		
RCMs distributed		31	12		
Reunifications, transfers and repatriations					
People transferred or repatriated		27			
Human remains transferred or repatriated		17			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		649	81	61	121
Tracing cases closed positively (subject located or fate established)		178			
Tracing cases still being handled at the end of the reporting period (people)		936	86	72	164
	<i>including people for whom tracing requests were registered by another delegation</i>	2			
Documents					
Official documents relayed between family members across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		63,892	5,304	1,224	
			Women	Girls	Boys
Detainees visited and monitored individually		253	19	5	48
Detainees newly registered		114	9	5	41
Number of visits carried out		122			
Number of places of detention visited		32			
RCMs and other means of family contact					
RCMs collected		17			
RCMs distributed		2			
Detainees visited by their relatives with ICRC/National Society support		41			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	2,805	724	1,349
	<i>of whom IDPs</i>	217	76	76
Essential household items	Beneficiaries	4,338	1,236	1,923
	<i>of whom IDPs</i>	369	125	137
Productive inputs	Beneficiaries	14,291	3,979	6,854
	<i>of whom IDPs</i>	3,937	1,383	1,604
Cash	Beneficiaries	170,718	55,124	69,286
	<i>of whom IDPs</i>	163,596	52,746	66,478
Services and training	Beneficiaries	139,727	49,836	47,928
	<i>of whom IDPs</i>	138,227	49,311	47,403
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	17,406	5,396	6,422
	<i>of whom IDPs</i>	916	284	321
Health				
Health centres supported	Structures	3		
Average catchment population		2,433		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Productive inputs	Beneficiaries	78	78	
Cash	Beneficiaries	92	83	7
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	7,681	1,843	
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	14		
Patients whose hospital treatment has been paid for by the ICRC		1,495	550	232
First aid				
First-aid posts supported	Structures	8		
Water and habitat				
Water and habitat activities	Number of beds	84		
Physical rehabilitation				
Projects supported	Projects	11		
Patients receiving services	Patients	11,922	4,004	4,061
New patients fitted with prostheses	Patients	350	92	20
Prostheses delivered	Units	644	137	38
	<i>of which for victims of mines or explosive remnants of war</i>	75	8	
New patients fitted with orthoses	Patients	5,147	1,115	2,748
Orthoses delivered	Units	8,161	1,946	4,217
	<i>of which for victims of mines or explosive remnants of war</i>	93	30	26
Patients receiving physiotherapy	Patients	4,398	2,297	405
Walking aids delivered	Units	802	323	46
Wheelchairs or tricycles delivered	Units	1,245	319	452



ICRC/AR_2016
 + ICRC delegation * Dominican Republic is covered by the ICRC delegation in Haiti

The ICRC has been present in Haiti since 1994. It responds to acute humanitarian situations in prisons and supports national authorities in improving conditions of detention and respect for judicial guarantees. While sustaining dialogue with the authorities and weapon bearers on humanitarian concerns, it helps the national security forces disseminate international human rights law, other relevant norms and standards, and humanitarian principles. With other Movement partners, the ICRC helps strengthen the emergency response capacities of the Haitian National Red Cross Society and the Dominican Red Cross.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ In Haiti, dozens of detainees were released in relation to efforts by the justice ministry and penitentiary legal staff, backed with the ICRC's technical advice, to tackle prolonged pre-trial detention via streamlined case management.
- ▶ Although the Haitian authorities sought to preserve the results of past measures to ensure detainees' treatment and living conditions, budgetary, staffing and other constraints considerably hampered their ability to do so effectively.
- ▶ Detainees saw some improvements in their circumstances, partly through the support of ICRC-mobilized actors or – in acute situations – of the ICRC to the Haitian authorities, but food-supply, sanitation and health-care issues persisted.
- ▶ The Haitian National Red Cross Society built its capacities with ICRC input. Its agreements with the International Federation and the ICRC helped facilitate coordinated Movement action in behalf of hurricane-affected households.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	40
Phone calls facilitated between family members	574
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	10,750
Number of visits carried out	44
Number of places of detention visited	18
Restoring family links	
RCMs collected	69
RCMs distributed	36
Phone calls made to families to inform them of the whereabouts of a detained relative	7

EXPENDITURE IN KCHF

Protection	542
Assistance	1,107
Prevention	393
Cooperation with National Societies	694
General	19
Total	2,755
<i>Of which: Overheads</i>	<i>168</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	32

ASSISTANCE

	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Services and training	Beneficiaries	200

CONTEXT

The long-protracted presidential and legislative electoral processes in Haiti – at times, marked by violent protests – eventually led to the election of a new president in November; polls for some legislative positions were pending at end-2016.

Grave socio-economic conditions prevailed, notably in terms of the difficulties in accessing essential services, including within the penitentiary system. These were exacerbated by political uncertainty and, in October, the passage of Hurricane Matthew, which affected some 2 million people. Limited access to clean water, for instance, contributed to the rise of cholera cases. The circumstances endured by detainees were compounded by overcrowding – mainly linked to a very high rate of prolonged pre-trial detention – and food-supply gaps, which caused malnutrition.

The Haitian authorities and their international partners continued to strengthen the capacities of the Haitian National Police (PNH). The UN Stabilization Mission in Haiti (MINUSTAH) was undergoing reconfiguration, towards extending more support to the authorities' development initiatives; its troop reduction continued.

Haitians and people of Haitian descent continued to return from the Dominican Republic, voluntarily or otherwise, because of the Dominican Republic's tightened immigration policies – a source of tension between the two States.

ICRC ACTION AND RESULTS

In Haiti, the ICRC backed the authorities' efforts to meet detainees' needs, mainly by providing technical input and mobilizing international actors to lend support. It monitored the treatment and living conditions of detainees during visits conducted according to its standard procedures. Based on these visits, the ICRC shared its findings and recommendations with the Penitentiary Administration Directorate (DAP), the PNH, and the health and justice ministries, urging them to take appropriate action; budgetary, staffing and other constraints, however, considerably hampered their ability to respond effectively. In the continued absence of official coordination mechanisms, the ICRC bolstered its dialogue and networking efforts to foster cooperation between relevant local and international parties in addressing detention-related issues.

To help tackle prolonged pre-trial detention, the ICRC supported the justice ministry and penitentiary legal assistants in following up the cases of the detainees concerned. Hundreds of detainees thus saw their cases handled more efficiently; dozens of them were released.

Detainees had reduced health risks through the support that the ICRC or ICRC-mobilized actors provided to the authorities. For example, some newly detained people were vaccinated against cholera, during a campaign undertaken partly by DAP medical staff. Although the appointment of an ICRC-trained pharmacist and ICRC-donated stocks of essential drugs helped the DAP run its central pharmacy, it struggled to maintain the pharmacy's daily operations, because of a lack of resources. The DAP seldom shouldered inmates' laboratory-examination fees, and only at one prison; as in the past, it was prompted by the ICRC to do so systematically for all detainees. The ICRC extended ad hoc assistance to malnourished inmates. Through dialogue, it sought

to persuade the PNH, the DAP and the justice ministry to provide these detainees with sufficient food. Such dialogue also covered the ICRC's concerns regarding the adequacy of the overall prison food supply. This contributed to the official approval of new contracts with relevant service providers, fending off shortages in the short term; supply issues, however, persisted. A working group led by the health ministry finished developing a prison health policy; it awaited formalization by the health and justice ministries.

The authorities' ability to maintain a hygienic and orderly environment for detainees was limited; ICRC initiatives, including infrastructural repairs or upgrades, helped improve the situation of some detainees.

Towards ensuring an effective response to emergencies in Haiti, the Haitian National Red Cross Society enhanced its operational capacities, with comprehensive ICRC support, and entered into coordination agreements with the International Federation and the ICRC. The agreements notably helped facilitate resource mobilization and maximize humanitarian action by Movement components, in connection with the passage of Hurricane Matthew; thousands of households received assistance, including for contacting family members.

With the help of Movement and other partners, the National Society boosted its family-links services, particularly to enable family members dispersed by migration or disaster to reconnect. Its informational materials helped Haitians increase their awareness of the need to respect the red cross emblem and ensure safe passage for ambulances.

Through dialogue, training and public communication, the ICRC promoted IHL, pertinent internationally recognized standards and the Movement among the authorities, weapon bearers, civil society representatives and international actors. It kept influential parties updated on its adaptation of activities as it focused on reinforcing local ownership and sustainability of the response to humanitarian needs; this entailed, *inter alia*, maintaining its status as a delegation for the time being, instead of changing into a mission by end-March, as initially planned.

PEOPLE DEPRIVED OF THEIR FREEDOM

The authorities face challenges in ensuring detainees' welfare

During visits conducted in accordance with its standard procedures, the ICRC monitored the treatment and living conditions of 10,757 in 18 places of detention; it paid particular attention to respect for judicial guarantees and detainees' access to health services and open air. Some juvenile detainees reconnected with relatives, using ICRC family-links services. After its visits, the ICRC shared its findings and recommendations with the DAP, the PNH and the health and justice ministries, urging them to take appropriate action.

Although these authorities sought to preserve the results of past measures to ensure that the circumstances of detainees conformed to internationally recognized standards, budgetary, staffing and other constraints – some linked to the political situation (see *Context*) – considerably hampered their ability to do so effectively. They obtained support from either ICRC-mobilized international actors or, in acute situations, the ICRC (see below).

Given the continued inactivity of the DAP's sectorial coordination platforms working on penitentiary reform and the absence of alternative official mechanisms, the ICRC bolstered its dialogue and

networking to foster cooperation between relevant local and international actors in helping address detainees' needs. Such included facilitating periodic meetings, where detention-related issues, and ways to keep them on the government's agenda, were discussed.

Eligible detainees are released, via the efforts of trained legal assistants

In line with the goal of promoting respect for judicial guarantees, the pertinent actors continued to receive ICRC advice and/or training. The justice ministry sought to broaden its efforts to tackle pre-trial detention: for instance, prosecutors assigned to Port-au-Prince city worked towards streamlining the management of 300 cases. This led to such results as decisions on the cases of 54 people held in preventive detention, and the release of 92 detainees, contributing to the alleviation of overcrowding. In parallel, penitentiary legal assistants and clerks lobbied the judiciary to expedite the resolution of detainees' cases, especially those held for protracted periods and/or with particular vulnerabilities, through representations on the detainees' behalf. Through a project funded by UNICEF, which the ICRC had mobilized, these assistants: underwent training and regular coaching, to better handle their caseloads and instruct some detainees to guide their peers in basic legal protocols; and had improved working conditions, following office upgrades.

The detaining authorities continued to be urged by ICRC to ensure inmates' access to outdoor areas.

PNH recruits augmented their knowledge of pertinent standards, including those linked to detention, during seminars (see *Actors of influence*); 183 were later assigned to various prisons.

Hundreds of detainees receive assistance to lower health risks

Some 430 newly detained people in Jacmel and Les Cayes prisons were vaccinated against cholera, during a campaign by WHO and the ICRC; each inmate received the second of two doses from DAP medical staff. Around 470 scabies-afflicted detainees received treatment from the penitentiary medical department, with ICRC support. Although the appointment of an ICRC-trained pharmacist and ICRC-donated stocks of essential drugs helped the DAP run its central pharmacy, it struggled to maintain the pharmacy's daily operations, because of a lack of resources. The DAP seldom shouldered inmates' laboratory-examination fees, and only at one prison; as in the past, it was prompted by the ICRC to do so systematically for all detainees. Fifty-five nurses honed their skills in providing health care to detainees – including the prevention and treatment of cholera, scabies, TB and Zika virus disease – during workshops organized by the British embassy in Haiti, mobilized to this end by the ICRC.

DAP and/or ICRC personnel regularly assessed the nutritional status of detainees; DAP medical supervisors were encouraged by the ICRC to ensure adherence to pertinent best practices. The number of detainees with malnutrition was found to have decreased in some prisons, and increased in others. Malnourished detainees received high-calorie food supplements, helping ease their condition, from the ICRC on an ad hoc basis. The ICRC urged the PNH, the DAP and the justice ministry to assume their responsibilities in providing malnourished detainees with sufficient food; some of these detainees were later covered by a nutrition programme led by the DAP, with ICRC financial and technical support. Dialogue with these authorities – and with the president and the prime minister – also covered the ICRC's concerns regarding the adequacy of the overall prison food supply,

owing partly to the non-renewal of contracts with pertinent service providers. All this contributed to the official approval of new contracts with these providers, fending off shortages in the short term; supply issues, however, persisted.

A working group led by the health ministry – composed of the DAP and other partners, including the ICRC – finished developing a prison health policy; its formalization by the health and justice ministries remained pending.

Detainees reduce their risk of cholera

The authorities' ability to maintain a hygienic, orderly environment for detainees was limited; ICRC initiatives helped improve the situation of some detainees. A total of 395 inmates in Gonaïves and Petit-Goâve prisons had increased access to water and sanitation, following emergency repair and maintenance work to water-supply and sewage systems. In Jacmel prison, 560 detainees could better avert infection after a treatment area for sick detainees was renovated. Local engineers, with ICRC backing, completed a new cell block in Les Cayes prison; up to 18 minors could thus be held in more suitable conditions. In this and one other prison, hurricane-damaged facilities (see *Context*), including roofing and utility systems, were repaired, benefiting some 1,406 detainees. Around 6,240 detainees in five prisons received hygiene kits and cleaning materials to help lower their risk of cholera, particularly after the hurricane; some also benefited from flood-control measures. In six prisons, 107 particularly vulnerable inmates – women, minors and those sick – had increased protection from such ailments as Zika virus disease, after mosquito nets were installed. About 300 detainees in Pétion-Ville women's prison learnt more about avoiding the said disease, during information sessions.

The authorities received an evaluation report, including recommendations for improvement, on the work of the penitentiary technicians who had joined a 2015 ICRC workshop. Thirty-two penitentiary technicians honed their skills at a workshop organized in mid-2016. These workshops were held in line with an agreement with the authorities to help address, through training, the limited functionality of equipment and facilities that had previously been renovated or maintained with ICRC support. Tools and equipment were to support the regular maintenance of prison facilities, particularly plumbing and electricity systems. The authorities began work on developing a countrywide infrastructure-maintenance plan.

ACTORS OF INFLUENCE

The ICRC engaged, through dialogue and training, with the authorities, security forces, civil society representatives and international actors; all of them also had access to ICRC-produced multimedia resources. This helped promote the protection of vulnerable people, notably detainees (see *People deprived of their freedom*), and facilitate humanitarian activities for them, especially during emergencies (see also *Red Cross and Red Crescent Movement*). Such contact also fostered acceptance for IHL and the Movement.

The ICRC kept influential parties updated on its adaptation of activities as it focused on reinforcing local ownership and sustainability of the response to humanitarian needs.

Security personnel strengthen their grasp of pertinent standards

During seminars organized by the PNH's training academy and the ICRC, over 1,400 PNH recruits learnt more about: internationally recognized standards applicable to their duties – particularly,

on the use of force and detention; and the Movement. About 100 MINUSTAH officers – briefed by ICRC delegates in their countries of origin before their deployment– refreshed their understanding of these, during dissemination sessions in Haiti.

Seven Dominican military officers deepened their knowledge of IHL and international policing standards, during their ICRC-supported participation in courses abroad (see *Mexico City*).

Haitian law on the red cross emblem awaits entry into force

Twenty staff members of the Haitian foreign affairs ministry increased their familiarity with the ICRC's mandate and activities during an ICRC briefing, held at the ministry's request.

Some 80 legal professionals further their knowledge of IHL and international human rights law at a training course organized by an international human rights institute, during which the ICRC made a presentation. Secondary-school and university students learnt about these subjects, during information sessions conducted by a local human rights organization and the ICRC.

The lower house of Haiti's bicameral legislature adopted a law protecting the red cross emblem, following joint efforts to this end by the National Society/ICRC; the law awaited entry into force. The draft of a new penal code, to which the ICRC contributed as part of its work to advance detention-related reform (see *People deprived of their freedom*), remained under discussion by civil society representatives.

The Dominican national IHL committee received periodic encouragement from the ICRC to promote domestic IHL implementation. The Haitian foreign affairs and justice ministries continued to study the prospect of acceding to IHL-related treaties, with ICRC input.

Haitians learn more about the need to respect the red cross emblem

Haitians increased their awareness of the need to respect the red cross emblem and ensure safe passage for ambulances – particularly during emergencies – and of the Movement, with the help of such National Society informational materials as radio spots, produced with Movement support, including the ICRC. The National Society established a communication unit, to strengthen its capacities in this field.

RED CROSS AND RED CRESCENT MOVEMENT

Despite staffing and other constraints, the Haitian Red Cross enhanced its operational capacities (see also *Actors of influence*) with financial, logistical, material and technical backing from the ICRC.

The Haitian Red Cross bolsters its emergency response

During ICRC-facilitated workshops on first aid and the Safer Access Framework, Haitian Red Cross personnel honed their pertinent skills. Various branches received emergency supplies. In the tension-prone Martissant district of Port-au-Prince, volunteers treated and/or evacuated about 2,400 injured people – some hurricane-stricken (see *Context*) – and shared key violence-prevention messages with the community. Discussions with the National Society, aimed at promoting the full recognition of these volunteers and their formal affiliation with a local branch to reinforce the National Society's ability to operate in Martissant and similar areas, continued.

The Haitian Red Cross finished drafting its five-year strategic plan with input from the International Federation and the ICRC. Pursuant to this, and to ensure a coordinated Movement response to emergencies in Haiti, the National Society entered into: a tripartite agreement, with the International Federation and the ICRC; and a partnership framework agreement, with the ICRC. These notably helped facilitate resource mobilization and maximize humanitarian action by Movement components, including the Dominican Red Cross, in connection with the hurricane; some 10,000 households received assistance, including for contacting family members (see also *People deprived of their freedom*).

The Haitian Red Cross reunites hurricane-dispersed families

The National Society, with ICRC support, continued strengthening its family-links services, to better enable relatives separated by migration or disaster to reconnect (see *Context*). For example, in some badly hurricane-hit areas, the National Society collected tracing requests, facilitated phone calls, and helped over 200 people reunite with their families. A family-links services coordinator: updated pertinent guidelines; developed a plan to promote the organization's family-links services; trained personnel assigned to border areas, with American Red Cross funding; and delivered a refresher course for Haitian and Dominican National Society volunteers. The Haitian Red Cross formalized a memorandum of understanding, on coordination to help dispersed families reconnect, with UNICEF, which had been mobilized by the ICRC to this end.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact			UAMs/SC	
RCMs collected		40		
Phone calls facilitated between family members		574		
Names published on the ICRC family-links website		188		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		10,750	712	295
Number of visits carried out		44		
Number of places of detention visited		18		
RCMs and other means of family contact				
RCMs collected		69		
RCMs distributed		36		
Phone calls made to families to inform them of the whereabouts of a detained relative		7		

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Services and training	Beneficiaries	200	40	20
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)¹				
Essential household items	Beneficiaries	1,749	294	46
Services and training	Beneficiaries	4,517	80	40
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,901	78	39
Health				
Visits carried out by health staff		7		
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	1		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

BRASILIA (regional)

COVERING: Argentina, Brazil, Chile, Paraguay, Uruguay



ICRC regional delegation ICRC mission ICRC office *ICRC regional communication support centre

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The governments of Argentina and the United Kingdom of Great Britain and Northern Ireland, and the ICRC, signed an agreement tasking the ICRC to identify Argentine soldiers buried in the Falklands/Malvinas islands.¹
- ▶ In Brazil, the authorities in 10 cities or municipalities replicated the methods used to ensure people's access to health and other services in volatile areas of Rio de Janeiro. These methods originated from a past ICRC project.
- ▶ Violence-affected people in southern Chile and northern Paraguay learnt to provide first aid and psychosocial care with the ICRC's help. The Paraguayans also had better access to water, grew more food and earned more money.
- ▶ In Chile and Paraguay, ICRC technical input – based on visits to detainees – helped the authorities improve detainee treatment and living conditions. Aided by the ICRC, female detainees in Paraguay pursued livelihood activities.
- ▶ Aided by the ICRC, Chilean and Paraguayan security forces incorporated international policing standards more fully in their training and operations. Peacekeepers learnt more about IHL at ICRC-supported presentations.

¹ The designations employed in this document do not imply official endorsement nor the expression of any opinion whatsoever on the part of the ICRC concerning the legal status of any territory, or concerning the delimitation of its frontiers or boundaries. Whenever a disputed territory is given different names by the parties concerned, the ICRC uses those names together, in alphabetical order.

EXPENDITURE IN KCHF	
Protection	1,915
Assistance	1,611
Prevention	2,935
Cooperation with National Societies	1,246
General	130
Total	7,837

Of which: Overheads 478

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%

PERSONNEL	
Mobile staff	9
Resident staff (daily workers not included)	62

The ICRC has been present in the region since 1975. It visits security detainees and responds to situations of violence and social unrest, often with the region's National Societies, which it supports in developing their capacities to act in such situations. It helps authorities identify human remains so as to provide families with information on their missing relatives. The ICRC promotes the incorporation of IHL into national legislation and the doctrine, training and operations of armed forces, and works with police forces to integrate international human rights law applicable to the use of force into theirs.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
Phone calls facilitated between family members	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	13,513
Detainees visited and monitored individually	107
Number of visits carried out	46
Number of places of detention visited	20
Restoring family links	
RCMs collected	1

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Productive inputs	Beneficiaries 220	435
Services and training	Beneficiaries 220	
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 1,400	1,737

CONTEXT

Brazil continued to be troubled by political instability and an economic downturn. The incidence of armed violence in urban areas, such as the *favelas* of Rio de Janeiro, grew. Thus, despite budgetary constraints, “pacification” programmes involving military and police forces were maintained. In Paraguay, massive protests demanding political and socio-economic reforms led to violence. In the north, violent encounters took place between the joint military and police task force and armed elements. In southern Chile, including Araucanía, tensions over land tenure, between Mapuches and other communities, persisted; the *carabineros* conducted security operations there.

Many families still awaited news of relatives missing since past conflict and military rule. Argentina and the United Kingdom of Great Britain and Northern Ireland (hereafter UK) agreed to identify Argentine soldiers buried in the Falkland Islands/Islands Malvinas.

Natural disasters – floods in several countries – caused deaths and displacement, and dispersed families.

ICRC ACTION AND RESULTS

The ICRC’s delegation in Brasilia strove to address the various needs of violence-affected people throughout the region and of detainees; it also sought to broaden awareness of IHL and other international norms and support for ICRC activities.

Representatives of the Argentine and UK authorities met at the ICRC’s headquarters in Switzerland, and agreed to have the ICRC identify, in 2017, the remains of Argentine soldiers buried in the Darwin cemetery on the Falklands/Malvinas islands. The ICRC also maintained support for Brazil and Paraguay to improve their forensic services. In Brazil, the ICRC assessed needs among some families whose relatives went missing during the military regime; some of these families learnt to provide psychosocial care to their peers.

In Brazil, the ICRC continued to help the authorities replicate activities from the “Rio project” – an initiative to help people mitigate the effects of armed violence in selected *favelas* of Rio de Janeiro – which concluded in 2013. For example, health workers were trained to instruct others in psychosocial care. The authorities extended this project beyond Rio de Janeiro to other cities or municipalities: 10 such projects ran in three states.

Vulnerable people in northern Paraguay and southern Chile were given psychosocial support and/or first aid, or taught how to provide such care. Some community members in northern Paraguay were assisted in improving their access to water, growing more food, and earning more money. In both countries, vulnerable families whose breadwinners were detained also benefited from livelihood aid. In Paraguay, the Paraguayan Red Cross and the ICRC continued to back a livelihood project for female detainees; they also supported female ex-detainees, with a view to helping them reintegrate into society.

The ICRC visited detainees throughout the region and shared its findings and other pertinent observations confidentially with the detaining authorities, to help them improve detainees’ treatment and living conditions. At ICRC-organized regional events, penitentiary officials from Brazil, Chile and Paraguay learnt more about improving prison management and infrastructure maintenance. Paraguayan penitentiary authorities continued to

benefit from ICRC expertise for updating system-wide policies and from direct ICRC support for making improvements in selected prisons. The penitentiary authorities agreed to cover the expenses of redesigning the electrical system in one prison; the ICRC then helped them renovate the water infrastructure to prevent water shortages.

Through confidential dialogue with the ICRC, the region’s authorities, weapon bearers and community leaders were informed of allegations of abuse, with a view to helping them implement measures for preventing recurrence of abuses and for mitigating the effects of violence. In Chile, the health ministry and the ICRC implemented a tool for monitoring risks faced by health services. Military/security forces throughout the region worked jointly with the ICRC to further the incorporation of pertinent international norms in their training and doctrine, notably international policing standards for Brazilian, Chilean and Paraguayan military and police forces. Some peacekeepers were briefed on IHL. The region’s authorities took into account the ICRC and national IHL committee’s views while implementing IHL-related treaties. The ICRC also endeavoured to broaden support among all parties of influence for its activities and other Movement initiatives.

The region’s National Societies increased their capacity to respond to needs arising from situations of violence and natural disaster with help from the International Federation and the ICRC. The Brazilian Red Cross and the Chilean Red Cross strengthened their family-links set-up with the ICRC’s assistance; the Brazilian National Society was also helped to develop first-aid services throughout Brazil. Movement components met regularly to coordinate their activities in the region.

CIVILIANS

The ICRC relayed allegations of abuse confidentially to the region’s authorities, military/security forces, community leaders and other key figures, with a view to helping them take measures to prevent the recurrence of abuses and to mitigate the effects of violence. In Chile, the health ministry and the ICRC continued to implement a four-year action plan to ensure the safety of health-care personnel. The health ministry created a tool for monitoring threats to health services, and implemented it in Santiago, Chile’s capital, and northern Araucanía.

Brazilian authorities replicate safer-access tools in 10 cities or municipalities in three states

Health authorities in Rio de Janeiro continued activities jointly developed with the ICRC during the “Rio project”. For instance, 160 health staff were trained to instruct others in psychosocial care for violence-affected people; the aim was to make this service available in more *favelas* and other violence-prone areas. The authorities moved to institutionalize these activities by incorporating them in existing policies and establishing management structures (see *Red Cross and Red Crescent Movement*).

At the request of local authorities, the ICRC supported similar initiatives in eight other municipalities of Rio de Janeiro state, in Florianopolis city, Santa Catarina state and in Porto Alegre city, Rio Grande do Sul state. Health personnel in volatile areas were trained to minimize risks and implement the Safer Access Framework.

Vulnerable people in northern Paraguay and southern Chile become caregivers as well

In southern Chile, the Chilean National Society and the ICRC maintained their efforts to increase the availability of basic care.

In Araucanía, around 500 families were trained in first aid and encouraged to form networks. Elsewhere, members of one Mapuche community received psychosocial support and learnt to provide it for others, and members of another community were encouraged to form a peer-support association. In northern Paraguay, teachers and students learnt basic first aid – and teachers, basic psychosocial care as well. Psychosocial-support activities facilitated by the ICRC partially assuaged the suffering of more than 140 families and 150 children. All these efforts helped ensure that some basic care was available in both countries to people suffering emotional or physical distress.

Vulnerable people in northern Paraguay also benefited from other forms of ICRC assistance. In Nueva Fortuna, some 70 households (400 people) consumed or sold produce they had grown with ICRC-provided agricultural supplies. In Arroyito and Nueva Fortuna, around 1,700 people had better access to water for personal or agricultural use after the ICRC renovated community infrastructure.

Argentina and the UK task the ICRC to identify Argentine soldiers buried in the Falklands/Malvinas

Representatives of the Argentine and UK authorities met at the ICRC's headquarters in Switzerland, and agreed to have the ICRC identify, in 2017, the remains of Argentine soldiers buried in the Darwin cemetery on the Falklands/Malvinas islands.

In Brazil, the ICRC assessed the compatibility of domestic legislation on missing people with international norms, and the needs of some families of persons missing since past military rule. The findings will be shared with the authorities in 2017, to help them improve State forensic procedures. ICRC-supported workshops enabled 16 forensic workers to develop their skills and 35 relatives of missing persons to learn more about providing psychosocial care for their peers.

ICRC workshops in Paraguay also helped 25 forensics professionals to learn more about mapping high-risk zones and documenting cases during emergencies, and 11 others to develop their ability to conduct autopsies.

South American National Societies reinforce their family-links network

Members of families separated by natural disasters, migration or other circumstances maintained contact using Movement family-links services. The Brazilian and Colombian National Societies and the ICRC worked to ensure that families knew the fate of relatives who had died in an airplane crash in Colombia. The Brazilian Red Cross offered family-links services and emergency aid during the Olympic Games.

South American National Societies strengthened their family-links services with ICRC financial and technical support; they met in Brazil to explore means of improving coordination among them and expanding the regional network. The Brazilian National Society created a department to develop family-links activities throughout the country; its São Paulo branch assessed its ability to assist migrants. The Chilean National Society opened a new office in Chile's central region, to enable a speedier family-links response to emergencies.

In Uruguay, six former detainees of the US internment facility at Guantanamo Bay Naval Station in Cuba continued to have their

situation monitored by the ICRC. One spent time with his relatives during an ICRC-organized family visit.

PEOPLE DEPRIVED OF THEIR FREEDOM

Thousands of detainees in Chile and Paraguay were visited by the ICRC in accordance with the organization's standard procedures. Some people were followed individually, notably: in Chile, detained Mapuches; and, in Paraguay, alleged members of armed groups in northern Paraguay and people held by special police forces. The ICRC also monitored the situation of several inmates serving sentences for crimes against humanity in Uruguay and one alleged member of a Paraguayan armed group held in Argentina. Afterwards, confidential feedback from these visits were shared with the authorities; this, together with ICRC expertise and other support, helped them improve the treatment and living conditions of detainees.

In Paraguay, 43 detainees were visited by their families and thereby received some material assistance. In Chile, households – 35 people – whose breadwinners were detained established small businesses or planted market gardens with livelihood support from the pertinent National Societies and the ICRC.

Paraguayan authorities upgrade prison infrastructure

Penitentiary officials from Brazil, Chile and Paraguay exchanged best practices in prison management and infrastructure maintenance with their counterparts from other countries at workshops abroad (see *Colombia* and *Mexico City*). In Brazil, the penitentiary authorities organized a seminar for over 100 prison architects and engineers, at which the ICRC made a presentation.

The ICRC signed an agreement with the Paraguayan penitentiary authorities formalizing its role in facilitating penitentiary reforms. This process consisted of: recommending changes to system-wide policies, for example, revision of the national penitentiary school's curriculum; and directly supporting improvements in overcrowded prisons, with a view to helping the authorities reflect these improvements in other prisons.

The penitentiary authorities renovated infrastructure at the Tacumbu prison, which houses 3,600 detainees, taking into account recommendations by parties concerned during an ICRC-organized round-table. The penitentiary authorities agreed to cover the costs of redesigning the prison's electrical system as proposed by a local company and the ICRC. The ICRC also installed a new water tank and pump at the prison after floods had disrupted its water supply. Infrastructural upgrades by the authorities and the ICRC improved ventilation at the Buen Pastor female prison; 18 elderly inmates benefited. A few hundred inmates in four places of detention were given items for maintaining their hygiene; and the health services of the Tacumbu prison and of the special police forces were given medical supplies for treating wounded detainees.

Some detainees at the Buen Pastor prison learnt to sew – with a view to monetizing their skilfulness – at a course run by the Paraguayan Red Cross with ICRC financial support. Former detainees continued to make and sell handicrafts and textiles through an ICRC-backed cooperative, which also eased their reintegration into society. These efforts benefited a total of 47 detainees.

ACTORS OF INFLUENCE

Brazil, Chile and Paraguay strengthen instruction in international policing standards

Chile's *carabineros* and Paraguay's national police signed two-year partnership agreements with the ICRC for the organization's technical support for updating curricula and manuals on international human rights law, and for training instructors, respectively. In addition, the *carabineros* were given advice for incorporating international standards on the use of force in their operational procedures; and Paraguay's joint military and police task force requested and received the ICRC's comments on the rules of engagement for its operations in northern Paraguay. In Brazil, the Security Secretariat of the Ministry of Justice drew on ICRC expertise to develop e-learning programmes on international policing standards; and ICRC briefings supplemented courses for military cadets on the use of force. At a conference abroad (see *Lima*), police officers from the region learnt more about standards applicable to their duties.

Advice from the ICRC helped the Uruguayan defence ministry to incorporate IHL and international human rights law more fully in the training of peacekeepers, and to produce a training manual. Troops attending seminars at peacekeeping centres in Paraguay and in Brazil were briefed by the ICRC on IHL applicable to peacekeeping. Brazil, Chile and Paraguay sent senior military officials to advanced courses abroad (see *International law and policy*).

Chilean officials draft a bill on compensation for mine victims

The region's authorities, including foreign and justice ministry officials, were urged by the ICRC and their national IHL committees to implement IHL-related treaties and pledges and resolutions made during the 32nd International Conference and at OAS meetings, and given pertinent guidance.

In Chile, the armed forces and the national institute of human rights requested and received the ICRC's advice for drafting a bill defining the compensation due to victims of anti-personnel mines. In Argentina, a draft bill on the proper use of the emblem, prepared by the National Society and the ICRC, was presented to the parliament for approval. In Brazil, the ICRC urged the national IHL committee and the justice ministry to support a bill for implementing the Rome Statute.

The ICRC sponsored government officials' attendance at meetings in Switzerland, at which: Brazilian foreign ministry officials contributed to discussions on legislation regulating autonomous weapon systems; and Argentine, Brazilian and Chilean officials participated in the Strengthening IHL process. The five countries covered sent representatives to the annual meeting of national IHL committees, where they exchanged best practices with their counterparts from other countries.

The Brazilian public learns more about IHL and the Movement

Communication efforts by National Societies and the ICRC broadened awareness of IHL and international human rights law, and of issues concerning migrants, violence-affected communities and health services, among actors capable of facilitating Movement action. In Brazil, social media campaigns, initiatives with journalists and participation in events related to the Olympic and Paralympic Games raised the public profile of the ICRC as a global actor and a source of reference in the humanitarian field, and helped encourage donations from the private sector. The ICRC continued to brief local authorities and organizations on the results of the "Rio project".

Universities partnered the ICRC in various initiatives. In Brazil, students and lecturers at universities in São Paulo and Rio de Janeiro, and participants in a forum on international public law, learnt more about IHL through ICRC briefings; a Brazilian lecturer attended an IHL conference abroad (see *Armenia*). University libraries were given reference materials. Law students from Argentina tested their grasp of IHL at moot court competitions abroad. All these initiatives fostered academic interest in IHL. In Argentina, the number of university lecturers teaching IHL increased.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region drew on the ICRC's financial and technical support to develop their ability to assist people affected by violence. The Brazilian and Chilean National Societies worked to standardize and improve their first-aid education programmes, training some 50 and 20 volunteers, respectively, to be first-aid instructors. In Rio de Janeiro, the 20-person emergency response team of the National Society's local branch cared for over 450 people wounded during protests. In Araucanía, 125 Chilean Red Cross volunteers were trained to provide psychosocial care and livelihood assistance, and to conduct water-and-sanitation activities. The Paraguay Red Cross used ICRC expertise to improve its family-links services and, in line with the Safer Access Framework, its security measures.

Aided by the International Federation and the ICRC, the Brazilian and Paraguayan National Societies pursued organizational reform. The former strengthened its internal control mechanisms and its public communication and youth recruitment strategies; the latter approved a new institutional strategy and revised its statutes. Both underwent external audits.

Partnership agreements between the ICRC and the National Societies of Argentina, Brazil, Chile and Paraguay, and regular meetings, facilitated coordination among Movement components throughout the region.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact					
Phone calls facilitated between family members		1			
Tracing requests, including cases of missing persons					
			Women	Girls	Boys
People for whom a tracing request was newly registered		32	4		
Tracing cases still being handled at the end of the reporting period (people)		32	4		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					
			Women	Minors	
Detainees visited		13,513	1,072	60	
			Women	Girls	Boys
Detainees visited and monitored individually		107	7		
Detainees newly registered		30	3		
Number of visits carried out		46			
Number of places of detention visited		20			
RCMs and other means of family contact					
RCMs collected		1			
Detainees visited by their relatives with ICRC/National Society support		43			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Productive inputs	Beneficiaries	435	120	211
	<i>of whom IDPs</i>	400	100	200
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,737	1,706	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Productive inputs	Beneficiaries	47	47	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,902	351	39
Health				
Visits carried out by health staff		4		
Places of detention visited by health staff	Structures	4		

CARACAS (regional)

COVERING: Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago and Bolivarian Republic of Venezuela



ICRC regional delegation

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

The Caracas regional delegation was established in 1971. It reinforces the capacities of the region's National Societies in the fields of IHL promotion, restoring family links, emergency response, and assistance to victims of violence. It seeks to visit detainees in Venezuela and monitors the humanitarian situation along the Venezuelan border with Colombia. It promotes the incorporation of IHL into national legislation and into the operational procedures and training of the region's armed forces, as well as the inclusion of human rights standards in police manuals and training.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ At Venezuelan Red Cross and/or ICRC workshops, personnel from public and military hospitals learnt more about treating people wounded by firearms and explosives, and emergency responders trained in providing life-saving care.
- ▶ Vulnerable residents and Colombian migrants in Venezuelan states bordering Colombia obtained basic health care and psychosocial support from the Venezuelan Red Cross, with ICRC backing.
- ▶ The Jamaica Red Cross, aided by the ICRC, sought to alleviate the impact of violence on young people, primarily by giving them access to sports and educational activities. The Belize Red Cross Society undertook similar efforts.
- ▶ Military and police personnel in three countries learnt more about international policing standards at ICRC workshops. The Venezuelan police and the ICRC resumed dialogue on topics of common interest after two years of no contact.
- ▶ Venezuelan penitentiary officials attended regional workshops on prison management with the ICRC's financial support. Detainees still did not receive visits from the ICRC.

EXPENDITURE IN KCHF

Protection	1,141
Assistance	-
Prevention	678
Cooperation with National Societies	880
General	45
Total	2,744
<i>Of which: Overheads</i>	167

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	14

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
Tracing cases closed positively (subject located or fate established)	1

CONTEXT

The government of the Bolivarian Republic of Venezuela (hereafter Venezuela) continued to grapple with a deteriorating economy – characterized most notably by shortages of essential goods and high inflation rates – and with a political impasse. Street protests linked to these issues, and incidents of looting, increased and sometimes resulted in casualties. The government declared a state of emergency that gave the president additional executive powers; it also initiated talks with the opposition. Unabated violence in some neighbourhoods prompted the authorities to ramp up law enforcement operations there.

The Venezuelan authorities gradually reopened – albeit with some interruptions – the country's border with Colombia, which had been closed in 2015 owing to security concerns. Communities living along the border remained vulnerable to the effects of the conflict in Colombia.

Issues related to migration, gang violence and crime – and allegations of the use of excessive force during security operations – remained matters of concern in some States in the Caribbean Community (CARICOM). Military forces assisted the police during law enforcement operations in Guyana, Jamaica and Trinidad and Tobago. In Belize, the military no longer took part in such operations, but continued to carry out joint border patrols with their police counterparts. Tensions along the Belize-Guatemala border sometimes led to skirmishes. General elections in Jamaica and in Saint Lucia were won by opposition parties.

ICRC ACTION AND RESULTS

The ICRC continued to support and work with the region's National Societies and other local partners in helping people prepare for possible emergencies or cope with the effects of violence. Regular coordination among Movement partners helped ensure effective implementation of projects.

In line with the Safer Access Framework and in support of the goals of the Health Care in Danger project, the Venezuelan Red Cross and the ICRC prioritized helping boost the capacities of emergency responders. National Society and/or ICRC workshops enabled health personnel from public and military hospitals to refine their skills in treating the wounded and to heighten their knowledge of how to protect themselves against violence. Informational materials produced by the National Society and the ICRC helped instruct the public in basic first aid and broadened awareness of the need to facilitate access for health staff to wounded and sick people. With ICRC backing, the National Society provided vulnerable residents and Colombian migrants living along the Colombia-Venezuela border with basic health care and psychosocial support.

The ICRC guided Jamaica Red Cross initiatives aimed at alleviating the impact of violence on young people; it also helped the Belize Red Cross Society to begin similar efforts. The Jamaican National Society facilitated young people's access to sports-related and educational activities and offered them counselling services.

The ICRC continued to promote respect for international policing standards and IHL throughout the region. It offered technical assistance in countries where military and police forces conducted joint security operations. Venezuelan military officials participated in ICRC-organized IHL sessions held locally or abroad. Dialogue between the Venezuelan police and the ICRC, on topics of common

interest, resumed after two years without contact between the two parties. Although the ICRC remained unable to visit detainees in Venezuela, it developed working relations with penitentiary officials through workshops on internationally recognized standards for detention.

CIVILIANS

The ICRC continued to engage key parties in dialogue, and to monitor the situation in the region, to better understand the dynamics of the prevailing violence. It also explored opportunities for working with local partners to address issues of humanitarian concern, such as the need to ensure respect for health services during emergencies, especially in violence-prone urban areas of Venezuela.

National Societies in the region continued to strengthen their ability to mount effective responses to emergencies and to the needs of vulnerable people. ICRC financial, material and technical assistance – for instance, the pre-positioning of surgical kits at five Venezuelan Red Cross branches – supported their efforts.

The Bahamian, Jamaican and Venezuelan National Societies continued to be encouraged to strengthen their family-links services. Representatives of the Jamaican Red Cross participated in the Movement's regional meeting on these services, with ICRC financial input. The Venezuelan National Society appointed a focal point to follow up family-links cases; however, National Societies in the Bahamas and Jamaica made little progress in developing an action plan for family-links activities.

Doctors at public and military hospitals in Venezuela expand their capacities to treat wounded patients

During ICRC workshops in Venezuela, roughly 800 doctors and other medical staff from seven public and military health facilities developed their capacity to treat people wounded by firearms or explosives. Some personnel from one military facility also learnt more about the goals of the Health Care in Danger project.

The National Society and the ICRC held training sessions and implemented communication efforts to strengthen violence-affected communities' emergency preparedness and to encourage people to facilitate safe access for responders to the wounded and the sick (see *Actors of influence*). Fifty members of one community in Venezuela learnt more about first-aid techniques; eight young people among them subsequently formed a health brigade. During workshops, nearly 100 staff – doctors, administrative personnel and security guards – from four National Society-run hospitals in provincial cities familiarized themselves with the Health Care in Danger project and learnt how to protect themselves against violence. They also received training in the provision of psychosocial support. In two cities, National Society volunteers and other first responders attended training sessions on the management of human remains.

In Venezuelan border areas, ICRC-backed National Society staff and volunteers helped vulnerable residents and Colombian migrants, including refugees, to cope with the effects of the conflict in Colombia: over 1,200 people received basic health care and psychosocial support, and another 300 learnt how to administer first aid.

Violence-affected young people in Jamaica access sports and educational activities

ICRC support enabled the National Societies in Belize and Jamaica to begin and expand, respectively, a project to alleviate the impact

of violence on young people. In Jamaica, the project facilitated young people's access to sports-related activities and offered them counselling services. In addition, 60 schoolchildren affected by gang violence and without access to government services learnt reading, writing and basic arithmetic, and acquired vocational skills, at ICRC-supported National Society schools.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Venezuela still did not receive visits from the ICRC; these visits had been suspended since December 2012. Nevertheless, the ICRC pursued efforts to clarify, among the authorities concerned, the nature of its activities for detainees. Penitentiary officials deepened their knowledge of prison management at regional workshops (see *Colombia* and *Mexico City*), with ICRC financial support. During training events organized by the pertinent authorities, which the ICRC attended, military prison guards familiarized themselves with internationally recognized standards for the treatment of detainees and learnt more about the ICRC's detention activities.

Seventeen Cuban migrants detained in Jamaica received ad hoc visits from the Jamaican National Society and the ICRC.

ACTORS OF INFLUENCE

Venezuelan police and the ICRC resume dialogue on international policing standards

Military and police forces in Belize, Jamaica and Trinidad and Tobago continued to receive encouragement, guidance and training for incorporating international policing standards in their doctrine, training and operations. Dialogue with the military and police enabled them to understand more fully the need to coordinate their security operations and carry out tailored training sessions. During the 12th Conference of Defence Ministers of the Americas in Trinidad and Tobago, Member States renewed their commitment to incorporate IHL and international human rights law in law enforcement operations.

Members of the Venezuelan military deepened their knowledge of IHL during ICRC training courses and with the help of ICRC-donated publications on the topic. One military officer participated in an international workshop on rules governing military operations (see *International law and policy*). After more than two years without contact, the Venezuelan police and the ICRC resumed dialogue on subjects of common concern. A police official took part in an ICRC regional colloquium on international standards for the use of force (see *Lima*).

Venezuelan foreign ministry convenes the first session of the national IHL committee

The ICRC continued to engage in dialogue with every State covered by the delegation and pertinent regional or multilateral bodies, such as the CARICOM Implementing Agency for Crime and Security, on ratifying and implementing IHL-related treaties. It also monitored the degree to which States were fulfilling the pledges – mostly in relation to detention and sexual violence – that they had made at the 32nd International Conference.

The Venezuelan foreign ministry convened the first session of the national IHL committee in order to discuss the committee's objectives; the ICRC took part in this meeting.

Residents of violence-prone areas in Venezuela acquaint themselves with the Fundamental Principles

In Venezuela, the authorities, the diplomatic community, civil society organizations and the wider public learnt more about the Movement's neutral, impartial and independent humanitarian activities through various National Society and ICRC initiatives. Residents of violence-prone neighbourhoods, especially young people, acquainted themselves with the Fundamental Principles and learnt basic first-aid methods through National Society publications and radio spots, published and broadcast with ICRC support. Contact with community organizations enabled the National Society and the ICRC to conduct first-aid training in some neighbourhoods (see *Civilians*).

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region continued to receive financial, material and technical support from Movement partners for improving their institutional set-up and strengthening their capacity to respond to emergencies and/or to the effects of violence.

In Venezuela, the National Society and the ICRC assessed the emergency preparedness of selected National Society branches, with a view to improving National Society coordination of aid delivery. Some Venezuelan Red Cross staff participated in ICRC workshops on the Safer Access Framework and a course on health emergencies (see *Mexico City*). Others developed their ability, via training, to present or describe the Movement and the National Society's activities to the public.

Movement partners throughout the region held coordination meetings periodically to share experiences; they also conducted joint missions to monitor the implementation of projects.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Tracing requests, including cases of missing persons					
			Women	Girls	Boys
Tracing cases closed positively (subject located or fate established)		1			
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases still being handled at the end of the reporting period (people)		1		1	

LIMA (regional)

COVERING: Plurinational State of Bolivia, Ecuador, Peru



The delegation in Lima opened in 1984, becoming a regional delegation in 2003. The ICRC visits detainees, addresses the issue of missing persons and monitors the humanitarian situation along the Colombia-Ecuador border. It seeks to respond to needs arising from armed conflict and other situations of violence and helps the region's National Societies reinforce their capacities to do the same. It assists security forces in integrating human rights norms applicable to the use of force into their doctrine, training and operations, and the armed forces in doing the same with IHL. It promotes the incorporation of IHL into national legislation.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Peruvian authorities approved a bill and a related national plan that allowed, for purely humanitarian purposes, exhumations linked to missing-persons cases from the 1980–2000 conflict to be done outside judicial proceedings.
- ▶ The Peruvian health ministry and the Peruvian Red Cross adopted an ICRC publication setting out the rights and duties of health personnel during emergencies, for distribution to such personnel throughout the country.
- ▶ In Peru, the authorities approved a protocol for protecting and assisting people who had left or had been rescued from an armed group's camps in the Apurímac-Ene and Mantaro Valley.
- ▶ The Ecuadorean interior ministry and national police and the ICRC organized a colloquium – the first event of its kind in the region – at which 34 Latin American police commanders shared good operational practices.
- ▶ Inmates in Bolivian prisons benefited from water and electrical facilities upgraded by the ICRC. Peru approved a directive providing for comprehensive treatment and care for female detainees – a first in Latin America.

EXPENDITURE IN KCHF

Protection	2,409
Assistance	911
Prevention	1,697
Cooperation with National Societies	848
General	65
Total	5,930
<i>Of which: Overheads</i>	<i>362</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	5
Resident staff (daily workers not included)	43

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1
RCMs distributed	9
Phone calls facilitated between family members	128
Tracing cases closed positively (subject located or fate established)	12
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	39,158
Detainees visited and monitored individually	147
Number of visits carried out	42
Number of places of detention visited	21
Restoring family links	
RCMs collected	11
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	5

ASSISTANCE	2016 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	26	
Essential household items	Beneficiaries	121	
Cash	Beneficiaries	695	
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	400	2,662

CONTEXT

In Peru, clashes between government forces and the militarized Communist Party of Peru (PCP-M) in the Apurímac-Ene and Mantaro Valley (VRAEM) declined in frequency after the government put the police in charge of maintaining law and order in the area. However, fighting erupted again during national elections in April and persisted throughout the year. By year's end, the new government had reassigned the military to oversee security operations there. These clashes led to casualties and arrests of alleged PCP-M members, and damaged property. There were also reports of military personnel occupying civilian infrastructure. Elsewhere, people contended with high crime rates.

Border communities in northern Ecuador continued to feel the effects of armed conflict in Colombia, but to a lesser degree (see *Colombia*).

In the Plurinational State of Bolivia (hereafter Bolivia), Ecuador and Peru, socio-economic and political issues, such as land disputes, gave rise to protests that sometimes led to injuries and deaths.

An earthquake struck northern Ecuador in April, killing 663 people and leaving 28,775 without shelter.

ICRC ACTION AND RESULTS

The Lima regional delegation worked to protect and assist vulnerable people in the VRAEM and, to a lesser extent, people in areas along Ecuador's border with Colombia. It documented these people's concerns and relayed them to the pertinent parties to help or persuade them to improve their situation; as a result, military personnel in the VRAEM cleared two weapon-contaminated areas. The Peruvian authorities approved a protocol for addressing the needs of people who had been held in PCP-M camps, and the health ministry and the Peruvian Red Cross adopted an ICRC publication on the rights and duties of health personnel during emergencies, for distribution to such personnel throughout Peru.

The ICRC provided violence-affected people with periodic or ad hoc support, which included renovation or construction of water and other communal infrastructure in the VRAEM and material assistance for children and adults who had been held in PCP-M camps. With the help of Movement partners, the Ecuadorean Red Cross trained people in communities along the border with Colombia in first aid and hygienic practices.

At ICRC workshops, police and armed forces personnel in the region learnt more about international policing standards and/or IHL, and developed their ability to instruct their colleagues in these matters. The Ecuadorean interior ministry and national police and the ICRC organized a colloquium – the first event of its kind in the region – at which 34 Latin American police commanders shared good operational practices. National IHL committees and the ICRC continued to help the authorities in the region ensure respect and support for IHL; Peru ratified the Arms Trade Treaty. The region's National Societies and the ICRC used informational materials and various kinds of events to broaden public awareness of humanitarian principles, IHL and the Movement.

In Peru, the ICRC continued to support local partners working to ascertain the fate of people missing in relation to the 1980–2000 conflict and to address the needs of their families. It lent its expertise to these partners to help them develop their capacities

in managing human remains and providing psychosocial care. The authorities approved a bill and a related national plan that allowed, for purely humanitarian purposes, exhumations linked to missing-persons cases from the 1980–2000 conflict to be done outside judicial proceedings. Families wishing to be involved in searching for missing relatives travelled to exhumation sites with ICRC financial assistance.

Detainees in Bolivia, Ecuador and Peru, including security detainees, received visits conducted in accordance with standard ICRC procedures. Confidential feedback based on these visits and other kinds of support from the ICRC sought to help the authorities improve detainees' treatment and living conditions. Peruvian authorities approved a new penitentiary policy and a directive providing for comprehensive treatment and care for female detainees. Thanks to ICRC infrastructural upgrades, inmates in Bolivia had better access to water and electricity. In the countries covered, detainees held far from their homes continued to benefit from ICRC-organized family visits.

The region's National Societies responded to emergencies created by violence and natural disasters; they strengthened their capacities in this area with help from the International Federation and the ICRC. Movement components provided technical and other assistance to the authorities in response to the earthquake in Ecuador; the Ecuadorean Red Cross led the response that focused on restoring family links. Regular meetings helped ensure coordination among Movement components in the region.

CIVILIANS

Peruvian officials and National Society adopt ICRC publication on rights and duties of health staff

Vulnerable people in the VRAEM and in areas along Ecuador's border with Colombia reported their concerns to ICRC delegates, who relayed them to the pertinent parties to help or persuade them to improve these people's situation (see *Actors of influence*). At the ICRC's urging, military personnel in the VRAEM cleared two areas where people had been injured or killed in incidents involving unexploded ordnance; they also informed community members in rural and urban areas, including students, of the hazardousness of such ordnance.

In support of the goals of the Health Care in Danger project, the Peruvian authorities, the National Society and the ICRC strove to help ensure that health services safely and promptly accessed violence-affected areas. In December, the health ministry and the National Society adopted an ICRC publication setting out the rights and duties of medical personnel during armed conflicts and other emergencies, for distribution to health staff throughout Peru. Over 500 health personnel in the most violence-prone areas in the VRAEM, and health ministry officials, learnt about their rights and duties, and about protecting themselves in unsafe environments and coping with security incidents, through various ICRC briefings.

People previously held by a Peruvian armed group ease their social and economic reintegration

Periodic and ad hoc ICRC support, such as cash assistance, helped violence-affected people cover their basic needs and deal with their situation. In the VRAEM, ICRC-organized community workshops enabled 60 people to familiarize themselves with safe practices in the event of fighting. Some 2,000 people in 23 communities had potable water and better community infrastructure after the ICRC built a water-supply network and upgraded other facilities. Workshops organized by the education ministry and the ICRC helped almost

700 teachers and students in those and other communities to learn more about hygienic practices.

More than 60 children and adults who had been released from PCP-M camps eased their social and economic reintegration with household essentials, agricultural or handicraft supplies and recreational equipment. At the ICRC's urging, the pertinent authorities enabled ten relocated families to obtain cash assistance from government-run projects.

Aided by Movement partners, the Ecuadorean Red Cross organized training sessions on first aid, pest control and waste management for 80 people in four communities along the Colombian border; it also provided support for teachers and students in one canton to conduct similar activities.

In Bolivia, 16 destitute amputees regained some mobility at a centre run by the health ministry. The health ministry drew on ICRC material and technical support to improve its physical rehabilitation services. One of the ministry's technicians refined his skills at a training course abroad, with ICRC sponsorship.

Peruvians searching for missing relatives travel to exhumation sites with ICRC financial assistance

With ICRC support, Peruvian government agencies and local organizations strove to clarify the fate of persons missing in relation to the 1980–2000 conflict and to assist their families (see *Actors of influence*). Training and technical guidance for forensic experts, anthropologists, and specialists providing psychosocial care for missing people's families contributed to building local capacities; ICRC financial support enabled some of these experts to attend related events abroad. Forensic professionals, prosecutors, and members of associations of missing people's families in Ayacucho were encouraged to use an ICRC framework for alleviating the emotional distress of these families throughout the exhumation process.

Families wishing to be involved in searching for their missing relatives learnt more about the State services available to them from informational videos. Transport allowances from the ICRC enabled around 700 people to travel to exhumation sites or legal offices; those who journeyed from remote areas to Ayacucho had free temporary lodgings at the National Society branch there. Government agencies and NGOs in Ayacucho drew on the ICRC's advice to bolster their forensic activities and to facilitate the handover of remains to the families concerned.

In Bolivia, the pertinent authorities learnt more about best practices in searching for missing people, and managing human remains, from an ICRC booklet.

Earthquake-affected people obtain family-links services from the Ecuadorean National Society

Movement partners worked together to assist the victims of the earthquake in Ecuador (see *Context*); the National Society led the response. The Colombian and Ecuadorean National Societies collected over 1,000 requests to locate missing people. Technical guidance from Movement components helped the authorities, including the National Prosecutor's Office, coordinate their activities and ensure proper management, identification, and handover of human remains. With logistical or financial assistance from the ICRC, and at its urging, experts from regional forensics associations travelled to Ecuador to aid local services.

The National Societies and the ICRC continued to urge authorities in the region to incorporate family-links services and human remains management in their national disaster-management strategies. Following the earthquake mentioned above, Ecuadorean authorities drew on ICRC expertise to develop a protocol for managing human remains after disasters. An Ecuadorean government official attended a regional seminar on forensics with ICRC financial assistance.

PEOPLE DEPRIVED OF THEIR FREEDOM

Peru approves a directive providing comprehensive care and treatment for female detainees

Detainees in Bolivia, Ecuador and Peru, including those held on security-related charges, received visits conducted in accordance with standard ICRC procedures. Confidential feedback based on these visits and other kinds of support from the ICRC sought to help the authorities improve detainees' treatment and living conditions. The recommendations of the working group examining the causes and consequences of overcrowding in prisons were submitted by the ICRC to Peru's new penitentiary council: they included conditional-release and alternative-sentencing measures and humanitarian pardons.

ICRC expertise helped the Bolivian, Ecuadorean and Peruvian authorities draft new policies and manuals on prison management. In Peru, officials approved a new penitentiary policy, and a directive providing for comprehensive care and treatment for female detainees – a first in Latin America.

Penitentiary officials and instructors in the three countries, including police trainers from the penitentiary school in Ecuador, developed their prison-management capacities through ICRC training materials and during national and regional workshops organized or supported by the ICRC (see *Colombia*). Instructors in Peru held dissemination sessions for prison staff on, *inter alia*, conflict management and the contents of the directive for female detainees.

In the countries covered, 118 inmates held far from their homes received ICRC-organized visits from their relatives. Over 20 released detainees returned home with ICRC financial assistance.

Inmates in Bolivia have better access to water after prison facilities are upgraded

During various ICRC workshops, health and penitentiary officials in Bolivia and Peru strengthened their coordination in providing health services for detainees. In Peru, at a meeting organized by the National Penitentiary Institute, the health ministry and the ICRC, prison health staff learnt more about managing health information – particularly in relation to contagious diseases such as AIDS and TB. Participants also learnt how to register detainees in the national insurance system; such coverage was part of an initiative to expand medical care for inmates. ICRC support for the Ecuadorean health ministry in developing a handbook on health care in prisons was cancelled because the ministry did not deem it necessary.

Bolivian and Peruvian authorities strengthened their capacity to design new prisons and maintain existing ones by participating in local and regional workshops with ICRC financial assistance (see *Mexico City*). ICRC upgrades to common facilities in three Bolivian prisons improved access to water and electricity for around 1,650 detainees.

Inmates in Peru coped with their confinement with help from the national library, the National Penitentiary Institute and the ICRC; they borrowed books from mobile libraries and participated in several artistic and cultural activities. Detainees' artworks were exhibited at the national library, which contributed to broadening public awareness of the plight of people in prisons.

ACTORS OF INFLUENCE

Various ICRC events throughout the region sought to increase awareness of and support for humanitarian principles, IHL and the Movement among the authorities and members of key organizations. Civil servants and military officials in Bolivia, Ecuador and Peru learnt more about the goals of the Health Care in Danger project and the issue of sexual violence through briefings organized by the ICRC or by their national IHL committees with ICRC support.

Latin American police officials share good operational practices at first event of its kind in the region

Over 2,300 military and police officers in the three countries – among them police officials and military personnel from the VRAEM and military troops posted along the Colombia-Ecuador border – learnt about the proper use of force through ICRC courses. The Ecuadorean interior ministry, the national police and the ICRC organized the first international colloquium on good operational practices for police officials in Latin America. These officials – 34 commanders from 13 countries – convened to share their experiences in dealing with violent social protests and in the proper use of firearms; they also reflected on the possibility of conducting operational reviews. The Bolivian authorities continued, with ICRC help, to draft a manual and a handbook on the maintenance of public order.

Military and police forces improved their training programmes with support from the ICRC and other organizations. In particular, ICRC-trained instructors in Ecuador and Peru developed their ability, through workshops, to teach their colleagues about international human rights law and/or international policing standards. Following continuous encouragement from the ICRC, the Peruvian interior ministry took steps to establish a centre for training police in these norms and standards.

Bolivian and Peruvian military personnel advanced their understanding of IHL through ICRC briefings. Thirteen officials from the defence ministries of Member States of the Union of South American Nations did the same at an IHL course organized by the Peruvian defence ministry with the ICRC's financial support. The Naval Academy of Peru incorporated IHL in its course on international law.

Peru ratifies the Arms Trade Treaty and approves a bill on searching for missing people

National IHL committees and the ICRC continued to advise the region's authorities on implementing IHL-related treaties and, particularly in Peru, on drafting or revising legislation on related matters such as *non-refoulement* and family reunification. The Peruvian authorities passed a bill regulating the police's use of force and firearms, and approved a protocol for protecting and assisting people who had left or had been rescued from PCP-M camps. They also approved a bill that allowed – for purely humanitarian purposes – exhumations linked to missing-persons cases from the 1980–2000 conflict to be done outside judicial proceedings, thus potentially accelerating the identification and restitution of human

remains. In this regard, the justice ministry adopted a national plan that was drafted with technical guidance from the ICRC. Peru ratified the Arms Trade Treaty.

Ecuador and Peru backed other States' lobbying efforts in connection with humanitarian issues of particular interest to the ICRC, such as education during armed conflict and the protection and social inclusion of refugees. The Peruvian authorities followed through on their pledge, at the 32nd International Conference, to support the Health Care in Danger project (see *Civilians*).

The Organization of American States incorporated in its resolution on human rights a paragraph on missing persons that was prepared by the Peruvian foreign ministry with technical advice from the ICRC.

ICRC support enabled Ecuadorean and Peruvian university students to participate in an international moot court competition and test their grasp of IHL. The Ecuadorean Red Cross and the ICRC launched a local version of the competition.

The general public in the region learnt more about humanitarian issues and the Movement through various initiatives by the National Societies and/or the ICRC, and through the work of journalists who drew on information from ICRC articles and press releases. Communication materials and art exhibits helped broaden awareness of the plight of missing people's families and of detainees in overcrowded prisons.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies responded to emergencies related to violence and natural disasters (see *Civilians*); they strengthened their capacities in this area with help from the International Federation and the ICRC. Over 120 volunteers from the Ecuadorean and Peruvian National Societies learnt how to protect themselves while working in violence-prone areas, at workshops on the Safer Access Framework and the Health Care in Danger project. Volunteers from these National Societies also administered first aid to people injured during protests.

The region's National Societies worked with the ICRC to raise awareness of humanitarian principles and the Movement (see *Actors of influence*).

The Peruvian Red Cross strengthened its institutional bases and managerial capacities. The Bolivian Red Cross continued to modernize itself with Movement support.

Regular meetings helped ensure coordination among Movement components in the region.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1			
RCMs distributed		9			
Phone calls facilitated between family members		128			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		28	5		1
Tracing cases closed positively (subject located or fate established)		12			
Tracing cases still being handled at the end of the reporting period (people)		357	73	6	13
<i>including people for whom tracing requests were registered by another delegation</i>		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		39,158	1,691	31	
			Women	Girls	Boys
Detainees visited and monitored individually		147	30		
Detainees newly registered		7			
Number of visits carried out		42			
Number of places of detention visited		21			
RCMs and other means of family contact					
RCMs collected		11			
RCMs distributed		1			
Phone calls made to families to inform them of the whereabouts of a detained relative		5			
Detainees visited by their relatives with ICRC/National Society support		118			
People to whom a detention attestation was issued		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	26	7	17
Essential household items	Beneficiaries	121	29	70
Cash	Beneficiaries	695	344	24
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,662	932	932
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	7		
Cash	Beneficiaries	23	2	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,642	115	

MEXICO CITY (regional)

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



ICRC/AR_2016
 ○ ICRC regional delegation ♦ ICRC mission ▽ ICRC-supported physical rehabilitation project

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Thousands of vulnerable migrants along the migration route found respite at facilities run by the National Societies and the ICRC, which provided drinking water, temporary accommodations, and health and family-links services.
- ▶ Violence-affected people in four countries had access to health services and water, owing to various forms of ICRC support; young people in El Salvador, Honduras and Mexico obtained psychosocial and/or educational assistance.
- ▶ With ICRC encouragement, a Mexican state enacted a law on the forensic management of missing persons' remains. Families in Guatemala arranged or attended dignified burials for relatives who were once unaccounted for.
- ▶ Detainees in Honduras and Panama had better living conditions after the ICRC upgraded infrastructure. ICRC activities in Salvadorean prisons were suspended in May after the implementation of stricter detention measures there.
- ▶ Military and police instructors in the region developed their ability to teach their peers about international policing standards. Cuba acceded to the Convention on Cluster Munitions and El Salvador to the Rome Statute.

EXPENDITURE IN KCHF

Protection	5,410
Assistance	9,210
Prevention	3,112
Cooperation with National Societies	1,359
General	192
Total	19,282
<i>Of which: Overheads</i>	<i>1,177</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	101%
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PERSONNEL

Mobile staff	41
Resident staff (daily workers not included)	140

The Mexico delegation opened in 1998, becoming a regional delegation in 2002. It helps the region's National Societies strengthen their capacities and works with them to address the most urgent humanitarian needs of persons affected by organized violence and of vulnerable migrants; monitors detainees' conditions; and endeavours to ascertain the fate of missing persons. It encourages the integration of IHL into armed forces' doctrine and into universities' curricula, and human rights norms applicable to the use of force into the doctrine, training and operations of security forces. The delegation hosts the regional advisory service on IHL.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action	HIGH
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PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	5
RCMs distributed	18
Phone calls facilitated between family members	82,869
Tracing cases closed positively (subject located or fate established)	4
People reunited with their families	5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	42,451
Detainees visited and monitored individually	12
Number of visits carried out	82
Number of places of detention visited	39
Restoring family links	
RCMs collected	34
RCMs distributed	8
Phone calls made to families to inform them of the whereabouts of a detained relative	28

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)¹		
Food commodities	Beneficiaries	
Essential household items	Beneficiaries	30,000
Cash	Beneficiaries	245
Services and training	Beneficiaries	150
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	51,500
		84,993
Health		
Health centres supported	Structures	6
		13
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	3
		1
Water and habitat		
Water and habitat activities	Number of beds	158
Physical rehabilitation		
Projects supported	Projects	10
		7
Patients receiving services	Patients	7,686

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Some communities in the region – particularly in El Salvador, Honduras and Mexico – continued to suffer the effects of high levels of armed violence: murders, disappearances, displacement, migration and insufficient access to basic services such as health and education. Military troops supported the police in law enforcement operations that led to casualties and arrests. In El Salvador, family contact was disrupted and an increase in TB cases recorded in six prisons housing over 20,000 detainees, after the authorities imposed stricter security measures there in order to curb gang violence.

Many people continued to seek safety and better opportunities elsewhere. Migrants heading for or deported from the United States of America risked abuse and other dangers along their route. Stricter migration policies, notably in Mexico, and the closing of borders in Nicaragua and between Colombia and Panama complicated their journey. An upsurge of economic migrants from Cuba and Haiti put added pressure on the host countries, as they had to address these migrants' needs.

Families throughout the region continued to seek information about relatives who went missing in relation to migration, past armed conflict and ongoing situations of violence.

Natural disasters, such as Hurricane Otto in Costa Rica and Panama, struck some countries in the region.

ICRC ACTION AND RESULTS

The regional delegation in Mexico City continued to focus on protecting and assisting migrants, missing people's families and other violence-affected people. It maintained close cooperation with the National Societies in the region and helped them boost their capacity to aid these people and to reach and work in violence-prone areas safely.

People travelling the migration route through Guatemala, Honduras and Mexico eased their journey at facilities supported by the National Societies and the ICRC; they also learnt, from informational materials, how to reduce the risk to their safety. These facilities provided them with health-care services, temporary accommodations and/or means to contact relatives. Minors and their relatives traveled back to Guatemala and Honduras with cash assistance. The launching or expansion of some of these activities in El Salvador, Costa Rica, Honduras, Mexico and Panama sought to respond to the influx of migrants in the region.

The ICRC provided support for local partners to become more effective in searching for missing persons and in addressing their families' needs. Technical and infrastructural support enabled forensic personnel in four countries to strengthen their capacity to manage and identify human remains. Families in Guatemala arranged or attended dignified burials for relatives who were once unaccounted for, with ICRC financial support. One Mexican state enacted a law on the forensic identification and management of missing people's remains.

To help ensure that wounded, sick and other violence-affected people in five countries could obtain good-quality health care, the ICRC offered training and material support for first-responders and health personnel. It also upgraded facilities at primary-health-care centres in Mexico and Panama, and began to do the same in one hospital in Honduras. Disabled people, including

migrants, regained their mobility at ICRC-supported physical rehabilitation centres. Psychosocial or psychological care provided by ICRC-supported local partners helped violence-affected people – including schoolchildren and victims of sexual violence – and missing people's families to cope. Communities in remote areas of Guatemala, Honduras and Panama benefited from water and sanitation systems renovated or constructed by the ICRC.

In El Salvador and Honduras, the ICRC began to support initiatives assisting IDPs. It provided material aid to displaced households in El Salvador, and legal advice to Honduran officials in devising legal frameworks for implementing a multidisciplinary emergency response to IDPs' needs.

In five countries, detainees – such as migrants and people held in connection with incidents of violence – received visits in accordance with standard ICRC procedures. These visits were suspended in El Salvador in May, after stricter detention measures took effect in some prisons. In Mexico, a partnership agreement with the authorities included the possibility of ICRC visits to people in federal prisons. The authorities concerned drew on ICRC support to improve detainees' treatment and living conditions. Officials in Honduras began judicial reviews of detainees' cases to expedite legal procedures; in El Salvador, the authorities announced steps to tackle TB in the prisons affected by stricter detention measures. ICRC support for infrastructural upgrades and for prison health staff resulted in better living conditions and/or health care for detainees in Honduras and Panama.

To further understanding of and support for humanitarian principles, IHL and the Movement, the ICRC maintained dialogue with and organized specific events for pertinent authorities and organizations and the wider public throughout the region. Aided by ICRC expertise, the military and the police strengthened their instructors' capacity to train peers in international policing standards. Cuba and El Salvador acceded to IHL-related treaties. An IHL course was included in the curriculum of the law school at a Mexican university.

CIVILIANS

The ICRC engaged the parties concerned in discussions on the plight of migrants, families of missing persons and other violence-affected people – including IDPs in El Salvador. Where appropriate, it reported allegations of abuse to these parties, with a view to preventing their recurrence and facilitating humanitarian access to these vulnerable people.

Migrants and deportees ease their journey with material aid and family-links services

Migrants and deportees travelling the migration route through Guatemala, Honduras and Mexico benefited from comprehensive assistance – some of them more than once – at facilities supported by the National Societies and the ICRC, in coordination with other humanitarian agencies. Leaflets and radio spots informed them of how to reduce the risk to their safety and where the various assistance points were.

Over 70,000 people had access to potable water following the distribution of bottled water and water-purifying chlorine tablets; several returnee minors covered some of their dietary needs with food provisions. Eighteen NGO-run shelters in Mexico that had been upgraded by the ICRC offered free temporary accommodations. About 28,300 migrants obtained free health services,

including psychological care, at 11 ICRC-supported facilities; the ICRC covered treatment costs for those needing medical and rehabilitative care (see *Wounded and sick*).

Migrants informed their families of their situation via nearly 83,000 free phone calls from 48 family-contact points, ten of which began operations in 2016. One Guatemalan Red Cross shelter – built with ICRC financial support – temporarily housed 587 unaccompanied returnee minors, and their relatives who came to pick them up. In Guatemala and Honduras, cash assistance helped over 200 returnee minors and their relatives to travel home.

The pertinent authorities, organizations and National Societies responded to the influx of migrants in the region (see *Context*) by working with the ICRC to launch or expand some of the activities mentioned above. In El Salvador, Costa Rica and Panama, migrants received informational materials translated in their languages that detailed how to minimize the risks to their safety while travelling and where to find assistance. Ad hoc ICRC material aid to two medical centres in Honduras and Mexico helped staff provide more effective care for migrants.

Families in Guatemala bury relatives who were located after years of being unaccounted for

State agencies, humanitarian actors and associations of missing people's families drew on ICRC support – tracing services, for instance – to search more effectively for missing persons, including migrants, and to address the needs of their families (see *Actors of influence*).

Various parties concerned convened at international events in Cuba and Mexico – organized or supported by the ICRC – to discuss and recommend best practices in forensics. Aided by the ICRC or by ICRC-supported trainers, over 770 forensic personnel and investigators and other pertinent officials in El Salvador, Guatemala, Honduras and Mexico developed their ability to: collect information on missing persons; standardize forensic data management; and identify human remains. ICRC material and infrastructural support for morgues and burial niches in parts of Guatemala, Honduras and Mexico contributed to the dignified burial of unidentified remains. In Mexico, such support enabled the documentation of human remains in line with best practices and the identification of some of them. Guatemalan and Salvadorean officials recorded missing-persons cases using the ICRC's data-management software; the Mexican authorities pursued the installation of this software in public prosecutors' offices.

In Guatemala, around 1,750 families used financial and technical support from the ICRC to arrange or attend dignified burials for relatives who were located after years of being unaccounted for or to follow up cases of missing relatives with the authorities concerned. Psychosocial or psychological care from ICRC-supported services helped other families there and in Honduras and Mexico to cope with their distress. In Honduras, 20 psychologists were trained to support associations of families of missing persons.

Students, teachers and communities learn to cope more effectively with the consequences of violence

Vulnerable violence-affected people dealt with their situation through various forms of assistance provided by the pertinent authorities and National Society, and the ICRC. A project in Chihuahua, Mexico – run by the education ministry, the National Society and the ICRC – taught students and teachers at 13 schools

how to cope more effectively with the consequences of violence. Nearly 200 teachers helped a total of 22,750 students to ease their distress and instructed them on techniques for protecting themselves against violence; the teachers were trained by the health ministry, the National Society and the ICRC. Some of the project's beneficiaries reported that they were less depressed and anxious and that they felt safer in their schools and residences. The education authorities in Chihuahua began incorporating elements of the project in these schools' curricula.

National Society and ICRC projects in violence-prone urban areas of El Salvador and Honduras helped create access for 25,860 people to first aid and psychosocial assistance and to recreational and educational activities.

IDPs in El Salvador cover their material needs

Sixty displaced households in El Salvador met their basic needs with household items provided by the Salvadorean Red Cross Society and the ICRC; NGOs assisting displaced families also received material support. Over 5,300 people in remote areas of Guatemala, Honduras and Panama benefited from upgraded or newly constructed water and sanitation systems. Through training or information sessions, 28 community workers in Honduras strengthened their hygiene-promotion skills, and 4,200 people learnt to protect themselves from contagious diseases and to refer sick people to appropriate services. These activities in Honduras ended in August, owing to the improved security situation there.

ICRC-upgraded health facilities in Tamaulipas state, Mexico, and in the Darién region of Panama, and health ministry and ICRC brigades in Darién, provided primary health care for vulnerable people. Victims of violence – including of sexual violence – and National Society volunteers received psychosocial or psychological support from trained teachers and Mexican Red Cross volunteers in Mexico and at a health facility in Guatemala. Health-centre staff in Mexico learnt more effective methods of self-protection during ICRC workshops on the Health Care in Danger project.

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits to detainees in El Salvador are suspended

Detainees in El Salvador, Honduras and Panama – including people held in connection with incidents of violence – and migrants in holding centres in Guatemala, Honduras, Mexico and Panama received visits conducted in accordance with standard ICRC procedures. However, visits to detainees in El Salvador were suspended in May, after stricter detention measures went into effect in some prisons (see *Context*). In Mexico, the ICRC signed an agreement with penitentiary officials on prospective partnerships; the agreement included the possibility of visiting people in federal prisons.

Honduran officials begin judicial reviews of cases to expedite legal procedures

After the visits mentioned above, the ICRC discussed its findings confidentially with the authorities, who drew on ICRC expertise to address issues concerning detainees' treatment and living conditions, particularly the effects of prison overcrowding. ICRC oral and written representations to the Salvadorean authorities on the effects of the stricter detention measures, and the impact on the ICRC's ability to assist detainees, led in part to the authorities' announcement of steps to tackle TB in prisons. An interministerial working group in Honduras began judicial reviews of cases and set up a new registration system for detainees in selected prisons, with a view to expediting legal procedures.

At various ICRC-organized events (see *Colombia*), detention officials from Cuba, El Salvador, Honduras and elsewhere in the region discussed humanitarian issues related to prison management; one seminar in Panama, on prison infrastructure, brought together 50 representatives from 12 Latin American countries.

Inmates reconnected with their relatives through the Movement's family-links services, which included family visits.

Detainees in Honduran and Panamanian prisons benefit from upgraded prison facilities

Approximately 13,000 inmates in Honduras and Panama had better living conditions after the authorities, with ICRC support, renovated water and electrical systems and other facilities. The ICRC formalized an agreement with the Panamanian interior ministry to implement an ICRC project to improve living conditions for inmates in selected prisons.

Honduran penitentiary and health officials and the ICRC signed a cooperation agreement to enhance detainees' access to comprehensive health services. ICRC-provided training and supplies for staff at selected prisons helped them provide more effective health care for inmates.

WOUNDED AND SICK

A Honduran hospital begins to upgrade its emergency room

To help ensure the availability of life-saving care for wounded people in Mexico, the National Society and the ICRC provided material support and training for potential first-responders and health staff. During ICRC workshops, surgical personnel and students in El Salvador, Honduras and Mexico strengthened their ability to operate on wounded people. A university in Honduras included weapon-wound management in its training curriculum.

The Tegucigalpa Teaching Hospital in Honduras used ICRC donations of medical equipment to improve treatment for victims of violence. ICRC upgrades to the hospital's emergency room got under way: the installation and refurbishment of a nursing station and sanitation facilities contributed to more comfortable and hygienic surroundings for patients; these improvements also helped facilitate infection-control measures. The hospital and the ICRC signed an agreement allowing ICRC surgeons to provide the hospital's doctors with on-site guidance and technical input in the management of weapon wounds.

Victims of unexploded ordnance and disabled migrants obtain rehabilitative care

Roughly 7,700 disabled persons – including migrants and mine victims – in El Salvador, Guatemala, Honduras and Mexico regained their mobility at seven ICRC-supported physical rehabilitation centres. The ICRC covered treatment, transportation and accommodation costs for nearly 200 returnee migrants. In Honduras, 17 patients in one centre relieved some of their emotional distress with the help of ICRC-trained psychologists. The centres' staff improved their services with financial support and guidance from the ICRC.

ACTORS OF INFLUENCE

Armed forces and police instructors learn to teach their peers about international policing standards

The region's armed forces and police drew on ICRC expertise to increase respect for international policing standards and

international human rights law in their respective training and doctrine. Around 11,300 military personnel with law enforcement duties and police officers in El Salvador, Guatemala, Honduras, Nicaragua, Mexico and Panama strengthened their knowledge of international policing standards at ICRC-organized seminars.

The Mexican federal police continued incorporating international policing standards in its officers' training curricula – in line with the findings of a 2015 ICRC assessment – and in its doctrine. At ICRC workshops in El Salvador, Guatemala, Honduras, Mexico and Panama, police officers and military instructors refined their ability to teach their peers about international policing standards.

A Mexican state enacts a law on the forensic management of missing persons' remains

Authorities and members of national IHL committees in the region continued to promote and implement IHL at the national level, with ICRC support, such as financial input for their attendance at IHL events abroad (see *International law and policy*).

ICRC legal advice to government officials and lawyers focused on the incorporation in domestic legal frameworks of provisions on the repression of war crimes and the protection due to the red cross emblem and, in Honduras, of a multidisciplinary emergency response to IDPs' needs. Guatemalan officials worked to expand the mandate of a commission – responsible for searching for people missing in relation to past conflict – to include recent disappearances and missing migrants. The Mexican authorities sought to draft a law covering the needs of missing people and their families. One Mexican state enacted a law on the forensic identification and management of missing persons' remains.

Cuba acceded to the Convention on Cluster Munitions and El Salvador to the Rome Statute.

The ICRC continued to raise humanitarian issues – especially those concerning migrants and detainees – during forums organized by regional and international organizations such as the Inter-American Court of Human Rights. At the Regional Conference on Migration, and during UNHCR-driven processes, ICRC recommendations for assisting migrants were included in the final texts adopted by Member States.

Law school at a Mexican university includes IHL in its curriculum

At conferences organized by two Cuban academic institutions, students and lecturers added to their knowledge of IHL during ICRC presentations. The law school at a Mexican university included IHL in its curriculum.

Communication efforts and events organized by the region's National Societies and the ICRC sought to broaden awareness of regional issues of growing humanitarian concern, and to foster support for ICRC activities, among government officials, members of civil society and humanitarian organizations. Drawing on ICRC communication and informational materials or presentations, journalists produced articles on the plight of missing people's families in Guatemala and Mexico. National Society dissemination sessions helped advance understanding of the Movement and its Fundamental Principles among violence-prone communities and the wider public.

RED CROSS AND RED CRESCENT MOVEMENT

Support from Movement partners helped the region's National Societies to strengthen their ability to respond to emergencies and to the needs of violence-affected people and vulnerable migrants – through family-links services, for instance (see *Civilians*). During briefings and workshops, over 5,300 National Society volunteers in Guatemala, Mexico and Nicaragua learnt about the Safer Access Framework, and 30 Costa Rica Red Cross volunteers were trained to apply it in their activities.

Twenty-two health staff from Cuba and nine from elsewhere bolstered their capacity to respond to large-scale health emergencies at a course in Cuba that was organized by the Cuban Red Cross, a local medical institution and the ICRC.

Technical advice from the ICRC helped the region's National Societies to improve their communication capacities and revise their statutes.

Movement components in the region coordinated their activities, for instance through a tripartite coordination mechanism in El Salvador; the ICRC contributed material aid and technical assistance to the Movement's response to various natural disasters (see, for example, *Lima*). Twenty-five National Societies from the Americas, the International Federation and the ICRC adopted a joint declaration that set out a unified and proactive Movement approach to the issue of migration.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		5	1		
RCMs distributed		18			
Phone calls facilitated between family members		82,869			
Reunifications, transfers and repatriations					
People reunited with their families		5			
	<i>including people registered by another delegation</i>	4			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1			
Tracing cases closed positively (subject located or fate established)		4			
Tracing cases still being handled at the end of the reporting period (people)		3			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		42,451	1,730	2,375	
			Women	Girls	Boys
Detainees visited and monitored individually		12			
Number of visits carried out		82			
Number of places of detention visited		39			
RCMs and other means of family contact					
RCMs collected		34			
RCMs distributed		8			
Phone calls made to families to inform them of the whereabouts of a detained relative		28			
Detainees visited by their relatives with ICRC/National Society support		5			
People to whom a detention attestation was issued		4			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)¹				
Food commodities	Beneficiaries			
Essential household items	Beneficiaries	63	14	17
Cash	Beneficiaries	245	8	225
Services and training	Beneficiaries	150	50	55
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	84,993		
Health				
Health centres supported	Structures	13		
Average catchment population		125,980		
Consultations		29,694		
	<i>of which curative</i>	29,655	3,228	1,277
	<i>of which antenatal</i>	39		
Referrals to a second level of care	Patients	157		
	<i>of whom gynaecological/obstetric cases</i>	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities ¹	Beneficiaries	19,405		
Health				
Visits carried out by health staff		29		
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
Water and habitat				
Water and habitat activities	Number of beds	158		
Physical rehabilitation				
Projects supported	Projects	7		
Patients receiving services	Patients	7,686	3,334	1,308
New patients fitted with prostheses	Patients	149	26	34
Prostheses delivered	Units	250	41	31
	<i>of which for victims of mines or explosive remnants of war</i>	2		
New patients fitted with orthoses	Patients	852	78	669
Orthoses delivered	Units	1,141	56	992
Patients receiving physiotherapy	Patients	5,781	3,106	299
Walking aids delivered	Units	139	34	18
Wheelchairs or tricycles delivered	Units	12		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

WASHINGTON (regional)

COVERING: Canada, United States of America, Organization of American States (OAS)



ICRC regional delegation ICRC delegation ICRC office

Established in 1995, the Washington regional delegation engages in a regular dialogue on IHL and issues of humanitarian concern with government officials and bodies, academic institutions and other interested groups in Canada and the United States of America. The delegation heightens awareness of the ICRC's mandate and priorities within the OAS. It mobilizes political and financial support for ICRC activities and secures support for IHL implementation. It visits people held at the US internment facility at Guantanamo Bay Naval Station in Cuba. It works closely with the American Red Cross and the Canadian Red Cross Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Authorities in Canada and in the United States of America (hereafter US) engaged with the ICRC in dialogue on the protection of civilians and other IHL-related issues, and expressed support for its activities.
- ▶ People held at the US internment facility at Guantanamo Bay Naval Station in Cuba kept in touch with their relatives through RCMs, video calls, phone calls and pre-recorded video messages.
- ▶ US authorities and policy-makers were given recommendations for ensuring that conditions at the Guantanamo Bay internment facility – and transfers from there – conformed to internationally recognized standards.
- ▶ The ICRC contributed expert input, about IHL-related matters and on humanitarian considerations that merited attention, to the Canadian government's reviews of the country's policies on defence and international assistance.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	2
RCMs distributed	10
Phone calls facilitated between family members	423
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	107
Detainees visited and monitored individually	82
Number of visits carried out	8
Number of places of detention visited	1
Restoring family links	
RCMs collected	729
RCMs distributed	567

EXPENDITURE IN KCHF

Protection	2,403
Assistance	168
Prevention	3,115
Cooperation with National Societies	676
General	68
Total	6,430
<i>Of which: Overheads</i>	<i>392</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	27

CONTEXT

The United States of America (hereafter US) continued to play a major role in international affairs. It remained engaged in various military operations overseas: in the Middle East, where it led an international military coalition carrying out air strikes against the Islamic State group and providing military advice, training and other support to security forces and armed groups; and in Afghanistan, Somalia and elsewhere.

A new US president was elected in November 2016.

The transfer or repatriation of people held at the US internment facility at Guantanamo Bay Naval Station in Cuba continued. Several of the transfers followed the decisions of the Periodic Review Board, which continued to evaluate the status of internees' cases and determine whether they were to remain in custody or were eligible for transfer.

Canada worked on strengthening its position within the international community, and reviewed its defence and international assistance policies. In February, it stopped conducting air strikes in Iraq and the Syrian Arab Republic; it focused on providing training and other support to armed forces in Iraq and Ukraine, and on reinforcing NATO's presence in the Baltic countries.

Migrants from Central America and Mexico continued to cross the border into the US, risking deportation or arrest.

ICRC ACTION AND RESULTS

The main themes of the ICRC's dialogue with the US authorities remained unchanged: the protection of civilians during US military operations; US detention policy and practices; and the humanitarian situation, and the ICRC's activities, in contexts of common interest. Dialogue with Canadian authorities was concerned mainly with ensuring respect for IHL and other operational, legal and humanitarian concerns.

The ICRC continued to lend its expertise to both States for advancing the incorporation of measures to protect civilians in various aspects of their military operations; it also sought to influence their positions on key humanitarian issues. In July, the US president asked government agencies to maintain contact with the ICRC, as part of a broader executive order on minimizing civilian casualties during military operations. The ICRC contributed to the Canadian government's review of its policies on defence and international assistance (see *Context*), providing input on IHL-related matters and humanitarian considerations that merited attention.

Dialogue with the US armed forces concentrated on their operations in the Middle East. Senior US military officials and the ICRC discussed issues related to the conduct of hostilities, the humanitarian consequences of US military operations and the responsibilities that followed from US support for security forces and armed groups; recommendations were made to certain commands on specific issues. Briefings and events with or for Canadian and US operational commanders and staff helped further their understanding of IHL and of the ICRC's mandate and activities.

The ICRC visited people held at the Guantanamo Bay internment facility, to monitor their treatment and living conditions, including their access to health care. It also helped internees maintain contact with their relatives through RCMs, phone calls and

video calls. It maintained its dialogue with US policy-makers and other pertinent authorities on the internees' humanitarian and legal concerns, drawing particular attention to the importance of regular family contact and the provision of health care in line with internationally recognized standards and medical ethics. The ICRC also emphasized the importance of respecting the principle of *non-refoulement* when transferring people out of US custody.

Interaction with the authorities and members of civil society in Canada and the US helped to foster support for the ICRC's neutral, impartial and independent approach to humanitarian action and to strengthen its position as a key source of reference on IHL. Briefings, meetings, seminars and other events – which the ICRC usually organized or attended with leading universities, National Societies and other local institutions – facilitated substantive discussions on such topics as the violence affecting patients and health-care services, the rules applicable to the conduct of hostilities, and the humanitarian response to conflict in urban areas. Public awareness of these matters was also broadened by media coverage of the ICRC's work and by the ICRC's efforts to strengthen its public communication. The ICRC continued to engage US-based technology companies in discussions on the use of technology to address humanitarian needs.

Regular contact with the Organization of American States (OAS) helped promote IHL among member countries and raise awareness of the ICRC's activities for migrants and other vulnerable people.

The ICRC also sought to develop dialogue with US authorities on the humanitarian consequences of migration. The American Red Cross continued to offer phone services to vulnerable migrants at transit points along the Mexico-US border.

The Canadian Red Cross Society and the ICRC worked on strengthening their partnership, particularly in addressing health needs in conflict-affected contexts and in helping other National Societies build their capacities. The ICRC maintained its relations with the American Red Cross.

CIVILIANS

Authorities and the ICRC discuss the humanitarian consequences of overseas military operations

The protection of civilians in countries where US armed forces operate remained a major theme of the ICRC's dialogue with US defence authorities and pertinent federal executive departments and legislative bodies. Meetings with decision-makers and briefings for military commanders and troops emphasized the necessity of complying with IHL (see *Actors of influence*), particularly the rules on the conduct of hostilities. Such interaction focused on matters related to US military operations in the Middle East, including their detention policies and practices and the responsibilities that followed from their training and support for security forces and armed groups in the region. The ICRC also raised – during training exercises and confidential dialogue – the humanitarian consequences of US military operations and those of their partners; it made recommendations, as necessary, to certain US commands on specific issues.

Dialogue with the strategic and operational leadership of the Canadian armed forces focused on IHL and its incorporation in their initiatives to train, advise and assist other armed forces. At an ICRC seminar, officials from the ministries of foreign affairs and international development learnt more about the protection due to civilians during armed conflicts.

The ICRC continued to draw attention to the violence endangering patients and health-care services during armed conflict and other situations of violence – in its public communication and during dialogue with policy-makers and members of civil society – with a view to raising support for measures ensuring the safe provision of health care.

The pertinent authorities are apprised of the plight of vulnerable migrants

Vulnerable migrants in the US contacted their relatives through phone stations set up by the American Red Cross at key transit points along the Mexico-US border.

The ICRC pursued dialogue, on the humanitarian consequences of migration, with the pertinent US authorities and contributed to discussions on the subject at regional events (see *Actors of influence*). It continued to monitor the situation of vulnerable migrants: for example, it assessed needs among Haitian migrants who had gathered at the US-Mexico border. It kept up its efforts to engage the pertinent US authorities' attention in matters related to humanitarian forensics.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held at the Guantanamo Bay internment facility were visited, in accordance with standard ICRC procedures, by delegates who monitored their treatment and living conditions; 105 internees were met individually. During private interviews with the delegates, some internees discussed their physical and psychological state and other matters related to their situation.

The ICRC shared its findings and recommendations to the pertinent authorities through confidential reports and during periodic meetings, in order, when necessary, to help them bring internment conditions in line with internationally recognized standards.

Guantanamo Bay internees maintain family contact

Most of the internees were able to communicate with their relatives in various countries through RCMs (567 distributed; 729 collected) and phone or video calls (423 made). Several among them recorded video messages, which their relatives viewed at ICRC or National Society offices near them. Twenty-nine people received food parcels sent by their families through the ICRC. Administrators at the internment facility and other key policy-makers considered the ICRC's recommendations for improving internees' contact with their families.

Health care remained a major theme of discussions between the authorities and the ICRC, particularly in view of: an aging internee population; mental illnesses among the internees; and the necessity of complying with internationally recognized standards and respecting medical ethics, including those concerning the management of hunger strikes. An ICRC doctor visited the facility to assess internees' health-care needs, meet with medical and psychiatric staff, and review available medical records. Findings and, where necessary, recommendations for the provision of health care, including mental-health care and/or physical rehabilitation services, were shared with the authorities.

US authorities are apprised of humanitarian concerns related to transfers of people out of US custody

In 2016, 48 people were transferred or repatriated from Guantanamo Bay; 59 were still there as at 31 December. The ICRC

maintained its dialogue, with the Department of Defense and other federal executive departments, on the legal framework and procedural guarantees applicable to Guantanamo Bay internees; this was particularly consequential because the status of pending cases was being reviewed (see *Context*). Discussions between these agencies and the ICRC also covered the necessity of respecting the principle of *non-refoulement* in transferring detainees out of US custody, whether to their home countries or to third countries, and the importance of mitigating the humanitarian consequences of such transfers.

The US Department of Defense's commitment to notify the ICRC of all detainees under its authority, and facilitate access to them, was made law through the 2016 National Defense Authorization Act, which the US president had signed in 2015. The ICRC sustained its confidential dialogue with the pertinent authorities about access to other detainees of ICRC concern, in particular people who had been held under the custody of the US Department of Defense and transferred to facilities on Canadian or US soil.

ACTORS OF INFLUENCE

Policy-makers reaffirm their support for humanitarian action and the ICRC

Dialogue with decision-makers in the region enabled the ICRC to foster support for its neutral, impartial and independent humanitarian action and, where necessary, to mobilize them on issues of pressing humanitarian concern.

Dialogue with officials from various sections of the US federal government focused on the situation, and the ICRC's activities, in contexts of common concern, and on the situation of people held at the Guantanamo Bay internment facility (see *People deprived of their freedom*). Contact with US authorities – the ICRC president's meetings with them, briefings by ICRC officials, and other interaction – also sought to influence their views on such matters as humanitarian financing and the humanitarian response to conflict in urban areas. The importance of confidentiality in the ICRC's work was emphasized. In July, the US president called on government agencies to maintain contact with the ICRC, as part of a broader executive order on minimizing civilian casualties in US military operations.

Efforts to strengthen the ICRC's relationship with the Canadian government continued. Discussions between the ICRC's president and Canada's prime minister, and other meetings between Canadian and ICRC officials, encompassed humanitarian policy and operations and respect for IHL. The ICRC made expert contributions – about IHL-related matters and humanitarian considerations – to the government's review of its policies on defence and international assistance.

The ICRC maintained its engagement with the OAS, particularly on the plight of migrants in Central and North America and efforts to assist them. During OAS debates and at briefings for OAS diplomats, the ICRC gave prominence to these topics and to issues affecting missing persons' families. OAS officials learnt more about implementing IHL through ICRC presentations at OAS events.

Dialogue with the World Bank was developed, particularly on humanitarian and development financing, and on humanitarian issues and the ICRC's operations in fragile contexts.

US and Canadian military personnel further their understanding of IHL

During meetings with ICRC representatives, senior US officials from the military and the intelligence community discussed humanitarian concerns of pertinence to them and the applicable international legal framework. These meetings focused on the US military's operations in the Middle East (see *Civilians*); dialogue about the military engagement in Afghanistan, Somalia and other contexts continued.

Meetings with Canadian military personnel, at strategic and operational levels, covered Canada's military engagement overseas and other policy, operational and legal issues.

During briefings and military training exercises attended by the ICRC or organized with its technical assistance, Canadian and US operational command staff and troops added to their knowledge of IHL and its application at various stages of military operations. Personnel bound for missions abroad or supporting other armed forces – for example, Canadian advisers to Ukrainian troops – were briefed on IHL and on the humanitarian issues and ICRC activities in their places of deployment. Contact with US special operations forces' training centres was sustained: the Special Operations Command attended an ICRC-organized experts' round-table in Switzerland. The Canadian Red Cross organized IHL briefings for the armed forces, with ICRC financial support and technical guidance.

Future commanders and operational staff learnt more about IHL, humanitarian issues and the ICRC's mandate and activities through ICRC presentations and events at US military educational institutions, including the Joint Forces Staff College and the service academies.

The Washington delegation facilitated contact between ICRC officials and US-based NATO bodies and the UN Department of Peacekeeping Operations.

Authorities and civil society discuss IHL and obstacles to humanitarian action

The authorities and civil society in both countries contributed actively to discussions about IHL and humanitarian issues during events that the ICRC organized or attended, often in cooperation with the National Societies or local institutions. These discussions covered such topics as: the conduct of hostilities; detention in non-international armed conflict; humanitarian access during armed conflict; protection of people during conflict in urban areas; violence affecting patients and health-care personnel; and cyber warfare.

Partnerships with Canadian and US universities – for example, an IHL workshop at Yale Law School and presentations on IHL at the Columbia University Graduate School of Journalism – continued to help the ICRC maintain its position as a source of reference on IHL. Students from US law schools and service academies tested their grasp of IHL at a national competition organized by the American Red Cross with ICRC technical support. In Canada, law professors and students learnt more about contemporary challenges to IHL at conferences hosted by the National Society and the ICRC.

Media coverage of the ICRC's work and the ICRC's own efforts to boost its online presence, particularly through the *Intercross* blog and social media platforms, helped broaden awareness of IHL, humanitarian issues and the ICRC's work. Events organized around the launch of the updated commentary on the First Geneva Convention and of a report on the "People on War" survey, through which people in 16 countries shared their views about some rules of war, drew further attention to these topics.

The ICRC's director-general, together with American Red Cross staff, met with US-based technology companies and experts to discuss how technology could be used to address humanitarian needs more effectively.

RED CROSS AND RED CRESCENT MOVEMENT

The Canadian Red Cross and the ICRC strove to strengthen their strategic partnership, particularly in such areas as: responding to health needs; helping other National Societies – such as the Lebanese Red Cross and the Syrian Arab Red Crescent – develop their capacities; and identifying innovative approaches to humanitarian action. The Canadian Red Cross and the ICRC also continued to cooperate in promoting IHL and their joint activities among Canadian policy-makers, and in the recruitment of ICRC staff. The ICRC provided training for Canadian Red Cross emergency response personnel.

The American Red Cross continued to offer family-links services, particularly to vulnerable migrants (see *Civilians*) and to promote IHL (see *Actors of influence*). Dialogue between the American Red Cross and the ICRC, on cooperation in fundraising, continued.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		2			
RCMs distributed		10			
Phone calls facilitated between family members		423			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		107			
			Women	Girls	Boys
Detainees visited and monitored individually		82			
Number of visits carried out		8			
Number of places of detention visited		1			
RCMs and other means of family contact					
RCMs collected		729			
RCMs distributed		567			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Visits carried out by health staff		3		
Places of detention visited by health staff	Structures	1		

The multiple tasks and activities of the UN often have implications of a humanitarian nature. Operating since 1983, the ICRC delegation to the UN serves as a support and a liaison for ICRC operational and legal initiatives. The delegation conveys the ICRC's viewpoint and keeps updated on trends and developments relating to humanitarian issues and promotes IHL.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The ICRC addressed the UN General Assembly and the Security Council, emphasizing such matters as IHL and the protection of the civilian population; this helped shape the content of several key UN resolutions.
- ▶ The ICRC contributed to multilateral mechanisms on the future of humanitarian action, helping ensure that IHL was reflected in output documents, as in the case of the agenda adopted by the UN on housing and urban development.
- ▶ UN officials and representatives of Member States learnt more about the ICRC's views on the situation in Iraq, South Sudan, the Syrian Arab Republic, Yemen, and the Lake Chad region, and the organization's work there.
- ▶ The ICRC kept abreast of developments in the humanitarian field, which influenced decision-making processes throughout the organization and helped strengthen field activities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	-
Assistance	-
Prevention	2,772
Cooperation with National Societies	-
General	-
Total	2,772
<i>Of which: Overheads</i>	<i>169</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	9

CONTEXT

The UN and the wider international community grappled with the consequences of the numerous armed conflicts and other situations of violence throughout the world – the difficulties of protecting and assisting civilians during the heavy clashes in eastern Aleppo in the Syrian Arab Republic (hereafter Syria) in December 2016 exemplified the roadblocks faced by humanitarian workers.

The international community discussed the future of humanitarian and development assistance, tackling such matters as the Sustainable Development Goals and the need for longer-term and more systematic responses to protracted conflicts. In September 2016, the UN General Assembly adopted the New York Declaration for Refugees and Migrants, which affirmed Member States' commitment to strengthening mechanisms to protect people on the move.

The UN General Assembly appointed its new secretary-general at the end of 2016.

ICRC ACTION AND RESULTS

The New York delegation stayed in regular contact with UN bodies, Member States and observers, and civil society organizations, which enabled it to draw attention to pressing humanitarian concerns and to call for greater respect for IHL. The ICRC drew on its field experiences to concretize policy and other discussions and to contribute to the drafting of UN resolutions and guidelines, and other documents with bearing on humanitarian issues.

As a permanent observer at the UN, the ICRC maintained a regular presence at Security Council and General Assembly events. It addressed the Security Council as an expert briefer on several occasions: it reiterated the legal obligation of conflict parties to ensure that people under their control had access to essential goods and services and that those seeking or providing medical care must be spared from attack. This enabled the ICRC to contribute to the content of the Security Council's resolution on medical care in armed conflict.

The ICRC made statements to the General Assembly on the necessity of: addressing the specific needs of displaced people, women and children; upholding the rule of law and universal jurisdiction; and working towards a ban on nuclear weapons. In each instance, it emphasized the need to consider these issues from a humanitarian perspective and to take an apolitical approach to meeting the needs of victims.

The ICRC continued to cooperate with the Department of Peacekeeping Operations (DPKO) and the Office of Legal Affairs (OLA), providing feedback on IHL-related matters, particularly in the context of peacekeeping operations. The DPKO and the ICRC held consultations on the former's revision of its professional standards for protection work, and developed, for the DPKO's use, a training tool on the protection of the civilian population.

The ICRC closely followed and participated in a number of multi-lateral mechanisms and events of consequence to humanitarian work, such as the World Humanitarian Summit, the UN Summit Addressing Large Movements of Refugees and Migrants, and the UN Conference on Housing and Sustainable Urban Development (known as Habitat III). Through its participation in these forums, the ICRC contributed to shaping the international humanitarian agenda and the discussion of related matters – for instance,

displacement and migration, protracted conflict in urban areas, and the nexus between humanitarian and development work.

The ICRC also sought direct engagement with UN officials and representatives of Member States at regular meetings, some of which were held bilaterally. These included the events attended by the ICRC's president, for example, the high-level events that took place on the sidelines of the General Assembly's regular session; the delegation also had monthly meetings with the president of the Security Council. ICRC delegates frequently delivered briefings on the organization's views on contexts where it had extensive operations, such as Iraq, South Sudan, Syria, Yemen, and the Lake Chad region. The ICRC and the New York University School of Law jointly organized their annual seminar on IHL for diplomats, which was attended by over 100 State officials.

The ICRC continued to coordinate closely with other organizations and UN-affiliated consortia, and with Movement partners. To increase public awareness of its priorities and activities, the ICRC also maintained its ties to New York-based NGOs, think-tanks and academic institutions. It strengthened its public communication work by stepping up its presence on social media and reinforcing its contacts among UN-accredited media.

Such interaction helped decision-makers at various levels deepen their understanding of the ICRC's distinct mandate and approach. It also helped the ICRC stay abreast of developments in humanitarian affairs, which contributed to streamlining organizational decision-making and field activities.

ACTORS OF INFLUENCE

Through its regular engagement with the UN and its bodies and Member States, the ICRC helped ensure that IHL and humanitarian issues were given due consideration and reflected in these entities' decision-making, resolutions, policies and documents.

ICRC speaks out at UN events and calls for greater respect for IHL

The ICRC addressed the Security Council as an expert briefer on several occasions. During the Council's open debate on the protection of the civilian population, the organization made the link between respect for IHL and the gravity of suffering borne by conflict victims; it emphasized the obligation of conflict parties to meet the basic needs of people under their control and to allow the delivery of aid to civilians in need. The ICRC also discussed the protection due to health-care services – in the run-up to the Council's adoption of a strongly worded resolution on the subject and during a subsequent discussion on the UN secretary-general's recommendations for implementing the resolution. During the Security Council debate on peacekeeping operations, the ICRC's president stressed that discussions on the technical aspects of the applicability of IHL should not preclude the objective of impeccable respect for IHL by all actors.

The ICRC also spoke out at the General Assembly's regular session and at committee debates to draw attention to such humanitarian issues as: the specific needs of displaced people, women and children and the importance of the rule of law and universal jurisdiction; the ICRC urged Member States to decisively work towards a ban on nuclear weapons and the total elimination of these weapons.

DPKO and ICRC work together to develop a training module on the protection of civilians

The DPKO and the ICRC developed, for the former's use, a training module on the protection of civilians; the DPKO also received feedback for the revision of its professional standards for protection work. The joint workshop planned by the two organizations was postponed to 2017.

During briefings and consultations, the DPKO, the General Assembly's special committee on peacekeeping operations, the OLA and the ICRC discussed such matters as the legal and operational dimensions of humanitarian access, IHL in the context of peacekeeping and the ICRC's protection work around the world.

High-level interaction helps develop ties with emerging actors

The ICRC's regular meetings with UN officials and representatives of Member States, including monthly meetings with the president of the Security Council, allowed for in-depth exchanges of views. At four high-level events on the sidelines of the General Assembly's regular session, the ICRC explained its perspective on the situations in Iraq, South Sudan, Syria, Yemen, and the Lake Chad region, and described its work in those places. UN Member States also consulted the ICRC on various matters to be discussed at the Security Council or the General Assembly. The ICRC president's meetings with regional leaders and representatives of emerging States contributed to the organization-wide effort to expand relationships with all humanitarian stakeholders.

Over 100 State representatives discussed respect for IHL and the outcomes of the 32nd International Conference during the annual seminar on IHL for diplomats organized by the New York University School of Law and the ICRC. A series of events on international law – hosted by the General Assembly's committee on legal issues – gave the ICRC an opportunity to reach out to State legal advisers and diplomats and discuss IHL compliance and the applicability of this body of law to counter-terrorism efforts, detention, and other contemporary humanitarian concerns.

ICRC helps set the international humanitarian agenda

The ICRC participated in various multilateral mechanisms and events – hosted by UN agencies, NGOs, think-tanks and others – which enabled it to monitor policy developments and, when appropriate, to contribute its perspective on key issues. These occasions included agenda-setting events, such as the World Humanitarian Summit, the Humanitarian Affairs Segment of the UN Economic and Social Council, the UN Summit Addressing Large Movements of Refugees and Migrants, and Habitat III, during which developments in humanitarian needs and action were discussed. The ICRC used these opportunities to draw attention to the need for: a new global response paradigm to protracted conflicts, particularly those taking place in urban areas; multi-year funding commitments to ensure that humanitarian agencies are able to implement long-term responses; better protection and assistance mechanisms for displaced people, whether they cross State borders or not; and more space for principled and neutral humanitarian action.

Through such interaction, the ICRC helped strengthen the language and content of outcome documents: the New York Declaration for Refugees and Migrants reflected IHL-based points raised by the ICRC; the New Urban Agenda on housing and development, adopted by Habitat III, specifically recognized the impact of protracted conflict on urban services and populations and called for greater respect for IHL.

The ICRC was in regular contact with Movement partners and UN-affiliated humanitarian organizations to further understanding of each other's roles, and positions on pertinent issues, and of the ICRC's distinct mandate. Other organizations also drew on the ICRC for guidance on IHL-related matters. These discussions contributed to the ICRC's own analysis of operational and other issues, and helped strengthen its field activities.

Future decision-makers learn more about humanitarian principles and the Movement

UN-accredited media drew on the ICRC's press releases and on presentations by its senior staff on key issues to cover its activities. At ICRC events, future lawyers, decision-makers and leaders advanced their understanding of IHL. The delegation continued to streamline its communication activities, stepping up its presence on social media and intensifying its engagement with the public.

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



ICRC

VOLUME II

ANNUAL REPORT

2016



ICRC

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

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

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

All figures in this report are in Swiss francs (CHF). In 2016, the average exchange rate was CHF 0.9870 to USD 1, and CHF 1.0914 to EUR 1.



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

ANNUAL REPORT

2016



ICRC

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ASIA AND THE PACIFIC

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ People affected by an ongoing or past conflict, other situation of violence or natural disaster, notably in Afghanistan, Myanmar, Bangladesh and the Philippines, received relief and livelihood assistance.
- ▶ Wounded and sick people received timely and good-quality evacuation, first aid, preventive and curative health-care and/or physical rehabilitation services from ICRC-supported emergency responders and health facilities.
- ▶ Detainees benefited from ICRC visits and from the authorities' ICRC-supported efforts to improve their treatment and living conditions, notably to reduce procedural delays and ensure access to health care.
- ▶ People separated from their kin by conflict and other violence, migration or natural disaster restored or maintained contact via Movement family-links services, which the Movement's partners took steps to improve.
- ▶ The authorities, weapon bearers and civil society members learnt more about humanitarian principles, IHL and related topics, and the ICRC's work, through dialogue with the ICRC and at local and regional forums and events.
- ▶ In some countries, security and acceptance issues prompted the ICRC to adapt its operations – for instance, by strengthening its partnerships with local agents and National Societies – in order to reach people in need.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	4,119
RCMs distributed	6,612
Phone calls facilitated between family members	17,989
Tracing cases closed positively (subject located or fate established)	792
People reunited with their families	6
<i>of whom unaccompanied minors/separated children</i>	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	274,587
Detainees visited and monitored individually	4,672
Number of visits carried out	686
Number of places of detention visited	345
Restoring family links	
RCMs collected	8,795
RCMs distributed	4,306
Phone calls made to families to inform them of the whereabouts of a detained relative	2,292

ASSISTANCE	2016 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	104,645	282,596
Essential household items	Beneficiaries	256,125	299,402
Productive inputs	Beneficiaries	269,100	96,158
Cash	Beneficiaries	90,550	88,572
Services and training	Beneficiaries	6,175	410,846
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	352,830	534,687
Health			
Health centres supported	Structures	81	61
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	29	68
Water and habitat			
Water and habitat activities	Number of beds	100	3,792
Physical rehabilitation			
Projects supported	Projects	34	53
Patients receiving services	Patients	142,200	224,175

EXPENDITURE IN KCHF	
Protection	41,000
Assistance	131,844
Prevention	33,706
Cooperation with National Societies	13,547
General	2,354
Total	222,451
<i>Of which: Overheads</i>	<i>13,536</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	94%
PERSONNEL	
Mobile staff	435
Resident staff (daily workers not included)	3,295



DELEGATIONS

- Afghanistan
- Bangladesh
- Myanmar
- Nepal
- Pakistan
- Philippines
- Sri Lanka

REGIONAL DELEGATIONS

- Bangkok
- Beijing
- Jakarta
- Kuala Lumpur
- New Delhi
- Suva

+ ICRC delegation
 + ICRC regional delegation
 + ICRC mission



Cambodia, Phnom Penh. An ICRC engineer discusses plans for the maintenance of infrastructure with the deputy director of one prison. The ICRC works to ensure that the treatment and living conditions of all detainees are in line with internationally recognized standards.

In 2016, the ICRC pursued its efforts to address the humanitarian needs of people who were affected by ongoing or past armed conflicts and other situations of violence, and whose plight was sometimes aggravated by natural disasters, in Asia and the Pacific. In parts of Afghanistan and Myanmar, security concerns or restrictions imposed by the authorities made it difficult for the ICRC to reach people affected by violence. It remained essential for the ICRC, especially in those areas, to communicate regularly with the authorities and other key parties, so as to enhance their understanding of the ICRC's neutral, impartial and independent humanitarian action and to gain access to communities in need. The ICRC adjusted its activities to these constraints, notably by adapting its operating model, as in Afghanistan, and strengthening its partnerships with local organizations and National Societies, as in Pakistan, to increase its ability to assist vulnerable communities.

In Afghanistan, the Philippines and other contexts where IHL applied, the ICRC reminded the parties to the conflict of their obligation to respect those not or no longer taking part in the fighting and the need to allow medical and humanitarian assistance to reach the victims. The Philippine armed forces and the ICRC established a working group to discuss the protection of civilians in greater depth. Meetings and information campaigns – including those calling for the free passage of medical services during outbreaks of violence in Pakistan and Papua New Guinea – also sought to facilitate the safe and independent delivery of humanitarian aid.

The ICRC tailored its responses to the requirements of people affected by conflict, other forms of violence and disasters, including IDPs and host communities; with the National Societies, it took

steps to meet the most pressing needs. During emergencies, for instance in Afghanistan and the Philippines, people received food and/or essential household items. Water-trucking services and the installation of water and sanitation facilities, such as in evacuation centres in the Philippines, helped reduce health hazards. The ICRC also stepped up its activities following a surge in violence in northern Rakhine in Myanmar.

Resident communities, IDPs and returnees affected by ongoing unrest, as in Bangladesh, the Philippines and southern Thailand, and the consequences of past conflict, as in Sri Lanka, recovered or boosted their resilience to the effects of violence with ICRC assistance. They started or resumed agricultural activities or small businesses, using ICRC-provided supplies, training and cash grants. Some also benefited from animal health-care and other public services that had been improved with ICRC support. They participated in cash-for-work projects to construct or rehabilitate community infrastructure. Other vulnerable people, such as some households headed by women in India, received similar support.

The ICRC helped people obtain better access to water: for instance, thousands benefited from improvements to water and sanitation facilities in one peri-urban community in the Democratic People's Republic of Korea (hereafter DPRK).

Working alongside National Society staff and local health personnel, ICRC health teams sought to improve access to adequate first aid and surgical care for weapon-wounded and other patients. The ICRC provided support for hospitals, particularly in Afghanistan, the DPRK, Myanmar, Pakistan and Thailand. It financed and carried out medical evacuations; covered patients' treatment costs;

and supported ambulance services and first-aid posts. It provided training – in first aid or such topics as responding to large-scale emergencies and complex crises – for health professionals, police personnel, community members and National Society staff, and helped instructors conduct the training sessions themselves. Health agencies and National Societies, for example in India, Malaysia, Nepal and the Philippines, formed or expanded their first-aid teams and activities.

Primary-health-care centres and National Society-run fixed or mobile health clinics, particularly in Afghanistan, Bangladesh and Myanmar, received support enabling them to provide good-quality preventive and curative health care to vulnerable people. In Southern Highlands, Papua New Guinea, some victims of sexual violence received care at two family-support centres; the ICRC provided health workers with training on meeting the victims' specific needs.

Thousands of disabled persons, including amputees and mine-blast victims, benefited from physical rehabilitation services at ICRC-supported centres in 10 countries, including Afghanistan, China, Cambodia, the DPRK (where an additional centre received support) and Myanmar (where two new centres were constructed by the ICRC). In the Lao People's Democratic Republic, the ICRC ended its assistance to three centres to focus instead on strengthening national capacities in managing rehabilitation services. In Pakistan, a private entity set to help improve the supply chain in the national physical rehabilitation sector formally registered with the government. In India, the finalists of the Enable Makeathon contest – launched in 2015 to encourage innovation in the production of assistive devices for persons with disabilities – tested prototypes of their designs. In some countries, the National Societies and the ICRC ran outreach programmes enabling vulnerable patients, particularly those from remote areas, to obtain treatment. Disabled persons also received help to boost their economic self-sufficiency and social inclusion. With the ICRC, the National Societies conducted mine-risk education sessions to help prevent further casualties of mines and explosive remnants of war.

Detainees in 15 countries, including people held in relation to armed conflicts and other situations of violence or for reasons of State security, received visits in accordance with the ICRC's standard procedures. Visits to detainees in prisons in Thailand were suspended starting in November, after the corrections department no longer allowed the ICRC to work in accordance with its standard procedures; discussions with the authorities on the issue were ongoing.

Following such visits, delegates provided the authorities with confidential reports containing, where necessary, recommendations for improving treatment or living conditions. They engaged the authorities in dialogue so as to further their understanding and recognition of the ICRC's neutral and independent stance and experience in the field of detention, to encourage cooperation in addressing detainees' humanitarian needs, and to secure access to those the ICRC had not yet visited.

The dialogue with, and the technical or material assistance offered to, the detaining authorities resulted in improvements in the treatment and living conditions of detainees, including those in the most problematic facilities. With ICRC support, the authorities worked to reduce overcrowding and mitigate its impact, particularly on detainee health. For instance, initiatives with partners in Cambodia

and the Philippines helped resolve legal procedural delays, leading to the sentencing or release of some individuals.

In Afghanistan and Sri Lanka, the authorities took steps to improve medical screening processes. Newly established or upgraded health clinics made care more readily available to detainees in some Afghan prisons and to female and juvenile inmates in one facility in Cambodia. TB-control programmes continued to run in two facilities in the Philippines; in China, the justice ministry, a local hospital, and the ICRC prepared to implement a TB-control project. Inmates at four prisons in India received regular visits from a local psychiatrist, in line with the ICRC's recommendations.

ICRC-supported improvements to water and sanitation facilities and infrastructure benefited some 93,000 detainees, mostly in Afghanistan, Bangladesh, Myanmar and Thailand. On the ICRC's recommendation, detention authorities in Myanmar established a new engineering unit for developing national standards for prison infrastructure.

Prison officials discussed ways to enhance detainee health care and other prison-management issues during local and international seminars and study tours.

The ICRC discussed the humanitarian needs of vulnerable migrants with the authorities and other stakeholders and helped them meet those needs. Over 9,300 migrants returning to the Philippines from Malaysia, and passing through government processing centres, received hygiene kits. ICRC delegates visited migrants detained in Malaysia, Nauru, Papua New Guinea and Thailand, and discussed their plight with the authorities and organizations concerned. At meetings and through regular communication, Movement components in the region coordinated their response to the humanitarian consequences of migration.

Movement services – RCMs, phone and tracing services; family visits for detainees; issuance of travel documents for asylum seekers resettling in host countries – helped family members separated by conflicts or other violence, detention, migration or natural disasters to maintain or restore contact. The efforts of Movement components enabled 25 people of Timorese origin to meet their families for the first time since the 1975–1999 conflict. During regional meetings, Movement components discussed the implementation of the Restoring Family Links Strategy for the Movement, and the Movement's new code of conduct for data protection.

The ICRC continued to support the efforts of governments and local actors in Nepal, Papua New Guinea and Sri Lanka to address the issue of missing persons, adapting its assistance according to existing needs and available mechanisms. It concluded a project providing psychosocial and other support to 1,295 families of missing persons in Nepal, and launched a similar programme in Sri Lanka. The ICRC offered its expertise in the proper handling of human remains to prevent people from becoming unaccounted for, and material and training support, to the authorities and organizations concerned, such as Philippine agencies tasked with revising related national guidelines and forensic professionals from 20 Asia-Pacific countries meeting at a regional workshop. The ICRC continued to act as a neutral intermediary in the handover of the remains of fallen fighters between the parties to the conflict in Afghanistan.

ICRC delegations maintained contact with the authorities, armed and security forces, civil society groups and other key players, such as the Association of Southeast Asian Nations, to gain acceptance and support. During meetings and events, these players deepened their understanding of IHL and of the Movement's work, and exchanged views with the ICRC on topics of mutual concern – for instance, migration and new technologies in warfare. These events included a course and a round-table on the laws governing military operations – the first ICRC-organized events of their kind held in the region – for senior military legal advisers, and workshops on the application of IHL at sea, for senior naval officers.

The ICRC promoted respect for humanitarian principles and IHL among key players, especially in contexts marked by ongoing or past conflicts. It also encouraged cooperation with associations addressing the humanitarian needs arising from these conflicts, such as those of the families of missing persons.

The ICRC continued to offer its expertise and technical support in several areas: to governments, on acceding to IHL instruments, enacting national legislation, maintaining or establishing a national IHL committee and/or following up the outcomes of the 32nd International Conference; to armed and security forces, on incorporating IHL, relevant internationally recognized standards and humanitarian practices into their doctrine, training and operations; and to key universities, on including humanitarian principles and IHL in their curricula. This helped Nepal ratify the Biological Weapons Convention, and Sri Lanka, the Convention on Enforced Disappearance. The Afghan authorities adopted a combined law on the National Society and protection of the red crescent emblem. Representatives of governments in the region shared their views on the Strengthening IHL process during a meeting in Switzerland. Judicial academies across Asia committed to strengthening IHL-related instruction in their training programmes. In Pakistan, the police revised its handbook and the air force completed a draft of its IHL manual, with ICRC support. The ICRC continued to update its database on customary IHL.

Using ICRC-provided material and information gleaned from local or regional media conferences, journalists published IHL-related articles for the wider public; the latter also had access to IHL-related exhibitions, audiovisual products and National Society or ICRC facilities, such as a humanitarian education centre opened by the Hong Kong branch of the Chinese Red Cross. The ICRC explored private-sector fundraising with other Movement partners in the region, notably in Singapore.

The ICRC's partnerships with the region's National Societies extended the coverage or effectiveness of its operations, particularly in Afghanistan, Bangladesh, Myanmar, Pakistan and the Philippines. The ICRC provided National Societies with comprehensive support to help them develop their activities and strengthen their capacities to respond to humanitarian needs in accordance with the Safer Access Framework and the Fundamental Principles. The ICRC coordinated with other Movement partners and other humanitarian players, to maximize impact and avoid gaps or duplication.

In mid-2016, the ICRC's operations in Nepal were integrated into the work of its regional delegation in New Delhi, India, following the completion of core programmes in Nepal.

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION

	CIVILIANS														
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	of whom UAM/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors	Detainees visited and monitored individually
Afghanistan	1,373	2,841	11,793						1,355	410		30,617	658	566	1,683
Bangladesh	114	111	295							1		13,496	554	1	22
Myanmar	1,163	1,397								23		39,682	5,045	696	276
Nepal	21	34		1,334	1,343					6	41				
Pakistan	77	127	1,703			3	3	4		46					
Philippines	9	14								131		86,911	4,355	63	919
Sri Lanka	7	7							15	136	34	15,475	846	36	339
Bangkok (regional)	1,286	1,941	998	35						1	13	55,251	4,595	964	274
Jakarta (regional)	7	33	25							11					
Kuala Lumpur (regional)	60	101	3,157			3				13	5	24,314	2,734	1,537	866
New Delhi (regional)	1	4								4	130	2,913	137	16	202
Suva (regional)	1	2	18		41					10		5,928	300	191	91
Total	4,119	6,612	17,989	1,369	1,384	6	3	19	1,355	792	223	274,587	19,224	4,070	4,672

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	People to whom a detention attestation was issued	
5	2	114	1,215	5	2	106	130	35	4,806	1,895	1,426	3,495	12	Afghanistan
		1	22			1	12	11	54		2			Bangladesh
35	3	22	139	11	2	18	46	29	1,499	1,310		1,031		Myanmar
									26	6			5	Nepal
														Pakistan
53		9	131	18		9	187	118	4	2		408		Philippines
16		2	116	11		1	96	47	9	2	5	203	134	Sri Lanka
8	1	3	215	8	1	3	96	43	2,116	1,049	216	212		Bangkok (regional)
														Jakarta (regional)
72	20	99	843	69	20	97	50	14	272	35	635			Kuala Lumpur (regional)
		3	79			3	13	13	6	3		73	3	New Delhi (regional)
3			34	1			56	35	3	4	8	100		Suva (regional)
192	26	253	2,794	123	25	238	686	345	8,795	4,306	2,292	5,522	154	Total

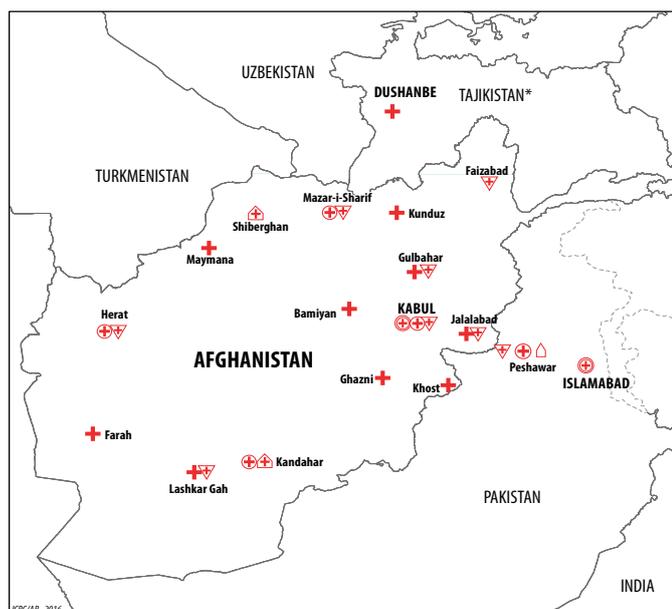
ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE													
	CIVILIANS										PEOPLE DEPRIVED OF THEIR FREEDOM		
	CIVILIANS - BENEFICIARIES						HEALTH CENTRES						
	Food commodities	Essential household items	Productive inputs	Cash	Services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations	Immunizations (patients)	Food commodities	Essential household items	Water and habitat activities
Afghanistan	170,844	166,081	10,585	12,920	376,741	364,665	48	1,591,120	982,819	557,308		38,009	31,782
Bangladesh	2,953	9,200	2,840	2,974	5,100	523	2	504,235	203,025	114,794		14,316	14,619
Myanmar		37,764	16,192	22,886	28,463	60,642	7	149,003	55,606	43,387		30,632	28,710
Nepal				57									
Pakistan				278			2	54,516	74,384	1,474			
Philippines	108,799	80,014	65,605	39,553	45	61,525					13,132	4,815	532
Sri Lanka				8,946	11	8,052						14,323	4,900
Bangkok (regional)			450	281								11,550	12,435
Beijing (regional)						8,000							
Kuala Lumpur (regional)												1,178	
New Delhi (regional)			486	677	486	27,500							
Suva (regional)		6,343				3,780	2	9,523	10,088	1,328		389	110
Totals	282,596	299,402	96,158	88,572	410,346	534,687	61	2,308,397	1,325,922	718,291	13,132	115,212	93,088
of whom women	86,391	90,382	28,376	26,703	127,870	63,947					842	10,949	7,435
of whom children	102,150	104,339	38,500	35,175	147,275	81,558						1,128	574

WOUNDED AND SICK

FIRST AID			HOSPITALS				PHYSICAL REHABILITATION							
First-aid posts supported	of which provided data	Wounded persons treated	Hospitals supported	of which provided data	Admissions	of whom weapon-wounded	Projects supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
			8	2	72,767	1,850	8	136,280	1,068	6,432	4,321	16,134	84,225	Afghanistan
							2	949	174	551	222	1,321	202	Bangladesh
			16	1	1,205	12	4	3,370	237	57	764	87	705	Myanmar
			7				2	2,151	73	252	127	346	1,028	Nepal
			2	1	88,622		21	27,479	2,657	5,472	3,688	10,725	14,788	Pakistan
67	4	302	27	12	74,046	1,016	1	424	80	13	120	17	315	Philippines
														Sri Lanka
							4	11,369	223	354	1,563	1,147	3,324	Bangkok (regional)
			4	1	141		4	1,367	447	46	1,108	71	650	Beijing (regional)
														Kuala Lumpur (regional)
			4				7	40,786	644	6,044	685	8,484	13,290	New Delhi (regional)
														Suva (regional)
67	4	302	68	17	236,781	2,878	53	224,175	5,603	19,221	12,598	38,332	118,527	Totals
					108,902	178		41,954	743	3,275	1,488	5,771	21,324	of whom women
		1			65,289	214		67,347	486	9,501	942	21,932	47,442	of whom children

AFGHANISTAN



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Parties to the conflict and the ICRC discussed protection for civilians and securing their access to health services amid worsening insecurity. Influential figures issued directives calling for compliance with IHL.
- ▶ Conflict-affected people coped with their situations with the help of ICRC-provided food and other essentials, or livelihood support. Some of them had better access to potable water after the ICRC repaired water infrastructure.
- ▶ Members of families separated by conflict, detention or migration reconnected via family-links services. Families buried the remains of deceased relatives after the ICRC – acting as a neutral intermediary – handed them over.
- ▶ The sick and the wounded benefited from health services provided by the ICRC and its partners. Some hospitals expanded their emergency-response capacities after staff underwent training by the ICRC's new mobile surgical team.
- ▶ Detainees had better living conditions and access to health services owing to ICRC material, technical and other support for detaining authorities. Inmates in two prisons were treated for scabies.
- ▶ Disabled people, including some detainees, improved their mobility through ICRC physical rehabilitation services. Some regained a measure of self-sufficiency by pursuing livelihood activities, with ICRC support.

EXPENDITURE IN KCHF

Protection	12,718
Assistance	65,894
Prevention	4,494
Cooperation with National Societies	1,431
General	680
Total	85,216
<i>Of which: Overheads</i>	<i>5,193</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
---------------------------	-----

PERSONNEL

Mobile staff	130
Resident staff (daily workers not included)	1,785

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. Its current operations aim at: visiting detainees, monitoring their treatment and living conditions, and helping them keep in contact with their families; monitoring the conduct of hostilities and working to prevent IHL violations; assisting the wounded and the disabled; supporting health and hospital care; improving water and sanitation services; promoting accession to and national implementation of IHL treaties and compliance with IHL by military forces; and helping the Afghan Red Crescent Society strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,373
RCMs distributed	2,841
Phone calls facilitated between family members	11,793
Tracing cases closed positively (subject located or fate established)	411
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	30,617
Detainees visited and monitored individually	1,683
Number of visits carried out	130
Number of places of detention visited	35
Restoring family links	
RCMs collected	4,806
RCMs distributed	1,895
Phone calls made to families to inform them of the whereabouts of a detained relative	1,426

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security¹ (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	54,145
Essential household items	Beneficiaries	58,625
Productive inputs	Beneficiaries	220,500
Cash	Beneficiaries	47,250
Services and training	Beneficiaries	3,640
		170,844
		166,081
		10,585
		12,920
		376,741
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	191,800
		364,665
Health		
Health centres supported	Structures	47
		48
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	2
		8
Water and habitat		
Water and habitat activities	Number of beds	734
Physical rehabilitation		
Projects supported	Projects	8
		8
Patients receiving services	Patients	104,500
		136,280

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

The security situation in Afghanistan continued to deteriorate as fighting between Afghan armed and security forces – backed by NATO and the United States of America (hereafter US) – and armed groups intensified. Civilians bore the brunt of the fighting: many were displaced, wounded or killed, or blocked from obtaining basic services. The economy worsened, marked by a high unemployment rate and the ongoing withdrawal of foreign stakeholders from the country. Over 1 million people were reportedly displaced within Afghanistan. Tens of thousands of Afghans fled the country owing to insecurity and/or economic instability.

International military forces further extended the duration of their technical support to local troops. The mass transfer of detainees to the Parwan detention facility in 2015 continued to affect detainees' means of communicating with their relatives. Fighters and presumed supporters of armed groups continued to be arrested, adding to the congestion in detention facilities and straining the authorities' capacity to meet detainees' needs.

Parliamentary elections, originally planned for the first half of 2015 and rescheduled for October 2016, were postponed.

The volatility of the situation and the fragmentation of the political and the military landscape further restricted humanitarian access. Attacks on humanitarian and medical workers persisted.

ICRC ACTION AND RESULTS

The ICRC strove to address the increasing humanitarian needs arising from the conflict. Some constraints – deteriorating security conditions and the fragmentation of the political and the military landscape – affected the implementation of a number of the ICRC's planned activities, such as those related to protecting civilians, assisting detainees and providing health care. Nevertheless, the ICRC worked closely with the Afghan Red Crescent Society and other partners to increase assistance for vulnerable people. It also provided support for the National Society's development.

The ICRC focused on developing and/or maintaining dialogue with all parties to the conflict, though constraints (see above) sometimes made this difficult. It pursued efforts to help improve conflict-affected people's access to humanitarian aid, and to further the parties' understanding of IHL, humanitarian principles and the Movement. During discussions with these parties, the ICRC drew their attention to alleged IHL violations, and reminded them of their responsibilities to protect civilians, ensure access to health services and allow the safe transfer of human remains.

National authorities were encouraged to ratify IHL and IHL-related instruments and incorporate them in domestic legislation; they adopted a combined law on the National Society and protection of the red crescent emblem. At round-tables, religious leaders discussed the similarities between IHL and Islam, and were encouraged to promote IHL within their communities.

Despite intensified fighting and attacks on medical staff and facilities, the ICRC helped wounded and sick people address their health needs. Injured people received life-saving care from ICRC-trained and -equipped emergency responders, and reached hospital via an ICRC-funded transport system. The ICRC provided regular support to the Mirwais hospital in Kandahar, and the Shiberghan

hospital in Jowzjan. An ICRC mobile surgical team – deployed in July – trained staff at other hospitals, to strengthen their ability to cope with influxes of patients. Support from Movement partners, including the ICRC, helped the National Society to improve the services offered at its clinics; the ICRC provided similar support for one community-run primary-health-care centre. Disabled people benefited from physical rehabilitation services at ICRC-run centres; livelihood initiatives and other support helped them reintegrate into society.

National Society and ICRC teams distributed food and household essentials to displaced people to help them meet their immediate needs. The ICRC gave communities cash for help in repairing vital infrastructure; this enabled people to earn money while increasing their communities' shared resources. The ICRC also helped people resume and/or protect their income-generating food production activities by supporting animal-health services and providing agricultural supplies and training. Victims of IHL violations and/or their families received ICRC assistance, which helped offset the consequences of those violations. Conflict-affected people had access to potable water after the ICRC repaired hand pumps, wells and water-supply systems.

The ICRC visited detainees to monitor their treatment and living conditions, and encouraged the pertinent authorities to ensure that applicable judicial guarantees and procedural safeguards were included in their draft criminal procedure code. The growing number of people arrested strained detaining authorities' ability to address overcrowding and its consequences. With ICRC support, detaining authorities undertook activities to ensure a sanitary environment and help limit disease outbreaks. The ICRC helped restore communication between detainees and their relatives, for example, by organizing video calls for detainees held in the US interment facility at Guantanamo Bay Naval Station in Cuba and for foreign detainees in Afghanistan. With ICRC encouragement, a detaining body established clinics at some of its prisons and implemented medical check-ups upon the entry of new detainees. Some disabled detainees received ICRC physical rehabilitation services.

Movement partners met regularly to discuss how to improve their security and broaden their access to those in need, and to coordinate activities.

CIVILIANS

Families are able to bury their deceased relatives

Parties to the conflict – including those who sometimes imposed restrictions on aid delivery – and the ICRC discussed the protection of civilians and their access to health services, as advocated by the Health Care in Danger project. The ICRC made representations to weapon bearers, based on allegations of abuse, and reminded them of their obligations under IHL, with a view to preventing further abuse. Following regular contact with the ICRC, a high-ranking military officer issued directives to respect IHL and restrict the use of explosive weapons in densely populated areas.

The families of 1,355 deceased civilians and fighters buried their relatives in accordance with their customs after the ICRC – acting as a neutral intermediary, and often with the National Society's help – handed over the remains to them. In parallel, national forensic authorities attended workshops and seminars on the proper management of human remains, with ICRC support; National Society staff received training on the topic.

Members of families separated by conflict, detention or migration reconnected through the Movement's family-links services (see also *People deprived of their freedom*). Afghans, including those outside the country, learnt of these services as a result of the ICRC's public communication efforts, and filed tracing requests for missing relatives. The fate and whereabouts of 411 people were ascertained and their families informed.

Conflict-affected people have access to water and health services

Rural and suburban conflict-affected communities learnt, through ICRC training, to maintain infrastructure, which improved the long-term prospects of these facilities. Nearly 364,700 people gained access to potable water as a result of ICRC repairs to hand pumps, wells and/or water-supply systems.

People benefited from preventive and curative care at 47 National Society clinics throughout Afghanistan, which received material and technical support from Movement partners, including the ICRC. One community-run primary-health-care centre in Korangal received such support from the ICRC. At these clinics, about 982,800 consultations took place, and some 557,300 people received vaccinations. Monitoring these clinics remained a challenge owing to insecurity. Three ICRC-supported clinics used an innovative mobile application, allowing for ill children under five to be accurately diagnosed and treated; plans were made to extend its use to other clinics. The public health ministry and other organizations carried out polio vaccination campaigns; the ICRC facilitated their access to those in need.

Conflict-affected communities develop their income-generating capacities

Around 152,700 people (21,808 households), most of them displaced, met some of their immediate needs with one-month food rations from the National Society and the ICRC; some 145,500 of them (20,784 households) received household essentials.

About 1,150 vulnerable breadwinners supported themselves and their families (8,036 people) by repairing vital infrastructure, including irrigation canals and roads, in exchange for cash. These improvements also enabled their communities to boost their food production. Some 1,100 agricultural and pastoral households (around 7,900 people) increased their income using ICRC-provided supplies and equipment. They included vulnerable households, many headed by women, that increased their income by selling the products from ICRC-provided poultry and livestock. Others (some 140 households/1,000 people) received productive inputs that helped ensure the health of their livestock. Some 24,600 households (172,300 people) had healthier and more productive livestock after ICRC-equipped veterinary workers carried out deworming and treatment programmes.

Victims of IHL violations and/or their families (nearly 290 households/2,800 people) received financial assistance, which helped to offset the financial consequences of these violations and to cover their needs, including food, medical treatment and funeral costs.

Disabled people and their families regained a measure of self-sufficiency with ICRC support. Over 40 people secured employment, and around 390 people attended vocational training. Some 250 breadwinners pursued livelihood activities using microcredits, to the benefit of 1,715 people. About 240 severely disabled children received home tuition; 22 had their university

fees covered; 134 attended various courses; and many others were supplied with school stationery. Some 1,800 housebound people with spinal-cord injuries received medical items and assistance at home; about 650 of them and their families (over 4,500 people) also received food rations and household essentials monthly.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives through RCMs and phone and video calls

The ICRC visited detainees, in accordance with its standard procedures. Particular attention was paid to vulnerable groups, including women, minors and foreigners. Findings from these visits – on the treatment and living conditions of detainees – were later discussed with the authorities concerned. The discussions focused on: the ICRC's unimpeded access to detainees; respect for judicial guarantees, and the principle of *non-refoulement*; and existing mechanisms to prevent ill-treatment. The ICRC also engaged armed groups in dialogue, promoting respect for the rights of people held by weapon bearers. Some detainees were released on humanitarian grounds, with the ICRC moderating their release as a neutral and independent humanitarian actor.

Some families learnt the whereabouts of detained relatives through notices furnished by detaining authorities to the ICRC. Detainees benefited from the Movement's family-links services. People being held in the Guantanamo Bay internment facility, people with relatives abroad and foreign detainees reconnected with their relatives via ICRC-organized video calls. Some foreign detainees contacted their consular representatives and received ICRC assistance while awaiting repatriation. Some detainees, notably in the Parwan detention facility, received family visits. Such services helped improve detainees' state of mind and enabled some to receive material support from their families.

Following ICRC dialogue with the weapon bearers, a number of people held by armed groups were able to contact their families via RCMs.

Detainees have better access to health services

The rising prison population strained the authorities' means to address overcrowding and its consequences. The ICRC continued to encourage coordination between all stakeholders involved in prison health, and helped Afghan authorities in mobilizing international stakeholders for support to improve prison infrastructure.

Detainees in some places of detention had better health services, in line with the public health ministry's standards, as the pertinent authorities received medical supplies and equipment, technical advice and/or financial support from the ICRC. With ICRC encouragement, the National Directorate of Security (NDS) set up clinics at certain prisons, which helped improve detainees' access to health services. Discussions led the NDS to enhance medical procedures in its facilities, for instance, by implementing medical check-ups for new detainees. Nearly 300 disabled detainees regained their mobility after being fitted with orthotic devices by ICRC personnel.

Detaining authorities and the ICRC undertook initiatives – including disease- and vector-control programmes – to help ensure good health and hygiene and a more sanitary environment, and thereby limit disease outbreaks. Around 1,000 detainees in the Herat and Sarpoza prisons were treated for scabies; all the detainees in these prisons were given sterilized clothes, as a preventive measure.

Detainees benefited from ICRC repairs to infrastructure. For example, some: 10,000 detainees in Kabul's Pul-i-Charki prison and 1,000 in the Helmand provincial prison had improved cooking facilities; 800 and 500 detainees in the Herat and Khost provincial prisons, respectively, had better access to potable water; and 4,500 detainees in the Parwan detention facility, and those held in the Khost prison, were able to meet their families in renovated visiting areas. Hygiene and maintenance committees were better equipped to tackle sanitation- and infrastructure-related issues after receiving material support and training.

Around 32,000 detainees – and prison staff and children – received hygiene items and winter essentials, which helped improve their living conditions. Plans for activities to supplement or increase detainees' income and diversify their diet were put on hold owing to human resource and other constraints.

WOUNDED AND SICK

Various ICRC-supported health workers and other actors managed to provide suitable medical treatment to some wounded and sick people, amidst insecurity.

Injured people received life-saving care from ICRC-trained and -equipped emergency responders, including National Society volunteers, medical workers, taxi drivers and weapon bearers, including members of armed groups. Over 1,500 weapon-wounded people reached hospital by means of an ICRC-funded transport system of taxis and ICRC vehicles.

Hospitals are better prepared for influxes of patients during emergencies

The health ministry's Mirwais and Shiberghan hospitals admitted almost 72,800 inpatients – including nearly 1,900 wounded people and 28,500 women in need of obstetric or gynaecological care; roughly 429,500 consultations were provided for outpatients. Patients who needed specialized care were referred to other health facilities. Both hospitals received regular ICRC training and material, technical, managerial and financial support. Patients and staff at both hospitals benefited or stood to benefit from infrastructural upgrades by the ICRC. At the Mirwais hospital, these included completion of a laundry building and renovation of a wing marked for the paediatric and neonatal departments. At the Shiberghan hospital, construction of an emergency department began; two ICRC emergency-care specialists provided assistance in this regard, notably by training staff and helping them procure the necessary equipment.

Other State- or armed group-run hospitals received ad hoc support during emergencies. The ICRC assembled a mobile surgical team to help hospitals across Afghanistan strengthen their capacity to handle influxes of patients. Beginning in July, the team helped expand – through three week-long training missions – the emergency-response capacities of the staff of five hospitals in conflict-affected areas.

Disabled people improve their mobility

Some 136,300 disabled people improved their mobility after receiving physical rehabilitation services at seven ICRC-run centres managed by ICRC-trained employees, many of whom were disabled. Some disabled detainees were fitted with orthotic devices (see *People deprived of their freedom*). Mobility devices were produced using parts manufactured at an ICRC component factory in Kabul. Disabled patients from remote areas travelling to the centres,

or elsewhere for specialized care, had their transportation costs partly covered by the ICRC. When necessary, they were referred to hospitals. People with spinal-cord injuries received home visits and other forms of ICRC assistance (see *Civilians*).

Patients and staff at the centres benefited from infrastructural upgrades. These included construction of: a physiotherapy room in the women's section of the Gulbahar centre; an outdoors area for female patients, a car service zone and a basketball court at the Faizabad centre; and latrines and drainage systems at the Mazar-i-Sharif centre. Some orthopaedic technicians and physical therapists attended courses and training sessions, with ICRC support, to develop their skills and to help ensure the sustainability of the physical rehabilitation sector in Afghanistan.

Sports events and livelihood initiatives (see *Civilians*) helped patients improve their well-being and regain self-sufficiency. Dissemination sessions informed the public of the physical rehabilitation services available.

ACTORS OF INFLUENCE

Weapon bearers are reminded of the need to protect civilians

Though sometimes hampered by insecurity and the fragmented political and military landscape, the ICRC continued its dialogue on humanitarian issues with the armed and security forces, including international forces. Topics covered included the use of explosive weapons in densely populated areas, and the protection of civilians and medical staff and facilities. Certain influential figures issued directives addressing concerns raised by the ICRC (see, for example, *Civilians*).

Armed forces officers were encouraged to incorporate IHL and other applicable norms in their doctrine, training and operations. With ICRC support, some officers participated in IHL courses and workshops, including one on the rules governing military operations (see *International law and policy*). Instructors from the armed forces participated in train-the-trainer courses, which aimed to equip them to conduct IHL courses unassisted. Armed and security forces personnel furthered their understanding of IHL during dissemination sessions that covered such matters as sexual violence, the use of explosive weapons in densely populated areas and the protection of the civilian population. Members of armed groups also attended dissemination sessions; these were often supplemented by first-aid training and donations of first-aid material, enabling them to treat their wounded peers (see *Wounded and sick*).

Members of civil society further their understanding of humanitarian issues and the Movement

Authorities, weapon bearers, influential community and religious leaders, academics, media professionals and beneficiaries – some 29,000 individuals in all – participated in discussions with the ICRC and furthered their understanding of IHL and the Movement. Religious leaders and scholars refined their understanding of the similarities between Islam and IHL; some learnt about the challenges facing IHL during round-tables and conferences, several of which were held abroad (see, for example, *Iran, Islamic Republic of and New Delhi*). They were encouraged to promote IHL in their own communities, so that people could feel free to communicate their concerns to the ICRC.

Public awareness of humanitarian issues, and of the Movement and its activities in Afghanistan, was broadened through dissemination sessions, publications and videos translated into Dari and Pashto,

social media posts, and features on the ICRC's website. Posters with illustrations adapted to the Afghan context helped people understand key messages of the Health Care in Danger project and the ICRC's programme for transferring human remains. Regular dialogue with media organizations strengthened mutual understanding. Journalists drew from ICRC-organized roundtables to improve their coverage of the conflict and of the ICRC's humanitarian activities.

Afghan authorities and the ICRC met regularly to discuss such matters as: incorporation of IHL and IHL-related treaties in domestic legislation; ratification of the Hague Convention on Cultural Property and the Arms Trade Treaty; and possibilities for organizing IHL dissemination sessions for future diplomats. The combined law on the National Society and protection for the red crescent emblem was adopted in October. The pertinent authorities sought the ICRC's views on the drafts of the National Civilian Casualty Prevention and Mitigation Policy and the criminal procedure code. The ICRC recommended including applicable judicial guarantees and procedural safeguards in the latter text.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society expands its emergency-response capacities

The National Society remained the ICRC's main partner in providing material aid and medical care to victims, reconnecting families and transferring human remains (see *Civilians* and *Wounded and sick*). At times, it used the ICRC's help to safely gain access to people in need.

With financial and technical support from Movement partners, including the ICRC, the National Society reinforced its institutional and branch-level capacities. Through an ICRC-organized workshop on the Safer Access Framework, staff and volunteers identified challenges related to acceptance, security and access, and developed plans to reduce risks when carrying out activities in conflict-affected areas. They reinforced their communication and management skills during other workshops.

With Movement partners' support, the Afghan Red Crescent Society hosted a meeting in Doha, Qatar, for some of the region's National Societies to present its strategic plan for 2016–2020, discuss humanitarian needs in Afghanistan, and explore how the National Societies in attendance could contribute to its activities.

National Society representatives attended a meeting on the Health Care in Danger project in Geneva, Switzerland.

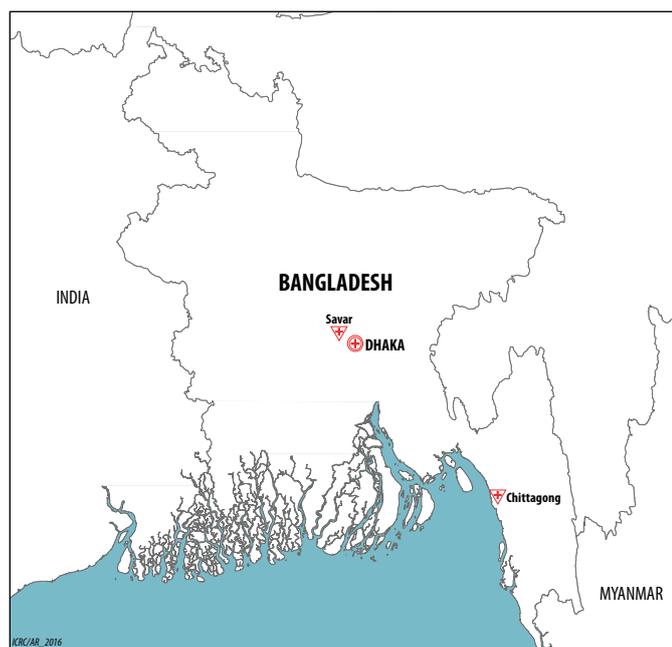
Movement partners met regularly to identify measures to improve their security and their access to people in need, and to coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,373			
RCMs distributed		2,841			
Phone calls facilitated between family members		11,793			
Reunifications, transfers and repatriations					
Human remains transferred or repatriated		1,355			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,401	200	175	234
<i>including people for whom tracing requests were registered by another delegation</i>		8			
Tracing cases closed positively (subject located or fate established)		411			
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases still being handled at the end of the reporting period (people)		1,209	217	186	239
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Documents					
Official documents relayed between family members across borders/front lines		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		30,617	658	566	
			Women	Girls	Boys
Detainees visited and monitored individually		1,683	5	2	114
Detainees newly registered		1,215	5	2	106
Number of visits carried out		130			
Number of places of detention visited		35			
RCMs and other means of family contact					
RCMs collected		4,806			
RCMs distributed		1,895			
Phone calls made to families to inform them of the whereabouts of a detained relative		1,426			
Detainees visited by their relatives with ICRC/National Society support		3,495			
People to whom a detention attestation was issued		12			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security¹ (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	170,844	52,894	57,390
	<i>of whom IDPs</i>	143,745	45,694	54,716
Essential household items	Beneficiaries	166,081	51,251	55,277
	<i>of whom IDPs</i>	136,577	43,543	52,029
Productive inputs	Beneficiaries	10,585	3,133	3,029
	<i>of whom IDPs</i>	750	250	266
Cash	Beneficiaries	12,920	3,732	4,122
	<i>of whom IDPs</i>	350	105	124
Services and training	Beneficiaries	376,741	117,847	133,305
	<i>of whom IDPs</i>	168	50	68
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	364,665		
Health				
Health centres supported	Structures	48		
Average catchment population		1,591,120		
Consultations		982,819		
	<i>of which curative</i>	914,461	249,092	128,348
	<i>of which antenatal</i>	68,358		
Immunizations	Patients	557,308		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	222,688		
Referrals to a second level of care	Patients	9,047		
	<i>of whom gynaecological/obstetric cases</i>	553		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	38,009	943	469
Services and training	Beneficiaries	14		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	31,782		
Health				
Visits carried out by health staff		240		
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	8		
	<i>of which provided data</i>	2		
Patients whose hospital treatment has been paid for by the ICRC		112	28	71
Admissions	Patients	72,767	39,082	16,362
	<i>of whom weapon-wounded</i>	1,850	112	187
	<i>(including by mines or explosive remnants of war)</i>	679	51	109
	<i>of whom surgical cases</i>	17,393	3,236	5,027
	<i>of whom internal medicine and paediatric cases</i>	25,059	7,861	10,556
	<i>of whom gynaecological/obstetric cases</i>	28,465	27,873	592
Operations performed		22,324		
Outpatient consultations	Patients	429,490	201,425	95,435
	<i>of whom surgical cases</i>	174,320	40,354	46,955
	<i>of whom internal medicine and paediatric cases</i>	135,027	45,324	44,084
	<i>of whom gynaecological/obstetric cases</i>	120,143	115,747	4,396
Water and habitat				
Water and habitat activities	Number of beds	734		
Physical rehabilitation				
Projects supported	Projects	8		
Patients receiving services	Patients	136,280	21,987	46,583
New patients fitted with prostheses	Patients	1,068	128	104
Prostheses delivered	Units	4,321	408	273
	<i>of which for victims of mines or explosive remnants of war</i>	2,553	116	63
New patients fitted with orthoses	Patients	6,432	1,281	3,096
Orthoses delivered	Units	16,134	2,677	8,861
	<i>of which for victims of mines or explosive remnants of war</i>	114	3	10
Patients receiving physiotherapy	Patients	84,225	14,911	36,941
Walking aids delivered	Units	18,877	2,027	2,630
Wheelchairs or tricycles delivered	Units	1,428	224	443

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

BANGLADESH



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Vulnerable communities in the Cox's Bazar district obtained health care at two facilities, which improved their services with technical, material and staff support from the Bangladesh Red Crescent Society and the ICRC.
- ▶ Detainees at 11 prisons received ICRC visits conducted in accordance with the organization's standard procedures. Feedback and recommendations were conveyed confidentially to the authorities.
- ▶ People injured during outbreaks of violence were given first aid by ICRC-supported Bangladeshi Red Crescent teams. Journalists, imams, religious scholars and students affiliated with political parties learnt first aid.
- ▶ Disabled people obtained rehabilitative care at two centres that received technical, financial and material support from the ICRC. Thirty-four people on ICRC scholarships pursued physical rehabilitation studies locally or abroad.
- ▶ The armed, paramilitary and police forces continued to incorporate IHL and other applicable norms in their training. The national police academy added an ICRC publication on international policing standards to its standard curriculum.

EXPENDITURE IN KCHF

Protection	1,804
Assistance	4,215
Prevention	1,150
Cooperation with National Societies	553
General	63
Total	7,785
<i>Of which: Overheads</i>	<i>475</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	68

Present in Bangladesh since 2006, the ICRC opened a delegation there in 2011. It works to protect and assist people affected by tensions and violence; promotes IHL and its implementation among the authorities, armed and security forces and academic circles; helps improve local capacities to provide physical rehabilitation services for the disabled; and supports the Bangladesh Red Crescent Society in building its capacities. It seeks to visit people deprived of their freedom in the country.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	114
RCMs distributed	111
Phone calls facilitated between family members	295
Tracing cases closed positively (subject located or fate established)	1
People reunited with their families	4
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	13,496
Detainees visited and monitored individually	22
Number of visits carried out	12
Number of places of detention visited	11
Restoring family links	
RCMs collected	54
Phone calls made to families to inform them of the whereabouts of a detained relative	2

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	2,953
Essential household items ¹	Beneficiaries	9,200
Productive inputs	Beneficiaries	2,840
Cash	Beneficiaries	4,000 2,974
Services and training ¹	Beneficiaries	5,100
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	5,100 523
Health		
Health centres supported	Structures	2 2
WOUNDED AND SICK		
Water and habitat		
Water and habitat activities	Number of beds	100 81
Physical rehabilitation		
Projects supported	Projects	2
Patients receiving services	Patients	949

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

There were outbreaks of violence during local elections, held in several rounds beginning in March, and during general strikes carried out by various groups. Public safety was also threatened by armed attacks; one took place at a commercial establishment in July, and resulted in the death of 17 foreigners. Fires and explosions at factories around Dhaka also led to casualties. Communal tensions persisted in the Chittagong Hill Tracts and other areas. In parts of the Brahmanbarhia and Gaibandha districts, such tensions led to violent incidents.

Vulnerable communities in the Cox's Bazar district required assistance to meet their health-care needs. Beginning in October, intensified violence in Myanmar's Rakhine state (see *Myanmar*) drove tens of thousands of people to the Cox's Bazar district, putting more pressure on already-strained resources.

The dispersal of family members during migration remained a humanitarian concern.

Cyclone Roanu in May caused flooding, destroyed crops and livestock, and claimed some 20 lives.

Bangladesh continued to contribute troops to UN peace-support missions.

ICRC ACTION AND RESULTS

The ICRC continued to work closely with the Bangladesh Red Crescent Society to aid people affected by political or communal violence. It also continued to develop its dialogue and working relations with the authorities, the military, paramilitary and police forces, and other pertinent parties, with a view to fostering cooperation in promoting humanitarian principles and IHL, and in addressing humanitarian concerns.

As the ICRC's main partner, the Bangladeshi Red Crescent received comprehensive support for strengthening its ability to deliver humanitarian services. This support also helped the National Society assess its organizational capacities and identify areas for improvement, provide first-aid training to members of the public as well as to its volunteers, use digital communication more effectively, and mitigate security risks for its personnel.

Regular meetings helped Movement partners coordinate their work.

Financial, technical and material support was maintained for National Society teams administering first aid during outbreaks of violence and other emergencies. Law enforcement officers, journalists, imams, religious scholars and students affiliated with political parties received first-aid training from the National Society and/or the ICRC. A hospital treating victims of factory fires and explosions was provided with supplies. Doctors and nurses from four facilities expanded their capacities in emergency care at an ICRC course.

People affected by tensions in the Chittagong Hill Tracts started livelihood activities with ICRC cash grants. Households that had received similar support in previous years were monitored by the ICRC, and found to have increased their income.

Movement family-links services helped people in Bangladesh reconnect with relatives abroad, including people in detention. The

ICRC continued to help the National Society develop its family-links services.

Vulnerable communities in the Cox's Bazar district continued to obtain health care at two facilities in the Teknaf and Uhkiya sub-districts. The health authorities, aided by the Bangladeshi Red Crescent and the ICRC, worked to improve services at the two facilities and strengthen coordination among the various government and non-government agencies supporting the facilities. ICRC-led infrastructure repairs and renovations helped expand services at both facilities.

In line with an agreement signed in February, the authorities granted the ICRC access to all places of detention in Bangladesh until the end of the year. The ICRC visited detainees at 11 prisons in accordance with its standard procedures, and subsequently conveyed its feedback and recommendations confidentially to the authorities.

Detainees in several prisons had better living conditions after the authorities, with ICRC support, made improvements to infrastructure. The authorities continued to reinforce their capacities in prison management through ICRC training and by attending conferences abroad, with ICRC support.

Referrals and financial support enabled physically disabled people to receive treatment at the Chittagong and Savar branches of the Centre for the Rehabilitation of the Paralysed (CRP), where the ICRC provided full-time technical guidance. Thirty-four people on ICRC scholarships pursued physical rehabilitation studies locally or abroad.

As part of its social-inclusion initiatives for disabled people, the ICRC organized training camps for male and female basketball players, and, with the national sports authorities, supported the national cricket team.

The authorities drew on the ICRC's expertise to implement pledges they had made, at the 32nd International Conference, on preventing sexual violence during armed conflict. The national IHL committee continued to receive ICRC support.

The armed forces, paramilitary forces and the police continued, with the ICRC's assistance, to incorporate IHL and other applicable norms in their training and operations. The Bangladesh Police Academy added four ICRC publications to its standard curriculum, including a Bengali translation of one on international policing standards.

CIVILIANS

Dialogue with the authorities drew attention to the humanitarian needs of people affected by violence (see *Actors of influence*). The ICRC provided regular support for the Bangladeshi Red Crescent to develop its capacities, and worked with it to assist vulnerable communities.

People affected by tensions increase their income and have better access to water

In the Chittagong Hill Tracts, communities affected by tensions worked towards economic recovery with ICRC assistance. Some 620 households (2,900 people) started livelihood activities, including agricultural or fishing projects, with ICRC cash grants and/or ICRC-provided seed. The ICRC monitored households that

had received similar assistance in the past two years, and found that they had increased their income by more than 40%.

Some 520 people had more water for their daily needs, and more sanitary conditions, after the Bangladeshi Red Crescent and the ICRC repaired their water-supply facilities and installed latrines. National Society hygiene-promotion activities helped them reduce their risk of illness. These activities reached fewer people than planned because of delays caused by administrative constraints.

People affected by communal violence in the Brahmanbarhia (130 households; 700 individuals) and Gaibandha (450 households; 2,250 individuals) districts met their immediate needs with the help of food and other essentials – and, in some cases, cash – provided by the ICRC.

Members of families separated by migration stay in touch

Movement family-links services helped people in Bangladesh – including new arrivals from Myanmar – restore or maintain contact with their relatives abroad. RCMs, phone calls and/or short oral messages relayed by ICRC delegates enabled people to receive news of relatives in other countries, including people in detention. Some used Bangladeshi Red Crescent and ICRC tracing services to locate family members.

The Ministry of Disaster Management and Relief published a set of national guidelines – drafted with the ICRC’s technical advice – for managing human remains during and after disasters. Representatives of government agencies and NGOs involved in disaster response attended an ICRC session on the management of human remains. The ICRC provided two medical colleges in Dhaka with forensic equipment and reference materials.

Vulnerable communities have better access to health care

Vulnerable people in the Cox’s Bazar district obtained preventive and/or curative health care at two facilities in Teknaf and Ukhiya, which sought to serve around 504,000 people. Government health officials worked – with technical, material and staff support from the Bangladeshi Red Crescent and the ICRC – to improve services at the two facilities and strengthen coordination among the various government and non-government agencies assisting the facilities.

At the Teknaf facility (31 beds), women gave birth more safely following ICRC repairs to the labour and delivery rooms, and ICRC-constructed storage rooms enabled personnel to manage supplies and equipment more effectively. The ICRC restored the electrical system in the facility’s operating theatres, enabling surgeons to perform minor operations for the first time in 12 years; both residents and refugees benefited. At the Ukhiya facility (50 beds), renovation of the women’s and the children’s wards, including the sanitation infrastructure, helped improve conditions for inpatients. At both facilities, emergency rooms were renovated and equipped, and, in cooperation with the local health authorities, waste-management and infection-control systems were improved, through staff training and other means.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees at nine prisons receive ICRC visits

In an agreement signed in February, the authorities granted the ICRC access to all places of detention in the country until the end of the year. Some 13,400 people detained at 11 prisons received

ICRC visits, carried out in accordance with the organization’s standard procedures. After these visits, the ICRC communicated its findings and, where necessary, its recommendations for improving conditions of detention, confidentially to the authorities.

Detainees, including foreigners, restored or maintained contact with relatives through RCMs and/or short oral messages relayed by ICRC delegates. At the request of one foreign detainee, the ICRC notified his embassy of his detention.

A total of 9,100 detainees in eight prisons had better living conditions after the authorities made improvements to infrastructure with ICRC technical assistance. Such improvements included roof and kitchen repairs, the construction of areas for family visits, and, in one prison, the installation of a water network for some 4,700 detainees and 2,200 staff. Detainees in charge of maintaining cleanliness at seven prisons were provided with tools and protective equipment, benefiting a total of 8,700 inmates.

Some 13,200 inmates in 10 prisons benefited from ICRC-donated books, games and volleyball sets. More than 1,000 foreign detainees in 86 prisons received hygiene kits and clothes provided by the ICRC and distributed by the Bangladeshi Red Crescent.

The penitentiary authorities received technical recommendations from the ICRC on improving health care for detainees, and two prison infirmaries were provided with medical equipment.

Penitentiary authorities reinforce their ability to address detainees’ humanitarian needs

ICRC training enabled 20 senior prison officials to strengthen their project-management skills and design projects to improve conditions at three detention facilities; at the end of the year, the projects were at various stages of implementation.

Officials developed their prison-management capacities with ICRC support. Representatives from the home-affairs ministry and the prisons department attended a regional conference for correctional managers in Sri Lanka (see *Sri Lanka*), where they discussed how to address humanitarian needs in prisons. Penitentiary officials learnt more about planning and designing detention facilities at a conference in the Republic of Korea (see *Beijing*). Representatives from the prisons department participated in a course in Switzerland on health care in detention. Through ICRC training, prison officials reinforced their skills in risk assessment and management.

WOUNDED AND SICK

Injured people receive immediate treatment

In dialogue with security forces and other pertinent parties, the ICRC emphasized the necessity of ensuring that health services are respected and protected during emergencies. People wounded during violence and other emergencies were given first aid by Bangladeshi Red Crescent teams, which received financial, technical and material assistance from the ICRC. Vehicles maintained or rented with ICRC support enabled the teams to transport people requiring more advanced care to hospitals.

Doctors and nurses from four facilities in Rajshahi attended an ICRC course and expanded their capacities in emergency care. Victims of factory fires and explosions were treated at a hospital in Dhaka that received supplies from the ICRC.

Some 100 students affiliated with political parties received first-aid training and supplies from the National Society and the ICRC. Law enforcement personnel (see *Actors of influence*), journalists working in the Chittagong Hill Tracts, imams and religious scholars were also trained in administering first aid.

The National Society, supported by the ICRC, provided medical consultations to some 1,700 people during the Bishwa Ijtema, a congregation of Muslims; 16 disabled people were referred for physical rehabilitation services.

Disabled people benefit from rehabilitative care and activities promoting social inclusion

Some 900 people obtained physical rehabilitation services at two CRP branches; the ICRC covered their expenses for treatment, transport, accommodation and food. The ICRC provided full-time technical guidance at these facilities, as well as financial and material support for improving their services.

Sponsored by the ICRC, 30 people studied for diplomas in prosthetics and orthotics at the CRP-affiliated Bangladesh Health Professions Institute, and four others pursued physical rehabilitation studies abroad. The institute, guided by the ICRC, took steps towards obtaining international accreditation for its prosthetics and orthotics programme.

More than 300 disabled cricketers, from different parts of the country, attended a sports camp organized by the national sports authorities and the ICRC; some of them competed in tournaments in India and the United Arab Emirates with ICRC assistance. Some 30 men and women received wheelchair-basketball training at ICRC-supported camps.

ACTORS OF INFLUENCE

Military, paramilitary and police forces incorporate IHL and other applicable norms in their training

The armed forces, paramilitary forces and the police continued to incorporate IHL and other applicable norms in their training and operations, with technical assistance from the ICRC. Through ICRC dissemination sessions, more than 700 officers from various law enforcement agencies learnt more about IHL, international policing standards and other relevant norms, including those regulating the use of force during arrests and detention; many of these sessions included first-aid training.

The Bangladesh Police Academy added four ICRC publications, including a Bengali translation of one on international law enforcement standards, to its standard curriculum.

ICRC presentations enabled military and paramilitary forces assigned to law enforcement duties in border regions and/or tension-prone areas, and military personnel bound for UN peace-keeping missions abroad, to add to their knowledge of IHL and other applicable norms. Military and police officers attended ICRC train-the-trainer courses. The ICRC organized seminars, with the Bangladesh Institute of Peace Support Operation Training, on the issue of sexual violence during armed conflict; military officials, and government and UN agencies, participated.

Senior military officers attended IHL workshops abroad – including an advanced course in Lucerne, Switzerland (see *International law and policy*) – with ICRC support.

The authorities draw on ICRC expertise to advance IHL implementation

Dialogue with the authorities and members of civil society emphasized the humanitarian needs of violence-affected people (see *Civilians*).

The authorities drew on the ICRC's technical advice to implement pledges they had made, at the 32nd International Conference, to prevent sexual violence during armed conflict. The national IHL committee continued to receive ICRC assistance. Discussions with the foreign affairs ministry and other pertinent authorities, on advancing the domestic implementation of the 1949 Geneva Conventions, the 1977 Additional Protocols, the Anti-Personnel Mine Ban Convention and the Biological Weapons Convention, continued.

Government officials attended IHL-related meetings and seminars abroad – including the fourth universal meeting of national IHL committees – with ICRC support. A regional meeting of such committees in Dhaka was rescheduled by the authorities for 2017.

Journalists draw public attention to the Movement's activities

ICRC briefings helped journalists broaden awareness of humanitarian issues and the work of the Bangladeshi Red Crescent and the ICRC. The National Society and the ICRC kept the authorities and others concerned informed of their humanitarian activities. For example, they promoted their family-links services for migrants at the Global Forum on Migration and Development, which the Bangladeshi government hosted in December.

With a local journalists' association, the ICRC organized a conference for media professionals from 11 countries. Participants discussed such matters as covering emergencies and reporting on humanitarian activities in response to them.

The Bangladeshi Red Crescent carried out, with ICRC assistance, a communication campaign in four districts on the use of the emblems protected under IHL.

The ICRC engaged religious organizations and institutions in discussions on humanitarian issues. With the Islamic studies department of the University of Rajshahi, the ICRC published a Bengali translation of a collection of essays on Islam and IHL. The Iranian embassy in Dhaka and the ICRC organized a round-table on Islam and IHL; it was attended by government officials, diplomats, representatives of inter-faith platforms, and others. The ICRC enabled two Islamic scholars to attend IHL courses in Lebanon and Tunisia.

Sponsored by the ICRC, professors attended IHL-related events abroad, including a conference on Islam and IHL (see *Iran, Islamic Republic of*), and university students learnt more about IHL at a regional moot court competition in Hong Kong (see *Beijing*).

RED CROSS AND RED CRESCENT MOVEMENT

The Bangladeshi Red Crescent continued to work with the ICRC to address the needs of people affected by emergencies (see *Wounded and sick*), and to help vulnerable people obtain health care and family-links services (see *Civilians*). Three branches expanded their first-aid training capacities with ICRC-donated cardiopulmonary resuscitation mannequins and other equipment. The ICRC provided funding to insure some 3,000 volunteers.

Two National Society branches used ICRC-provided generators to cope with power outages. The ICRC renovated a commercial property owned by one branch, enabling it to seek to lease the property. ICRC-provided equipment helped the National Society increase its capacities in digital communication.

National Society personnel learnt more about mitigating security risks and promoting respect for health services during emergencies at an ICRC workshop on the Safer Access Framework and at regional round-tables on the framework and on the Health Care in Danger project in Sri Lanka (see *Sri Lanka*).

With technical and financial support from the ICRC, three National Society branches assessed their organizational capacities and identified areas for improvement.

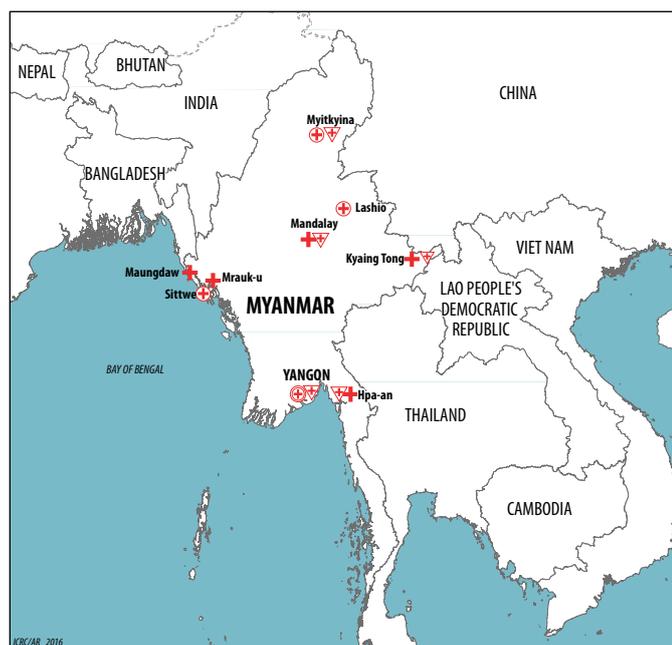
Regular meetings helped Movement partners coordinate their work, including activities to assist people affected by Cyclone Roanu and new arrivals from Myanmar.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		114			
RCMs distributed		111			
Phone calls facilitated between family members		295			
Reunifications, transfers and repatriations					
People reunited with their families		4			
	<i>including people registered by another delegation</i>	4			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		5	1	1	1
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)		1			
Tracing cases still being handled at the end of the reporting period (people)		4	1		
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		13,496	554	1	
			Women	Girls	Boys
Detainees visited and monitored individually		22			1
Detainees newly registered		22			1
Number of visits carried out		12			
Number of places of detention visited		11			
RCMs and other means of family contact					
RCMs collected		54			
Phone calls made to families to inform them of the whereabouts of a detained relative		2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	2,953	1,181	591
Essential household items ¹	Beneficiaries	9,200	3,650	
Productive inputs	Beneficiaries	2,840	992	853
Cash	Beneficiaries	2,974	1,039	893
Services and training ¹	Beneficiaries	5,100	2,030	20
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	523	173	204
Health				
Health centres supported	Structures	2		
Average catchment population		504,325		
Consultations		203,025		
	<i>of which curative</i>	195,806		
	<i>of which antenatal</i>	7,219		
Immunizations	Patients	114,794		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	114,794		
Referrals to a second level of care	Patients	3,129		
	<i>of whom gynaecological/obstetric cases</i>	309		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	14,316	708	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	14,619	731	
Health				
Visits carried out by health staff		7		
Places of detention visited by health staff	Structures	6		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Water and habitat				
Water and habitat activities	Number of beds	81		
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services	Patients	949	65	639
New patients fitted with prostheses	Patients	174	17	11
Prostheses delivered	Units	222	23	21
New patients fitted with orthoses	Patients	551	35	449
Orthoses delivered	Units	1,321	56	1,167
Patients receiving physiotherapy	Patients	202	25	118

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

MYANMAR



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Households in Rakhine and in Kachin and Shan – in both government- and armed group-controlled areas – restored or boosted their livelihood activities with ICRC-provided seed and tools, cash grants or training.
- ▶ Following the rise of violence in northern Rakhine, the ICRC reimbursed the cost of each transfer of the health ministry's outpatient referral service, supported two mobile health teams, and provided a hospital with medical supplies.
- ▶ Disabled people improved their mobility with the help of rehabilitative care offered at three ICRC-supported centres, including a new one in Kachin, and with services from mobile workshops and roving repairmen.
- ▶ Some of the ICRC's activities for violence-affected communities were delayed, owing to increased security concerns and restrictions imposed by the authorities.
- ▶ Based on ICRC recommendations, Myanmar's detention authorities established a new engineering unit for developing national standards for prison infrastructure.
- ▶ The Myanmar police and the ICRC strengthened their dialogue on humanitarian concerns. Police officers and trainers and crowd management commanders learnt more about international policing standards at ICRC workshops.

EXPENDITURE IN KCHF

Protection	5,931
Assistance	19,924
Prevention	2,091
Cooperation with National Societies	1,982
General	350
Total	30,278
<i>Of which: Overheads</i>	<i>1,847</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	71
Resident staff (daily workers not included)	427

The ICRC began working in Myanmar in 1986. It responds to the needs of IDPs and other people affected by armed clashes and other situations of violence, helping them restore their livelihoods, supporting primary-health-care, hospital and physical rehabilitation services, and repairing water, health and prison infrastructure. It conducts protection activities in favour of affected communities, visits detainees in places of permanent detention and provides family-links services. It promotes IHL and other international norms and humanitarian principles. It works with the Myanmar Red Cross Society in many cases and helps it build its operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,163
RCMs distributed	1,397
Tracing cases closed positively (subject located or fate established)	25
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	39,682
Detainees visited and monitored individually	276
Number of visits carried out	46
Number of places of detention visited	29
Restoring family links	
RCMs collected	1,499
RCMs distributed	1,310

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 500	
Essential household items	Beneficiaries 32,500	37,764
Productive inputs	Beneficiaries 20,000	16,192
Cash	Beneficiaries 19,500	22,886
Services and training	Beneficiaries 2,535	28,463
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 91,280	60,642
Health		
Health centres supported	Structures 15	7
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 15	16
Water and habitat		
Water and habitat activities	Number of beds	405
Physical rehabilitation		
Projects supported	Projects 5	4
Patients receiving services	Patients 5,000	3,370

CONTEXT

The Myanmar parliament appointed a president in March 2016. The new round of peace negotiations between the government and various armed groups, at a conference in August 2016, did not yield any concrete agreements; sporadic clashes between the parties continued to displace thousands of people in Kachin and Shan states. Fighting in northern Shan reportedly increased.

In northern Rakhine, attacks carried out by armed elements against police stations in October 2016 brought about bolstered security interventions by government forces. This rise of violence caused thousands of people to flee to Bangladesh. It also further restricted movement in Buddhist and Muslim communities still suffering the effects of the communal violence of 2012.

Security concerns and an increase in restrictions on access imposed by the authorities hampered humanitarian organizations' efforts to reach people affected by the fighting. IDPs and other violence-affected people struggled to maintain or restore their livelihoods and to obtain basic services such as health care.

Mines and explosive remnants of war (ERW) were a source of concern in many areas of the country. Myanmar remained vulnerable to natural disasters; flooding occurred in some states or regions.

ICRC ACTION AND RESULTS

The ICRC continued to respond to the needs of victims of armed conflict and other situations of violence in Myanmar. In its interaction with the authorities, armed groups and members of civil society, it sought continuously to improve its access to violence-affected communities. However, security concerns and restrictions imposed by the authorities made it increasingly difficult for the ICRC to reach people affected by the fighting and carry out some of its planned activities.

ICRC assistance in the form of unconditional cash grants and essential household items helped violence-affected people ease their living conditions. Households in Kachin, Rakhine and Shan started, resumed or boosted livelihood activities with ICRC-provided seed and tools, conditional cash grants or business skills training. Through the ICRC's repair and construction of water and sanitation facilities in camps, displaced people lessened their exposure to health hazards.

In Kachin, Rakhine and northern Shan, the ICRC provided material and technical support for hospitals and health centres, including several satellite posts. People within reach of the centres obtained preventive and curative care. Health-care staff from various communities developed their skills at ICRC-organized training sessions. In central Rakhine, the ICRC supported the health ministry's emergency patient transport system and outpatient referral service; both enabled Buddhist and Muslim communities to have prompt and safe access to the Sittwe general hospital. Following the bolstered security interventions of government forces against armed elements in northern Rakhine, the ICRC expanded its support for the health ministry by: reimbursing the cost of each transfer made by an outpatient referral service in the area; supporting two mobile health teams; and providing a hospital in Maungdaw with medical supplies.

Three ICRC-supported physical rehabilitation centres, including a new centre in Kachin, provided rehabilitative care for disabled people. The referral system operated by the Myanmar Red Cross Society and the ICRC helped inform disabled people of the nearest

centre or service provider. Disabled people who lived far from the supported centres obtained foot-and-strap repair services through mobile workshops and roving repairmen.

Detainees in prisons and labour camps under the authority of the home affairs ministry continued to receive ICRC visits, conducted in accordance with the organization's standard procedures. The ICRC discussed the findings from these visits confidentially with prison authorities, with a view to improving detainees' living conditions, including their access to basic services. The ICRC conducted similar visits to people held by armed groups in Kachin. Senior prison staff attended courses abroad with ICRC support, and learnt more about internationally recognized standards for prison management. Based on ICRC recommendations, the detention authorities established a new engineering unit for developing national standards for prison infrastructure. The organization's upgrading of water and sanitation facilities helped reduce the health risks faced by detainees. ICRC-provided recreational and educational items and family-links services helped inmates cope with their confinement.

Dialogue, dissemination sessions and workshops helped the authorities, including those newly appointed, and members of civil society advance their understanding of the Movement and IHL. For instance, workshops for armed groups and for police forces encouraged respect for the principles of IHL and international policing standards, respectively.

Whenever possible, the ICRC worked with the National Society to provide humanitarian assistance for communities. In Kachin and northern Shan, the ICRC conducted, together with the National Society, risk-education sessions for people in areas affected by mines and ERW. ICRC-supported workshops and training sessions helped the National Society to strengthen its operational capacities. The ICRC worked with Movement partners and other humanitarian actors to coordinate activities and prevent duplication of effort.

CIVILIANS

In areas affected by conflict and other situations of violence, the ICRC maintained dialogue on humanitarian principles and IHL with the authorities, armed groups and members of civil society. During these discussions, the ICRC raised such issues as: sexual violence and forced recruitment allegedly committed by armed groups; the importance of respecting the principle of proportionality in the conduct of hostilities; and other matters related to the protection of civilians. However, restrictions imposed by the authorities and increased security concerns made it more difficult than before for the ICRC to reach violence-affected people. For instance, rural and urban water-supply projects in Laiza, Kachin had to be put on hold.

Members of families dispersed by conflict, other situations of violence, detention, natural disasters or migration maintained contact through the Movement's family-links services; Myanmar Red Cross Society staff strengthened their ability to deliver these services with ICRC assistance. A total of 25 people reconnected with their families after the ICRC traced them.

Violence-affected people in Rakhine and Shan obtain relief

Around 26,400 people (6,134 households) affected by clashes in Rakhine and Shan eased their situation with ICRC aid: for instance, some 17,470 people (3,940 households) from 18 townships covered

their basic needs partly through essential household items and/or clothes usually coupled with unconditional cash grants.

About 23,100 Muslim IDPs in Rakhine covered more than half of their cooking fuel needs with fuel sticks regularly distributed by the ICRC; this meant that they had to collect firewood around camps less frequently, and were therefore less at risk from facing security incidents.

Households in Kachin, Rakhine and Shan restore or boost livelihood activities

A total of 5,682 households (26,823 people) in Rakhine and in Kachin and Shan – in both government- and armed group-controlled areas – started, restored or boosted their livelihood activities, such as handicrafts, trading and agriculture, with ICRC assistance. For example, 3,519 households (16,192 people) resumed or increased their food production with the help of seed and tools. More than 1,460 households (7,136 people) started income-generating activities after obtaining conditional cash grants distributed with business skills training. Community members earned cash by restoring rural infrastructure.

Around 5,800 livestock breeders (28,463 people) – including some of the ICRC beneficiaries mentioned above – in areas affected by the conflict and flooding, had their herds treated by community-based animal health workers trained by the local veterinary services and the ICRC.

Health ministry staff strengthen their capacities in mother-and-child care

In Rakhine, the ICRC provided five health centres and several satellite posts with technical and material support, helping improve people's access to health care. At these facilities, children under the age of five and pregnant women obtained vaccinations against polio and tetanus, respectively. Midwives referred pregnant women with health complications to facilities near them. In Sittwe, patients in need of more advanced treatment were referred to the general hospital (see *Wounded and sick*). The health ministry, with ICRC assistance, conducted training sessions that enabled health staff to improve their ability to provide preventive and curative care, including mother-and-child care, and respond to disasters and other emergencies. To further increase the accessibility of health services, the ICRC provided support for constructing or making repairs at rural health centres. The organization ended its financial support for health-care staff in Rakhine after the health ministry took over the task. Following the rise of violence in northern Rakhine, the ICRC supported two mobile health teams in northern Maungdaw.

In northern Shan, the ICRC provided two health centres and several satellite posts with material aid, and conducted capacity-building training for health staff.

About 60,600 people in Kachin, Rakhine and Shan – including IDPs – lessened their exposure to health hazards after the ICRC repaired and constructed water and sanitation facilities. People affected by violence, drought or fire in Rakhine, including those displaced by the October incident in northern Rakhine, obtained water or shelter assistance from the ICRC.

To help bolster its capacity to respond to the needs of victims of violence and natural disasters, the Myanmar Red Cross Society constructed a new warehouse, with ICRC support, in Rakhine.

People in areas affected by mines and ERW learn safe practices

Some 3,780 IDPs and residents in four states affected by mines and ERW learnt about safe practices at educational sessions, supplemented with informational materials, conducted by the National Society and the ICRC. National Society volunteers developed their ability to conduct mine-risk education sessions through ICRC training.

The ICRC held several meetings with military engineers to discuss humanitarian demining and other areas of cooperation, with a view to protecting mine-affected communities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in prisons and labour camps under the authority of the home affairs ministry received ICRC visits, conducted in accordance with the organization's standard procedures. These visits aimed to monitor detainees' treatment and living conditions. Confidential discussions on the findings of these visits between the detaining authorities and ICRC delegates sought to contribute to improvements in detention conditions and basic services. The ICRC conducted similar visits to people held in three places of detention by armed groups in Kachin.

Inmates maintained contact with their relatives through RCMs; 1,031 detainees received ICRC-sponsored family visits. A total of 1,515 released detainees had their transport costs going home covered by the ICRC. In Rakhine, released detainees who were unable to return home because of movement restrictions, used ICRC provisions to help tide them over while they waited in IDP camps for police-provided transportation.

Detention authorities create new engineering unit for developing standards for prison infrastructure

With ICRC support, senior prison staff learnt more about humanitarian issues and internationally recognized standards related to prison administration at courses abroad (see *Beijing and Sri Lanka*). Based on ICRC recommendations, Myanmar's detention authorities established a new engineering unit for developing national standards for prison infrastructure.

Prison health staff developed treatment protocols and strengthened their ability to respond to detainees' health concerns, with ICRC technical and/or material assistance. The organization supported a skin-disease treatment campaign in two prisons and donated medical supplies to health facilities in four places of detention. Owing to operational constraints, the home affairs ministry and the ICRC were not able to organize a seminar on addressing gaps in prison health services for the pertinent parties.

Over 14,000 inmates in ten places of detention reduced the risks to their health through the ICRC's construction or refurbishing of basic infrastructure. ICRC-donated construction or cleaning materials helped the authorities at other prisons or labour camps enhance facilities serving about 14,500 detainees. A total of 30,632 inmates coped with their situation partly through hygiene, recreational and educational items from the ICRC.

WOUNDED AND SICK

Some 970 people from Buddhist and Muslim communities in central Rakhine used the health ministry's emergency patient transport system, supported by the ICRC, to reach the Sittwe general hospital; the hospital's outpatient referral service enabled 1,460 Buddhist and Muslim IDPs with chronic illnesses to obtain specialized treatment. Following the bolstered security

interventions of government forces against armed elements in northern Rakhine, the ICRC expanded its support for the health ministry by reimbursing the cost of each transfer made by the outpatient referral service connecting health facilities in northern Maungdaw to township hospitals in Buithidaung and Maungdaw. The ICRC also provided a hospital in Maungdaw with medical supplies.

People from remote areas, emergency responders, health workers and other pertinent actors strengthened their first-aid capacities with ICRC training. With the ICRC's help, health personnel in Kachin, Rakhine and Shan bolstered their ability to treat people; for instance, staff at the Laiza hospital benefited from on-site guidance from the ICRC. Several hospitals boosted their services partly through infrastructural upgrades conducted by the ICRC and/or ICRC material aid. Individuals in the three states mentioned above benefited from the enhanced services of these facilities.

New physical rehabilitation centre in Kachin opens

The handover to the health ministry of two ICRC-constructed physical rehabilitation centres, in Kachin and Shan, was completed. The facility in Kachin opened in November while the one in Shan was set to do so in 2017.

At the three ICRC-supported physical rehabilitation centres – the Hpa-an Orthopaedic Rehabilitation Centre (HORC) run by the Myanmar Red Cross Society, the new facility in Kachin and the Yenanthar Leprosy Hospital, both run by the health ministry – around 3,370 disabled people improved their mobility. They obtained assistive devices and physiotherapy and the ICRC covered their treatment costs. Mine victims received 39% of the prostheses delivered. To improve services at the HORC and the Yenanthar Leprosy Hospital, the ICRC upgraded infrastructure at these two centres, and sponsored four HORC staff members' attendance at prosthetic or orthotic courses abroad. The ICRC supported the production of prosthetic feet at one other centre.

Amputees elsewhere in the country learnt about the ICRC-supported physical rehabilitation centres through dissemination sessions, informational materials, and media reports. The referral system operated by the National Society and the ICRC helped inform disabled people of the nearest centre or service provider; for instance, 247 patients from south-eastern Myanmar received referrals to the HORC. The summer prosthetics programme run by the National Society and the ICRC also referred 103 children to the HORC and 14 children to the Yenanthar Leprosy Hospital.

A total of 1,381 disabled people living far from the HORC obtained foot-and-strap repair services through mobile workshops stationed near their communities; 320 people received such services from roving repairmen covering several states or regions. Eight repairmen sharpened their skills through ICRC-sponsored training at the HORC.

To promote the social inclusion of disabled people, the pertinent authorities and organizations put together a sporting event for them in Hpa-an, Kayin state, with ICRC assistance.

ACTORS OF INFLUENCE

The ICRC sought engagement with the authorities, including those newly appointed, and with the military, the police and other weapon bearers in Myanmar; the aim was to foster support for humanitarian principles, IHL, and the Movement, and to persuade

them to ease the restrictions on access to violence-affected communities. However, the appointment of new government officials delayed some of the ICRC's planned activities.

Myanmar police and the ICRC strengthen dialogue on humanitarian concerns

Dialogue between the Myanmar police and the ICRC developed, and included such topics as the situation in Rakhine and the handling of police investigations. The ICRC supplemented these discussions with informational materials, such as handbooks on police conduct and first aid; it also conducted nine workshops on international policing standards for senior police officers, police trainers and crowd management commanders.

With ICRC support, senior army officers attended IHL courses abroad (see *International law and policy*).

A total of 60 officers of two armed groups in eastern Shan and Kayin improved their knowledge of IHL at two ICRC-facilitated workshops.

Law students improve their knowledge of IHL at a moot court competition

Over 3,000 state or regional authorities, members of civil society organizations, and community, religious and IDP camp leaders learnt about humanitarian principles, the ICRC's mandate and activities, IHL, and other related subjects at ICRC-organized dissemination sessions. The Myanmar Red Cross Society and the ICRC conducted briefing sessions about the Movement for 220 parliamentarians in Kachin, Mandalay, Rakhine and Yangon, with a view to broadening humanitarian access to those affected by violence.

Academics learnt more about IHL and established relations with the ICRC during a moot court competition coupled with a seminar on IHL; the event brought together 20 professors and 18 law students from five universities in Mandalay and Yangon. Students from the University of Myitkyina, Kachin, also participated in a similar event.

The ICRC's local-language social media account, and articles written by journalists who attended ICRC-organized briefing sessions, field visits and other events such as a regional media conference (see *Bangladesh*), contributed to broadening public awareness of the Movement's response to humanitarian issues in Myanmar.

RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross Society remained the ICRC's primary partner in the country, particularly in northern Shan and Rakhine. It continued, with support from Movement partners, to reform and restructure itself, with a view to conducting its activities in line with the Fundamental Principles. It expanded its capacities through ICRC-organized training and briefing sessions on assessing communities' needs, applying the Safer Access Framework and improving organizational, operational and financial management.

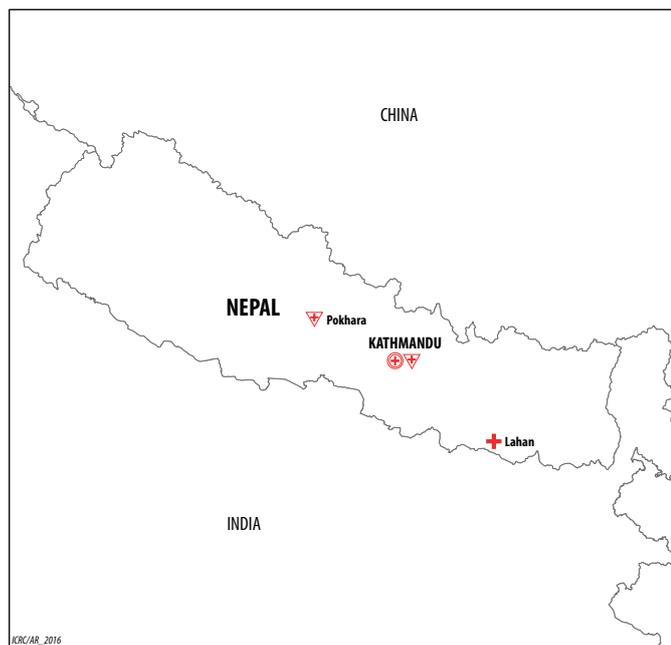
National Society staff and volunteers developed their ability to broaden awareness of IHL and the Movement, at ICRC workshops.

With ICRC guidance, the National Society completed its draft of the emblem law, and began the consultation process with the authorities concerned.

Movement components operating in Myanmar worked closely to improve coordination and their overall emergency response. Through working group sessions and workshops, the ICRC led the drafting of these Movement components' guidelines for civil and military relations, with a focus on addressing their operational challenges in the country. The National Society, the International Federation and the ICRC drew up a plan of action and a joint statement related to the rise of violence resulting from the bolstered security interventions of government forces against armed elements in northern Rakhine.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1,163			
RCMs distributed		1,397	1		
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		85	16	7	9
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases closed positively (subject located or fate established)		25			
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases still being handled at the end of the reporting period (people)		62	9	4	4
<i>including people for whom tracing requests were registered by another delegation</i>		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		39,682	5,045	696	
			Women	Girls	Boys
Detainees visited and monitored individually		276	35	3	22
Detainees newly registered		139	11	2	18
Number of visits carried out		46			
Number of places of detention visited		29			
RCMs and other means of family contact					
RCMs collected		1,499			
RCMs distributed		1,310			
Detainees visited by their relatives with ICRC/National Society support		1,031			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	37,764	9,834	18,849
	<i>of whom IDPs</i>	36,692	9,554	18,315
Productive inputs	Beneficiaries	16,192	4,217	8,089
	<i>of whom IDPs</i>	14,252	3,711	7,121
Cash	Beneficiaries	22,886	5,956	11,446
	<i>of whom IDPs</i>	18,092	4,711	9,047
Services and training	Beneficiaries	28,463	7,807	13,787
	<i>of whom IDPs</i>	5,290	1,376	2,638
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	60,642	15,161	33,353
	<i>of whom IDPs</i>	12,128	3,032	6,670
Health				
Health centres supported	Structures	7		
Average catchment population		149,003		
Consultations		55,606		
	<i>of which curative</i>	47,650	2,329	3,689
	<i>of which antenatal</i>	7,956		
Immunizations	Patients	43,387		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	32,937		
Referrals to a second level of care	Patients	495		
	<i>of whom gynaecological/obstetric cases</i>	111		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	30,632	5,786	604
Cash	Beneficiaries	1,515	273	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	28,710	4,594	574
Health				
Visits carried out by health staff		21		
Places of detention visited by health staff	Structures	15		
Health facilities supported in places of detention visited by health staff	Structures	9		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	16		
	<i>of which provided data</i>	1		
Admissions	Patients	1,205	615	284
	<i>of whom weapon-wounded</i>	12		
	<i>(including by mines or explosive remnants of war)</i>	15	1	
	<i>of whom surgical cases</i>	231	57	51
	<i>of whom internal medicine and paediatric cases</i>	555	151	233
	<i>of whom gynaecological/obstetric cases</i>	407	407	
Operations performed		156		
Outpatient consultations	Patients	19,558	7,696	5,660
	<i>of whom surgical cases</i>	2,635	939	570
	<i>of whom internal medicine and paediatric cases</i>	15,498	5,332	5,090
	<i>of whom gynaecological/obstetric cases</i>	1,425	1,425	
Water and habitat				
Water and habitat activities	Number of beds	405		
Physical rehabilitation				
Projects supported	Projects	4		
Patients receiving services	Patients	3,370	393	239
New patients fitted with prostheses	Patients	237	39	27
Prostheses delivered	Units	764	84	88
	<i>of which for victims of mines or explosive remnants of war</i>	301	7	2
New patients fitted with orthoses	Patients	57	16	21
Orthoses delivered	Units	87	19	42
	<i>of which for victims of mines or explosive remnants of war</i>	2		
Patients receiving physiotherapy	Patients	705	83	93
Walking aids delivered	Units	1,827	279	173
Wheelchairs or tricycles delivered	Units	81	12	20



ICRC/AR_2016
 ⊕ ICRC delegation + ICRC office ▽ ICRC-supported physical rehabilitation project

Since the May 2006 agreement between the government and the Communist Party of Nepal-Maoist, which put an end to a 10-year non-international armed conflict, the ICRC has focused on: helping clarify the fate of missing persons and supporting their families; promoting full compliance with IHL; and helping improve local capacities, particularly of the Nepal Red Cross Society, to provide emergency response and physical rehabilitation services. In mid-2016, the ICRC's operations in Nepal were integrated into the work of its regional delegation in New Delhi.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ With the support of the Nepal Red Cross Society and the ICRC, families of missing persons learnt about developments in the search for their relatives and claimed government benefits.
- ▶ Forensic professionals, including officials from the Department of Forensic Medicine, added to their knowledge of forensic anthropology, and became more capable of managing human remains, through ICRC-supported training.
- ▶ Disabled people received physical rehabilitation services and assistive devices at two centres that continued to benefit from various forms of ICRC support.
- ▶ Officers of the Nepalese Army and the Armed Police Force, and peace-support officers bound for missions abroad, learnt more about IHL and other applicable norms through ICRC presentations or training.
- ▶ The National Society, with comprehensive ICRC support, improved its family-links services; it strengthened the ability of its staff and volunteers to train others to provide these services.
- ▶ Nepal ratified the Biological Weapons Convention.

EXPENDITURE IN KCHF

Protection	799
Assistance	902
Prevention	483
Cooperation with National Societies	241
General	48
Total	2,473
<i>Of which: Overheads</i>	<i>151</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	38

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	21
RCMs distributed	34
Tracing cases closed positively (subject located or fate established)	6
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs collected	26
RCMs distributed	6

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	57
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	7
Physical rehabilitation		
Projects supported	Projects	2
Patients receiving services	Patients	2,151

CONTEXT

Two government commissions formed in 2015 – on disappearances linked to the past conflict and on “truth and reconciliation” – began their work.

People needed assistance to deal with the consequences of the powerful earthquakes that struck central Nepal in 2015 – particularly, physical injuries and damage to vital infrastructure.

Natural disasters, sporadic violence caused by sociopolitical tensions, and issues linked to transitional justice and the past conflict continued to affect people’s lives.

ICRC ACTION AND RESULTS

Together with the Nepal Red Cross Society, the ICRC maintained its efforts to help ascertain the fate of people missing in connection with the past conflict and to support their families.

The ICRC worked with trained National Society volunteers to collect, verify and update information on missing persons. It sustained dialogue with the authorities on addressing the needs of the families of the missing, and provided technical advice to the Commission on Investigation of Enforced Disappeared Persons (CIEDP), the government body dealing with the issue of people missing in relation to the past conflict.

National Society staff and volunteers continued to serve as points of contact with the families of the missing, keeping them informed of developments in the search for their relatives, and helping them claim government benefits.

A comprehensive project providing psychosocial and other support to the families of missing persons – run by a local NGO, the National Society and the ICRC – was completed in March. A total of 7,965 individuals, representing 1,295 families in 46 districts, benefited from the project since its inception in 2010.

Dialogue with forensic professionals and the medico-legal community focused on the importance of proper management of human remains, particularly during and after disasters. The Department of Forensic Medicine (DFM) streamlined its services with technical and material support from the ICRC. ICRC training enabled forensic professionals to add to their knowledge of forensic archaeology and develop their ability to manage human remains.

People with relatives abroad, including foreign detainees, restored or maintained contact with them through National Society family-links services. The National Society continued to strengthen its capacities in this area through ICRC training.

A prison that had been heavily damaged during the 2015 earthquake was renovated with ICRC technical assistance.

National Society teams, which included volunteers trained by the National Society or the ICRC, administered first aid to wounded people and/or referred them, where necessary, for advanced care, during or after episodes of violence. People needing such care were treated at hospitals that received medical supplies from the ICRC.

People with disabilities, including those injured during the 2015 earthquake, received assistive devices and treatment at two physical rehabilitation centres. Both centres strengthened their services with

technical and financial support from the ICRC; the construction of a dormitory, with ICRC assistance, expanded capacity at one centre.

Nepal ratified the Biological Weapons Convention. The national IHL committee, with assistance from the National Society and the ICRC, updated and reprinted an IHL handbook and attended a workshop on legal drafting, with a view to promoting and facilitating domestic implementation of IHL. Its members from judicial academies in Nepal and other Asian countries signed an agreement to strengthen IHL-related instruction in their training programmes.

The ICRC kept up discussions with the Nepalese Army and the Armed Police Force (APF) on incorporating IHL and other applicable norms in their doctrine, training and operations. Military and police officers, including members of peace-support contingents bound for overseas missions, learnt more about IHL and other applicable norms through ICRC presentations and workshops covering such topics as management of public order, the Health Care in Danger project, and sexual violence during armed conflict.

Media coverage of National Society and ICRC activities helped raise awareness of humanitarian issues and the Movement’s work. The National Society, with ICRC support, used its radio programme to broadcast messages on matters of humanitarian concern.

With financial, technical and material support from the ICRC, the National Society continued to boost its operational capacities and pursue organizational development.

In mid-2016, the delegation in Nepal was incorporated in the ICRC’s regional set-up in New Delhi, India, as a mission office. The restructuring came about after the completion of core programmes in Nepal – particularly those concerning psychosocial support for the families of missing persons – and because the ICRC’s partners had begun to assume responsibility for certain initiatives, as the National Society did for first-aid training activities.

CIVILIANS

Refugees and detainees reconnect with their families

People with relatives abroad benefited from Movement family-links services. Notably, families sent RCMs to their relatives detained in Malaysia. The Nepalese Red Cross and the ICRC assisted Bhutanese refugees in Nepal to visit relatives detained in Bhutan (see *New Delhi*).

ICRC travel documents helped 41 people, including one stateless minor, to resettle in third countries.

At an ICRC train-the-trainer workshop, National Society volunteers representing 19 disaster-prone districts strengthened their ability to instruct others on the provision of family-links services during disasters. They subsequently passed on their knowledge to some 650 other volunteers in 20 districts. At orientation sessions, over 430 volunteers learnt how to inform migrant and other vulnerable communities about the Movement’s family-links services. Following ICRC training, staff at National Society headquarters took on the task of managing their database of tracing cases.

At 12 prisons, foreign detainees, and inmates who had no other means of contacting their relatives, made use of National Society family-links services. Authorities at one prison – extensively damaged by the 2015 earthquake – renovated some of their facilities with ICRC support.

Families are kept informed of developments in the search for their missing relatives

Families were still seeking relatives – 1,337 people – missing in relation to the past conflict. To help shed light on this matter, the ICRC completed the process of collecting information from these families; this information was cross-checked against publicly available records. Following ICRC representations to the parties to the past conflict, additional information on the location of 14 possible gravesites was made available. The whereabouts of four persons missing in connection with the past conflict were established, and three new cases opened.

The National Society remained in charge of maintaining contact with the families of the missing. A pool of over 200 trained National Society staff and volunteers visited the families, kept them informed of developments in the search for their relatives, and helped them obtain government benefits (see below).

Government bodies assist the families of missing persons, with ICRC support

With administrative assistance from the National Society and the ICRC, 1,242 of the 1,337 families of missing persons registered by the ICRC had, to date, received financial assistance under the government's interim relief programme. The National Society and the ICRC continued to follow up the applications of 95 families who had not yet received such aid.

The ICRC continued to emphasize to the authorities the importance of ensuring that the needs of the families of people missing in relation to the past conflict were covered through the CIEDP's work. The National Society and the ICRC informed the families of the procedures for referring their missing relatives' cases to the CIEDP.

The ICRC gave the CIEDP technical advice for collecting ante-mortem data and biological reference samples from the families concerned, managing such data in accordance with international principles of data protection, and providing psychosocial support for the families.

The Nepal Society of Families of the Disappeared and Missing (NEFAD) continued to lobby for the creation of legal and administrative mechanisms to address the needs of missing people's families, in line with the findings of an ICRC-supported study in 2015. NEFAD organized two regional meetings of these families, to ensure that they knew about the pertinent government procedures and about NEFAD's advocacy strategy; the results of the regional meetings were communicated to CIEDP members and other key actors at a round-table. NEFAD continued to expand its organizational capacities with technical and financial assistance from the ICRC.

A comprehensive project providing psychosocial and other support to the families of missing persons – run by a local NGO, the National Society and the ICRC – ended in March. A total of 7,965 individuals (1,295 families in 46 districts) benefited from the project since its inception in 2010. Documentaries and reports and other publications on the project's methodology and results, and on areas for improvement, were produced.

Four people whose relatives were missing, and five people who had suffered sexual violence and/or torture during the past conflict, received specialized mental-health support through ICRC-managed referrals. Discussions with the government commission on "truth

and reconciliation", on the needs of people who had suffered sexual violence during the past conflict, continued; the ICRC gave the commission a paper containing its recommendations.

Forensic professionals strengthen their capacities, specifically for clarifying the fate of missing persons

The ICRC focused its dialogue with forensic professionals, the medico-legal community and the National Society on the importance of managing human remains properly, and on the necessity of having action plans ready in advance of disasters. It supported their participation in training sessions, workshops and conferences, in Nepal and elsewhere, to strengthen their capacities in this regard. These events included: forensic archaeology courses for senior DFM medical personnel; training in exhumation techniques and recovery of human remains for four DFM doctors; and an inaugural competition in forensic standards and best practices, in which postgraduate students participated. With the ICRC's guidance, DFM personnel began to establish standard procedures for their work and a centralized data-management system.

The ICRC helped forensic institutions, particularly the DFM and police units, bolster their services by providing them with books on forensic pathology and anthropology, laboratory equipment, and/or supplies for DNA analysis. The DFM drew on ICRC expertise to ensure proper management of human remains from an aircraft crash in February.

An ICRC-facilitated round-table on the CIEDP's work (see above) led to the development of a 12-point agenda by government ministries and others concerned for addressing specific forensic needs associated with clarifying the fate of people who had gone missing during the past conflict.

WOUNDED AND SICK

Injured people receive treatment

Hundreds of people wounded or injured by violence or in accidents received timely first aid from Nepalese Red Cross teams, which included volunteers with National Society or ICRC training. With support from other Movement components, the National Society took on the task of training other responders.

People requiring more than first aid received suitable treatment at six hospitals that the ICRC supplied with medical materials and at one hospital that received equipment. Some of the doctors who treated them drew on what they had learnt at past ICRC trauma-management courses. The Kathmandu University Hospital gave such courses regularly, with ICRC technical support. The ICRC gave the hospital two vehicles for conducting outreach activities in remote communities.

An ambulance that had been vandalized during protests was repaired with ICRC financial assistance.

Disabled people improve their mobility

A total of 2,151 people benefited from physical rehabilitation services at two ICRC-supported facilities: the Green Pastures Hospital and Yerahity National Rehabilitation Centre; 325 patients received free or subsidized services and many others were fitted with prosthetic/orthotic devices. Of these people who received treatment, 45 had sustained injuries in the 2015 earthquake. Some 180 people living far from rehabilitation centres obtained treatment through outreach services organized by the Yerahity centre, partner NGOs, and the ICRC.

The hospital and the centre strengthened the management and the provision of their services; the ICRC provided technical and financial support, for staff training, among other things. The Yerahity centre also received tools, equipment and other material assistance for refurbishing some of its facilities; ICRC-financed construction of a dormitory increased its bed capacity. The two centres continued to make preparations for sustaining their services as ICRC support tails off.

With financial assistance from the ICRC, the Prosthetics Orthotics Society of Nepal organized a workshop for representatives of the health and social-welfare ministries, physical rehabilitation service providers, and other government and non-government parties concerned. The legal and administrative difficulties of the physical rehabilitation sector were discussed during the workshop.

ACTORS OF INFLUENCE

Nepal ratifies the Biological Weapons Convention

The ICRC engaged the authorities, and community leaders and other members of civil society – for instance, associations of conflict victims and their families – in dialogue on humanitarian issues and possibilities for cooperation in addressing them. Its interaction with government focused on the concerns of the families of missing persons (see *Civilians*).

Government officials, including staff and members of the CIEDP and the commission on “truth and reconciliation”, learnt more about IHL at information sessions and at a regional workshop (see *New Delhi*).

Nepal ratified the Biological Weapons Convention. A draft bill for implementing the 1949 Geneva Conventions awaited review by the defence ministry. With technical assistance from the Nepalese Red Cross and the ICRC, the national IHL committee updated and reprinted a reference handbook on IHL implementation for parliamentarians, civilian authorities and other policy-makers. Committee members and other government officials learnt more about drafting laws to implement IHL at a meeting in Switzerland for national IHL committees (see *International law and policy*) and at a workshop for legal draftsmen (see *Sri Lanka*). The National Society continued to lobby for a draft law to strengthen its legal status.

Military and peace-support personnel add to their knowledge of IHL

Dialogue with the Nepalese Army and the APF, on incorporating IHL and other applicable norms in their doctrine, training and operations, continued. The Nepalese army, with ICRC technical support, trained 24 officers to teach their troops IHL. Senior military officers learnt more about complying with IHL while planning operations at courses and workshops in San Remo and Switzerland, respectively (see *International law and policy*).

Several dozen army, police and APF officers added to their knowledge of IHL and other applicable norms during ICRC presentations or workshops. These included: a five-day module for police and APF personnel; a workshop on management of public order for police, APF and home affairs ministry staff; and a forensic workshop for police units (see *Civilians*).

In a new two-day module conducted by the ICRC as part of their predeployment training, some 140 army officers bound for peace-keeping missions in the Democratic Republic of the Congo, South

Sudan and Sudan learnt more about IHL and humanitarian issues such as sexual violence during armed conflict and the protection of medical services.

Judicial officials in the region make a commitment to improve IHL-related training for their agencies

Twenty-five judges in Nepal developed their expertise in IHL through a workshop organized by the National Judicial Academy and the ICRC.

At a conference held in Kathmandu, Nepal, 17 officials representing national judicial academies and similar bodies from eight Asian countries signed an agreement to improve IHL instruction in their training programmes.

During their annual conference, in Kathmandu, members of the South Asian Association for Regional Cooperation in Law had a panel discussion with the ICRC on laws and policies related to the issue of sexual violence during armed conflict.

Law students keep up with humanitarian affairs

Lecturers from law faculties familiarized themselves with recent developments in IHL at a regional training event (see *New Delhi*). Law students tested their knowledge of IHL at moot court competitions, including a regional round held in Nepal. Students from seven institutions, including five law schools, kept abreast of humanitarian issues through materials donated to their libraries by the ICRC.

Journalists were briefed regularly and invited to ICRC events; their coverage of National Society and ICRC activities helped inform the general public about humanitarian issues and the Movement’s work. The National Society, with ICRC support, used its radio programme to broadcast messages on matters of humanitarian concern, such as the necessity of respecting medical services and ensuring the unobstructed passage of ambulances.

RED CROSS AND RED CRESCENT MOVEMENT

The Nepalese Red Cross continued – with financial, technical and material support from the ICRC – to work on strengthening its organizational and operational capacities. National Society volunteers underwent ICRC-supported training in restoring family links, managing human remains during emergencies (see *Civilians*), and the Safer Access Framework. After consulting Movement partners, the National Society drafted a plan for organizational development.

Mine-related incidents having declined, the National Society no longer conducted educational sessions on mine risks.

Aided by the International Federation and the ICRC, the National Society kept up efforts to strengthen its legal status (see *Actors of influence*) and its position as an auxiliary to the authorities. ICRC support enabled National Society officials to participate in Movement-wide dialogue and activities to enhance humanitarian action – such as a meeting of National Societies, held in Switzerland, to discuss the Health Care in Danger project, and regional meetings on civil-military relations and application of the Safer Access Framework.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		21			
RCMs distributed		34			
Names published in the media		1,334			
Names published on the ICRC family-links website		1,343			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		4		1	
Tracing cases closed positively (subject located or fate established)		6			
Tracing cases still being handled at the end of the reporting period (people)		1,337	107	34	109
Documents					
People to whom travel documents were issued		41			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
RCMs and other means of family contact					
RCMs collected		26			
RCMs distributed		6			
People to whom a detention attestation was issued		5			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	57	20	18
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	7		
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services	Patients	2,151	716	123
New patients fitted with prostheses	Patients	73	14	6
Prostheses delivered	Units	127	24	12
	<i>of which for victims of mines or explosive remnants of war</i>	5		
New patients fitted with orthoses	Patients	252	78	64
Orthoses delivered	Units	346	98	110
Patients receiving physiotherapy	Patients	1,028	424	24
Walking aids delivered	Units	127	14	
Wheelchairs or tricycles delivered	Units	72	16	10

PAKISTAN



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan and continues to support operations there. Its dialogue with the authorities aims to encourage the provision of care for violence-affected people, particularly the weapon-wounded. It fosters discussions on the humanitarian impact of violence and on neutral and independent humanitarian action with the government, religious leaders and academics. It supports rehabilitation services for the disabled and IHL instruction among the armed forces, while working with the Pakistan Red Crescent to provide primary-health-care and family-links services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Violence-affected individuals in Khyber Pakhtunkhwa and the Federally Administered Tribal Areas – particularly women and children – obtained health care at ICRC-supported facilities run by the Pakistan Red Crescent.
- ▶ Disabled people accessed physical rehabilitation services at ICRC-supported centres. A private entity set to take over the ICRC's task of distributing raw materials to partner organizations formally registered with the government.
- ▶ The National Society expanded its first-aid programme with ICRC guidance. Over 76,000 potential first responders bolstered their capacities at first-aid training sessions organized by the National Society and the ICRC.
- ▶ The police revised their handbook to include two chapters on international policing standards, and the air force completed a draft of its IHL manual; they did so in cooperation with a local research institute and the ICRC.

EXPENDITURE IN KCHF

Protection	1,377
Assistance	9,722
Prevention	3,503
Cooperation with National Societies	2,060
General	176
Total	16,837
<i>Of which: Overheads</i>	<i>1,027</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	229

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	77
RCMs distributed	127
Phone calls facilitated between family members	1,703
Tracing cases closed positively (subject located or fate established)	46
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	<i>3</i>

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	278
Health		
Health centres supported	Structures	8 2
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	3 2
Physical rehabilitation		
Projects supported	Projects	8 21
Patients receiving services	Patients	29,700 27,479

CONTEXT

Hundreds of thousands of displaced people returned to their places of origin in North Waziristan, in the Federally Administered Tribal Areas (FATA), after the conclusion of major military operations to address security issues there. Elsewhere in the FATA, and in Khyber Pakhtunkhwa (KP), military operations against armed groups continued. In Balochistan and Karachi, violence between government forces and armed elements persisted. This disrupted health-care and other essential services. Uncertain security conditions prevailed in other parts of the country.

In the FATA, KP and Pakistan-administered Kashmir, mines and explosive remnants of war (ERW) from past conflicts caused casualties among people going about their daily activities.

Tensions along the border with India intensified. Pakistan remained vulnerable to natural disasters.

International humanitarian organizations had little operational presence in Pakistan, owing to security concerns and the government registration process and restrictions in place.

ICRC ACTION AND RESULTS

In Pakistan, to address the needs of violence-affected communities within the limited humanitarian space in which it operated, the ICRC concentrated on the activities listed in the 1994 headquarters agreement and on others mutually agreed upon with the government. It worked closely with the Pakistan Red Crescent and a number of other local actors. The ICRC provided the National Society with various forms of support for strengthening its capacities in such areas as emergency response and family-links services. Cooperation with the National Society and other partners improved the ICRC's access to vulnerable people.

Displaced people in the FATA and KP – particularly women and children – obtained health care from National Society-run facilities supported by the ICRC. The facility in the FATA had more patients to treat each month, as the number of people wounded from the fighting increased. However, access issues owing to hostilities hampered the achievement of health targets, particularly the number of health centres supported. Lady Reading Hospital in Peshawar continued to receive comprehensive assistance for treating violence-affected people; Jamrud Civil Hospital in FATA also obtained ICRC support. Doctors and nurses from hospitals in areas affected by fighting developed their skills at ICRC-organized seminars and courses on weapon-wound surgery and emergency-room trauma care. The ICRC and Isra University implemented a module on the management of weapon-wounded patients.

Disabled people received free specialized care and assistive devices at ICRC-supported physical rehabilitation centres. Selected staff at these centres obtained technical guidance and scholarships. The ICRC sought, with local partners, to help strengthen the national physical rehabilitation sector. For instance, the Chal Foundation, the Indus Hospital, the provincial government of Punjab and the ICRC agreed to support the establishment of physical rehabilitation centres, including one in Lahore that began operations in January.

The ICRC continued to help promote the social reintegration of disabled people. Disabled cricketers competed in tournaments in Pakistan and abroad, with ICRC support. The ICRC provided

financial aid for disabled children from the FATA, KP and Pakistan-administered Kashmir to continue their schooling.

The National Society and the ICRC organized mine-risk education sessions for people in areas affected by mines and ERW in FATA, KP and Pakistan-administered Kashmir.

Members of families separated by the fighting, natural disasters, migration or other reasons, reconnected through family-links services from the National Society and the ICRC. People used a hotline set up by the National Society, with ICRC support, to report or call family members whom they had lost contact with. ICRC-organized phone and video calls enabled families to communicate with relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba, the Parwan detention facility in Afghanistan, or in Azerbaijan. At ICRC-organized courses, national and international stakeholders learnt more about managing human remains during emergencies.

During information sessions and other events organized by the ICRC and its partners, the authorities, academics and other local stakeholders learnt more about IHL and the Movement. The ICRC provided scholarships and internship opportunities for law students specializing in IHL. The Research Society of International Law (RSIL) and the ICRC worked together to produce IHL materials for strengthening efforts to integrate IHL in national policies. With RSIL and ICRC support, the police revised their handbook and the air force completed a draft of its IHL manual. ICRC-organized courses helped weapon bearers advance their understanding of humanitarian principles and IHL. The ICRC focused most of its communication activities on broadening awareness of the violence that often affected health-care delivery: a media campaign in Karachi drew attention to the necessity of protecting ambulance services.

The delegation remained a key logistical hub for ICRC operations, thereby contributing to the organization's humanitarian response, especially in Asia.

CIVILIANS

People displaced by fighting obtain basic health care at National Society-run facilities

People driven from their homes by the fighting obtained preventive and curative health care at two facilities: one in the FATA and the other in a camp in KP for people displaced from North Waziristan; the Pakistan Red Crescent ran these facilities with ICRC support. A total of 74,384 medical consultations – for acute respiratory infections, diarrhoea and other illnesses – took place at the facilities; children under the age of five accounted for 30% of these consultations. In all, 1,469 pregnant women had at least one antenatal consultation. The facility in the FATA – the only health facility accessible to Afghan and Pakistani residents along Pakistan's border with Afghanistan – had more patients to treat each month, as the number of people wounded from the fighting increased. Patients at both facilities were referred to Lady Reading Hospital in Peshawar or ICRC-supported physical rehabilitation centres in KP and Pakistan-administered Kashmir for further treatment and specialized care (see *Wounded and sick*). Additional female staff had not yet been hired at either facility, because candidates for the jobs were unavailable.

Poor security conditions prevented the ICRC from supporting additional health centres in the area.

Communities in areas most affected by mines and ERW learn safe practices

Around 99,700 people in the FATA, KP, and Pakistan-administered Kashmir, including displaced persons, learnt safe practices during mine-risk education sessions conducted by the National Society with ICRC support. Informational materials, such as leaflets and posters, supplemented these sessions.

The National Society, in cooperation with the Provincial Disaster Management Authority, selected certain people, such as teachers, to be given further training for helping increase risk awareness in mine-affected communities. Community members and local authorities took part in ceremonies marking the International Day of Mine Awareness and Assistance in Mine Action and the International Day of Persons with Disabilities; their participation helped raise the general public's awareness of the threat from mines.

The KP police and the ICRC signed a memorandum of understanding for safeguarding mine-affected villages. This agreement requires the ICRC to assist the KP police in developing their capacities in such areas as first aid and the handling of explosives. The National Society and the ICRC established a Mine Action Working Group, with a view to bringing all stakeholders together to discuss the provision of comprehensive assistance to mine-affected people.

The National Society referred 165 victims of mines and ERW to ICRC-supported physical rehabilitation centres; 40 of them already obtained services at the centres.

Unaccompanied minors are reunited with their families

People separated from relatives by violence, disasters, migration or other reasons reconnected through National Society and ICRC family-links services, such as RCMs.

ICRC-organized phone and video calls enabled 151 families to communicate with relatives held at the Guantanamo Bay internment facility, the Parwan detention facility (see *Afghanistan*), or in Azerbaijan. More than 70 detainees abroad received books and food, relayed by ICRC delegates, from their families in Pakistan. Seven families from Pakistan visited relatives detained in Afghanistan. Eight families, following the release of their relatives detained abroad, had their situation monitored by the ICRC. Families of 37 detainees abroad eased their situation partly through the ICRC's coverage of some of their expenses for running their households and educating their children.

People lodged requests with the National Society and the ICRC for tracing their missing relatives. Three unaccompanied minors were reunited with their families; others restored or maintained contact with their relatives through phone and video calls. The National Society and the ICRC continued to pursue efforts to repatriate vulnerable persons from Pakistan to Afghanistan and reunite them with their families.

The National Society continued to strengthen its family-links services with ICRC material and technical support. For instance, it established a hotline that people – including patients in public hospitals – could use to report or call family members whom they had lost contact with and obtain appropriate services, such as counselling from ICRC-trained psychologists in hospitals; about 104,000 individuals obtained this service. The National Society conducted dissemination sessions in various communities on preventing loss of family contact and dispersal of families during migration.

Local foundation develops a system for documenting unidentified human remains at mortuaries

Representatives from national agencies, the military, the police, medico-legal and emergency-management services, and volunteer organizations increased their knowledge of and exchanged best practices on the management of human remains during ICRC-organized courses. Six representatives of the provincial and national disaster management authorities participated in a regional workshop on the management of dead bodies during emergencies (see *Sri Lanka*). Emergency responders from various countries attended the ICRC's International Course on the Management of the Dead in Emergencies, which was held in Islamabad. The course focused on new techniques and technologies for identifying and handling human remains, with respect and dignity, and minimizing the traumatizing consequences for the families of victims. Participants also discussed the obstacles to coordination that responders usually encountered after emergencies.

Experts and other stakeholders, together with the ICRC, initiated – through the Centre of Excellence in the Management of the Dead – the development of modules to standardize training in human remains management. The National Disaster Management Authority continued to work with the ICRC to draft national guidelines for managing human remains after disasters. The Edhi Foundation developed, with ICRC assistance, a system for documenting unidentified human remains at mortuaries in Karachi and Lahore.

WOUNDED AND SICK

More people learn first aid

As part of its expanded first-aid programme, the Pakistan Red Crescent conducted ICRC-supported first-aid training sessions for over 76,000 potential first responders, male and female, with a focus on staff and students at universities and other educational institutions in 90 districts.

Local university and the ICRC implement module on the management of weapon-wounded patients

The accident and emergency department of Lady Reading Hospital in Peshawar continued, with ICRC assistance, to treat violence-affected people in the FATA and KP. Such assistance, which was provided in the framework of a memorandum of understanding signed by the hospital and the ICRC in 2015, covered such areas as hospital management, training for health and other staff, repairs to and maintenance of infrastructure, and provision of medical supplies, drugs and equipment. The hospital admitted 18,800 surgical patients and treated about 26,700 gynaecological and obstetric patients. The hospital's board of management approved a manual on nursing drafted by the nursing department and the ICRC. Jamrud Civil Hospital in FATA also obtained ICRC support; for instance, the ICRC upgraded its emergency department.

Some 350 doctors and nurses from Balochistan, FATA, KP, Punjab and Sindh enhanced their capacities at ICRC-organized seminars on weapon-wound surgery and courses on emergency-room trauma care in Pakistan and elsewhere. Isra University and the ICRC implemented a module on the management of weapon-wounded patients; a total of 62 post-graduate students attended.

Disabled people obtain free prosthetic or orthotic devices

A total of 19 physical rehabilitation centres, including satellite centres, and two educational institutes, received comprehensive

ICRC support. Some 27,500 disabled people accessed specialized care at these centres; the ICRC covered transport, food and accommodation costs for 6,000 patients and their attendants. In Peshawar, 121 people with spinal-cord injuries benefited from follow-up visits from the home-care team at the Paraplegic Centre in Hayatabad.

The centres provided 14,413 prosthetic or orthotic devices to disabled people free of charge; the ICRC supplied the raw materials, equipment and other support for producing the devices. Staff from the supported centres, sponsored by the ICRC, went abroad for training; the ICRC also mentored them and/or provided them with technical advice. For instance, around 76 technicians, prosthetists, orthotists, physiotherapists and administration staff furthered their education with ICRC-sponsored scholarships and short courses.

Partnerships between local organizations and the ICRC sought to strengthen the national physical rehabilitation sector, including its supply chain, and to make rehabilitative services more accessible to disabled people. For instance, the Chal Foundation, the Indus Hospital, the provincial government of Punjab and the ICRC agreed to support the establishment of physical rehabilitation centres, including one in Lahore that began operations in January. The FATA administration and the ICRC also agreed to work together to improve patients' access to physical rehabilitation services in Bajaur and surrounding areas. A private entity set to take over the ICRC's distribution of raw materials to partner organizations formally registered with the government.

People with disabilities received ICRC assistance for their social reintegration. Disabled cricketers competed in tournaments in Pakistan and abroad, with ICRC support. One team won in a tournament in Dubai, the United Arab Emirates. A total of 64 disabled children from the FATA, KP and Pakistan-administered Kashmir continued their schooling with ICRC financial aid; 15 of them underwent corrective surgery, for which the ICRC paid. More than 100 disabled children attended ICRC-organized programmes and sporting events.

ACTORS OF INFLUENCE

The air force completes the first draft of its IHL manual

Together with the ICRC, the RSIL strove – through its Centre of Excellence in IHL – to encourage respect for IHL among the pertinent authorities and institutions and facilitate its domestic implementation. It produced policy papers and other materials on various topics, such as a manual for detention authorities and a guide to international law for the judiciary. The police revised their handbook to include two chapters on international policing standards and the leadership of the air force completed the first draft of its IHL manual, both with RSIL and ICRC support.

Weapon bearers in Pakistan participated in ICRC-organized events. For instance, around 850 members of the air force and the navy, including instructors, furthered their understanding of humanitarian principles and IHL at ICRC-facilitated workshops, seminars and dissemination sessions. Representatives from local bodies such as the Judge Advocate General Branch of the Pakistan Armed Forces and the Centre for International Peace and Stability (CIPS) took part in IHL-related round-tables with the ICRC. Military officials attended IHL-related courses abroad, with ICRC support (see *International law and policy* and *Jakarta*). The army drew on ICRC expertise for revising its operational manual.

While the organization itself had no access to troops departing on peacekeeping missions, ICRC-trained staff at CIPS briefed them on the application of IHL to their operations.

The police and the ICRC continued to explore possibilities for cooperation. The staff and students at police training institutions expanded their knowledge of international policing standards through ICRC publications. Police officers improved their knowledge of first aid and/or maintaining public order at ICRC-organized courses.

Sindh University includes IHL in its curriculum

Over 1,400 students and teachers learnt more about IHL and its points of convergence with Islamic law at courses organized by local universities with the ICRC. Law students participated in moot court competitions, and those specializing in IHL received ICRC scholarships and offers of internship opportunities. An IHL resource centre donated to a local university by the ICRC helped stimulate students' interest in IHL. Sindh University included IHL in its curriculum.

Academics and government officials attended IHL-related training and workshops in the country and abroad, with ICRC support. For instance, at a seminar at the Pakistan Institute for Parliamentary Services, government officials, academics and parliamentarians strengthened their grasp of international human rights law and of IHL and its domestic implementation. The National Society and the ICRC followed up pledges made by the government at the 32nd International Conference. The formation of a national IHL committee was under consideration by the authorities concerned.

Media campaign highlights the necessity of respecting ambulance services

The ICRC focused most of its communication activities on broadening awareness of the violence that often hindered health-care delivery. A media campaign was launched in Karachi to foster respect for ambulance services. Local partners and the ICRC developed training manuals for medical officers on preventing violence in hospitals and other health centres. Some 500 health staff attended a training programme on dealing with violence against health-care workers. People participated in a nationwide bilingual essay competition – in Urdu and English – launched by the delegation; the subject was the violence perpetrated by patients' relatives in hospitals and other health centres.

First responders, health personnel, journalists, students and professors familiarized themselves with the work done by the Movement and the ICRC at ICRC-organized dissemination sessions in Islamabad and KP. The public learnt about humanitarian issues and the ICRC's activities through online platforms such as the delegation's social media account, communication materials and events organized by the National Society and the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

Despite various internal constraints, the Pakistan Red Crescent remained the ICRC's primary partner in Pakistan. It worked with the ICRC to assist vulnerable communities, conduct first-aid training and promote humanitarian principles and the Movement.

Under new leadership, the National Society consolidated its strategy and strengthened its capacities in such areas as emergency response and family-links services, with various forms of support

from the ICRC and other Movement partners. For instance, the Pakistan Red Crescent conducted a self-assessment, with a view to drafting and implementing a plan of action for incorporating the Safer Access Framework in its procedures. It also kept up efforts to expand its first-aid programme (see *Wounded and sick*), but decided not to go through the process of becoming a first-aid certifying body. Eight National Society branches established disaster-response teams to provide assistance during emergencies.

Based on the findings of a survey it conducted in Punjab, the National Society developed informational and training materials related to the Health Care in Danger project.

The National Society, the International Federation and the ICRC drafted a tripartite agreement to establish coordination mechanisms. Meetings with Movement partners helped maximize the impact of activities and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		77	2		
RCMs distributed		127			
Phone calls facilitated between family members		1,703			
Reunifications, transfers and repatriations					
People reunited with their families		3			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		132	30	30	29
	<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases closed positively (subject located or fate established)		46			
Tracing cases still being handled at the end of the reporting period (people)		178	36	39	38
	<i>including people for whom tracing requests were registered by another delegation</i>	5			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		6			
UAMs/SC reunited with their families by the ICRC/National Society		3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		4			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	278	73	183
Health				
Health centres supported	Structures	2		
Average catchment population		54,516		
Consultations		74,384		
	<i>of which curative</i>	72,915	20,110	42,701
	<i>of which antenatal</i>	1,469		
Immunizations	Patients	1,474		
Referrals to a second level of care	Patients	129		
	<i>of whom gynaecological/obstetric cases</i>	11		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>of which provided data</i>	1		
Admissions	Patients	88,622	37,597	28,039
	<i>of whom surgical cases</i>	18,800	5,298	4,206
	<i>of whom internal medicine and paediatric cases</i>	43,100	7,380	22,030
	<i>of whom gynaecological/obstetric cases</i>	26,722	24,919	1,803
Operations performed		2,186		
Physical rehabilitation				
Projects supported	Projects	21		
Patients receiving services	Patients	27,479	3,179	11,204
New patients fitted with prostheses	Patients	2,657	348	272
Prostheses delivered	Units	3,688	498	403
	<i>of which for victims of mines or explosive remnants of war</i>	487	60	28
New patients fitted with orthoses	Patients	5,472	726	2,950
Orthoses delivered	Units	10,725	1,027	6,927
	<i>of which for victims of mines or explosive remnants of war</i>	147	16	12
Patients receiving physiotherapy	Patients	14,788	2,092	5,443
Walking aids delivered	Units	1,766	218	125
Wheelchairs or tricycles delivered	Units	130	21	36

PHILIPPINES



⊕ ICRC delegation ⊕ ICRC sub-delegation + ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ People affected by armed conflict or other situations of violence met their immediate needs through material and infrastructural support from the Philippine Red Cross and the ICRC.
- ▶ Detaining authorities pursued their efforts to improve detainees' living conditions, and to address prison overcrowding and its consequences, with ICRC support. ICRC-backed taskforces continued to help expedite some inmates' cases.
- ▶ Farming households generated income through agricultural activities using ICRC-supplied seed, tools and equipment; some of them received cash grants for food, which helped them avoid consuming seed meant for planting.
- ▶ Weapon-wounded people received good-quality care, including physical rehabilitation services, at ICRC-supported facilities in Mindanao. Community members and health staff in conflict-affected rural areas learnt first aid.
- ▶ Weapon bearers learnt more about their responsibilities under IHL and other applicable norms at dissemination sessions. Sustained contact with them, the authorities and members of civil society facilitated humanitarian access.
- ▶ The National Society – particularly through its community-based Red Cross Action Teams – reinforced its capacity, with ICRC support, to provide family-links services, first aid and other assistance for conflict-affected people.

EXPENDITURE IN KCHF

Protection	3,895
Assistance	8,526
Prevention	2,501
Cooperation with National Societies	1,159
General	225
Total	16,305
<i>Of which: Overheads</i>	<i>995</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	33
Resident staff (daily workers not included)	188

In the Philippines, where the ICRC has worked since 1982, the delegation seeks to protect and assist civilians displaced or otherwise affected by armed clashes and other situations of violence. It reminds all actors with bearing on humanitarian matters of their obligations under IHL or other humanitarian norms. It visits people deprived of their freedom, particularly security detainees, and, with the authorities, aims to improve conditions in prisons through direct interventions and support for prison reform. It works with the Philippine Red Cross to assist displaced people and vulnerable communities and promotes national IHL compliance and implementation.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action	HIGH
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PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	9
RCMs distributed	14
Tracing cases closed positively (subject located or fate established)	132
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	86,911
Detainees visited and monitored individually	919
Number of visits carried out	187
Number of places of detention visited	118
Restoring family links	
RCMs collected	4
RCMs distributed	2

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 50,000	108,799
Essential household items	Beneficiaries 150,000	80,014
Productive inputs	Beneficiaries 25,000	65,605
Cash	Beneficiaries 12,500	39,553
Services and training	Beneficiaries	45
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 33,000	61,525
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 6	27
Physical rehabilitation		
Projects supported	Projects 1	1
Patients receiving services	Patients	424

CONTEXT

The Moro Islamic Liberation Front and the Moro National Liberation Front, present in Mindanao, maintained their dialogue with the government on peace and development. The New People's Army, present throughout the country, restarted similar talks with the government.

Fighting continued, however, between government forces and the Abu Sayyaf Group and the Bangsamoro Islamic Freedom Fighters; the Abu Sayyaf Group killed several hostages after its demands for ransom were not met. Clashes between government forces and other non-State armed groups – such as the Maute Group (also known as Islamic State-Ranao) – and among local clans also took place. These clashes led to casualties and displacement and affected communities' livelihoods. A few thousand people displaced by past clashes remained in State-run evacuation centres, where they had limited access to essential services and livelihood opportunities. Natural disasters exacerbated the difficulties of communities affected by armed conflict or other violence.

The new administration, in office since July 2016, took a strong public stance against drug-related crimes. Overcrowding in places of detention remained a pressing concern.

Filipino migrants continued to be deported from Malaysia. Regional tensions over disputed areas in the South China Sea remained.

ICRC ACTION AND RESULTS

The ICRC, together with the Philippine Red Cross, continued to help communities affected by armed conflict or other situations of violence and/or natural disasters. IDPs and residents of host communities maintained their living conditions with the help of food and household essentials – or cash to buy them – from the National Society and the ICRC. Migrants returning from Malaysia and passing through State-run processing centres received hygiene kits from the ICRC. In two evacuation centres in Mindanao, the ICRC provided the authorities with therapeutic food, which they distributed to malnourished children. Improvements to various water and sanitation facilities at other evacuation centres provided longer-term benefits to IDPs and residents. Economically vulnerable farming households used seed, and tools and other equipment, to pursue or restart their livelihoods; some of them received cash grants for food to tide them over the lean season. Others participated in cash-for-work projects or received financial assistance for vocational training.

The ICRC helped forensic authorities prepare for emergencies by helping them revise national guidelines concerning missing persons and the management of human remains.

Health staff, community members, and weapon bearers received first-aid training from the ICRC, often with the National Society's help, which increased their capacity to provide prompt, life-saving care to people injured during clashes; they also learnt key points of the Health Care in Danger project. In Mindanao, people obtained primary- and secondary-health-care services at hospitals and other health facilities supported – regularly or on an ad hoc basis – by the ICRC. Disabled people obtained physical rehabilitation services at the Davao Jubilee Foundation, which continued to receive ICRC financial, infrastructural and technical support.

The ICRC visited detainees in accordance with its standard procedures, paying particular attention to security detainees and

other vulnerable people. Afterwards, it discussed its findings and recommendations confidentially with the authorities concerned. It maintained its dialogue with detaining authorities and other parties concerned, and continued to support decongestion initiatives, health programmes and projects to improve, for example, prison infrastructure and management. In two places of detention, TB-control programmes – run by the authorities with ICRC support – enabled timely diagnosis and treatment of detainees; as planned, at the end of the year, the ICRC withdrew its support for this programme in one prison. An ICRC-backed taskforce continued to mobilize courts and prosecutors to expedite the cases of inmates whose length of pre-trial detention had exceeded the legal limit; four other taskforces in Manila and one committee in Cebu did similar work, with ICRC technical support.

The ICRC maintained contact with the authorities, military and police forces and other weapon bearers, civil society figures and community members. Dissemination sessions and other events organized for them helped to broaden acceptance for humanitarian principles and IHL, and to secure safe access to people affected by conflict and other violence. Local media professionals learnt more about their role in raising awareness of humanitarian concerns, and prosecutors and judges strengthened their grasp of IHL and of its pertinence to the ongoing conflicts in the country. The ICRC's dialogue with senior military officers, on the protection of civilians, was enriched by the establishment of a joint working group. Key military and police personnel participated in workshops that promoted the incorporation of IHL and international policing standards, respectively, in their operations and training.

ICRC financial, material and technical support helped the National Society bolster its capacity to assist people in need. All Movement partners maintained close coordination among themselves and with the authorities and other humanitarian actors.

CIVILIANS

The ICRC monitored the humanitarian situation in areas affected by armed conflict or other violence. Dialogue with the authorities and weapon bearers focused on the need to protect civilians; representations to the parties concerned drew their attention to alleged IHL violations, with a view to preventing their recurrence. When necessary, victims of IHL violations and/or their families (40 families/204 people) received ICRC assistance, which helped mitigate the consequences of the violation and cover their needs.

Community members learnt of the assistance available to them through sustained contact with the ICRC. Some beneficiaries expressed their needs and priorities through specific means, enabling the ICRC to adjust its response accordingly.

People separated from their families during natural disasters, such as typhoons, reconnected with their relatives through the Movement's family-links services. Others filed tracing requests for missing relatives; the fate and whereabouts of 132 people were ascertained and relayed to their families.

People affected by armed conflict meet their immediate needs

IDPs and residents of host communities in areas affected by armed conflict or other violence and/or natural disasters coped with help from the National Society and the ICRC. Some 108,800 people (about 21,500 households) received food that helped them meet their nutritional requirements; over 75,500 of them (some 13,600 households) also received household essentials. Around

70 households (some 350 people) used ICRC-provided cash to buy essential household items.

In two evacuation centres in Mindanao – in Tandag and Zamboanga – almost 1,100 malnourished children under the age of five were able to recover their health through a feeding programme conducted by the authorities, using ICRC-supplied therapeutic food.

Some 61,500 people regained access to potable water and/or had better living conditions after the ICRC repaired infrastructure. At 13 evacuation centres in Mindanao – in Lanao del Sur and Maguindanao – some 55,000 IDPs and residents had access to clean water and/or were able to maintain sanitary living conditions after the ICRC built water and sanitation facilities; they also benefited from the authorities taking charge of disposing waste, with ICRC support. At another site, around 2,000 people – displaced since 2015 by clashes between government forces and an armed group – had a daily supply of drinking water after repairs to their water-distribution facilities. Some 4,500 residents of a conflict-affected town in Northern Samar, in the Visayas, regained access to clean water following the ICRC's construction of a water pipeline.

Over 9,300 migrants returning from Malaysia and passing through State-run processing centres received hygiene kits from the ICRC, which were distributed by the National Society or made available at migrants' centres.

People in areas affected by armed conflict and natural disasters improve their livelihoods

Local authorities, the National Society and the ICRC focused on increasing livelihood opportunities for economically vulnerable people, such as IDPs and members of conflict-affected communities also dealing with the effects of the El Niño natural phenomenon and natural disasters. In southern Luzon, Northern Samar and Mindanao, some 13,100 households generated income (benefiting about 65,600 people) through agricultural activities using ICRC-provided vegetable seed, tools and equipment; some of them also received cash grants for food, which helped them avoid consuming seed meant for planting. Roughly 960 households (over 5,200 people) – including some displaced since 2013 in Zamboanga – received cash, which they used for vocational training or to buy supplies and equipment; 3,300 heads of households (benefiting over 16,800 people) took part in cash-for-work projects. Such assistance helped them strengthen their resilience and improve their living conditions.

Authorities strengthen their capacity to manage human remains during emergencies

To prepare for emergencies, forensic authorities revised national guidelines concerning missing persons and the management of human remains, with ICRC technical advice. The Department of Interior and Local Government (DILG) continued, with National Society and ICRC support, to work on a field manual to help local authorities strengthen their ability to handle missing-persons cases and manage human remains after natural disasters. Some of these local authorities, together with National Society staff and volunteers, participated in ICRC-organized courses on the management of human remains during emergencies, within the country and abroad (see *Pakistan*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits in accordance with standard ICRC procedures were made to detainees held in 118 facilities run by various actors, including the Bureau of Jail Management and Penology (BJMP, under the

DILG), the Bureau of Corrections (under the Department of Justice), and military and police forces. Particular attention was paid to vulnerable inmates, such as security detainees. After these visits, the ICRC discussed its findings and recommendations with the authorities concerned, to help them improve the treatment and living conditions of detainees.

Over 400 security detainees received family visits facilitated by the National Society and the ICRC. The ICRC was given information on the whereabouts of 16 people held by non-State actors; in three of the cases, ICRC delegates were able to talk privately to the detained people before their release. The remains of one detainee were handed over to his family; the ICRC provided financial assistance for his burial.

Some detainees' cases are expedited thanks to the work of ICRC-backed taskforces

The ICRC-backed Taskforce Katarungan at Kalayaan (Justice and Freedom) pursued its efforts to ensure that judicial guarantees for detainees in the Manila City Jail were respected. It reviewed cases of inmates whose length of pre-trial detention had exceeded the legal limit, and mobilized courts and prosecutors to take appropriate action; this led to certain cases being expedited and some detainees being sentenced or released. By the end of the year, only 146 out of the 1,036 detainees whose cases the taskforce had taken on – starting in 2014 – remained in jail awaiting trial. ICRC support – for data management, among other things – enabled four other taskforces in Manila and one committee in Cebu to do similar work.

The ICRC undertook other initiatives to help expedite the cases of inmates in prolonged pre-trial detention. These included joint jail visits by the BJMP and the ICRC, during which BJMP paralegals were encouraged to maximize their assistance to detainees.

Detention authorities build their capacities to address detainees' needs more effectively

The BJMP, with ICRC support, worked to address issues concerning detainees' judicial guarantees, health and living conditions, and the status of various projects. It drew on the ICRC's assistance to upgrade the web-based tool used to monitor infrastructure and services in all the jails under its authority. It also sought the ICRC's help for developing an e-learning project to train paralegals, and a mobile application that, based on real-time data, identified jails at risk of any emergency and, thus, in need of the BJMP's immediate attention.

Some detaining authorities learnt more about good prison-management practices during an ICRC-organized course; others compared best practices with their peers, and explored solutions to overcrowding, at conferences abroad (see *Beijing* and *Sri Lanka*). Because of an increase in the budget for building new detention facilities and expanding existing ones, the ICRC facilitated detaining authorities' participation in workshops and other events, some abroad, where they learnt more about prison design.

Detainees with TB receive adequate care

At the request of detaining authorities, the ICRC carried out emergency activities in places of detention to restore detainees' access to health care and clean water, and improve their living conditions.

Some 13,100 detainees in 17 prisons in Mindanao met their dietary needs with ICRC-provided food rations. In six prisons, over 4,800 detainees received hygiene items. About 530 inmates in two jails

had better living conditions after the ICRC upgraded cooking, water-supply and sanitation and other facilities. The installation of energy-efficient gas stoves in some BJMP-run prisons in early 2016 helped reduce fuel expenses; installation of these stoves in other detention facilities was put on hold while a new energy policy awaited the national authorities' approval. Detainees had more opportunities for physical exercise after repairs were made to outdoor recreational areas.

Detainees in selected prisons had better access to health services as the ICRC conducted health-monitoring visits and provided material and technical assistance to the detention authorities and other parties concerned. Regular meetings and events such as those held to mark World TB Day (24 March) helped the prison and health authorities and the ICRC to strengthen their dialogue on ensuring the sustainability of detainees' access to health services.

Inmates at the New Bilibid Prison and the Quezon City Jail benefited from TB-control programmes run by the Bureau of Corrections and the BJMP, respectively, with decreased support from the ICRC. Routine TB screening of all detainees enabled the timely diagnosis of 999 patients, including 114 with multi-drug-resistant TB, who began treatment. As planned, by the end of the reporting period, the ICRC had withdrawn its support to the BJMP in implementing this programme. During a workshop, 65 representatives from these two bureaus and from the health department improved their ability to detect TB cases in places of detention.

WOUNDED AND SICK

Weapon-wounded people receive life-saving care

Weapon bearers, local authorities and National Society staff and volunteers learnt key points of the Health Care in Danger project during ICRC-organized events. Roughly 780 primary-health-care centre staff and 520 community members in conflict-affected parts of Mindanao and Masbate learnt first aid at training sessions organized by local authorities, the National Society and the ICRC; this equipped them to provide prompt, life-saving care to people injured during clashes. Fifty-four weapon bearers received similar training from the ICRC. During the national elections, National Society volunteers, equipped with ICRC-supplied first-aid kits, provided basic assistance to people; they transported 24 people to health facilities for further treatment.

Some 1,000 weapon-wounded people obtained good-quality care at ICRC-supported hospitals in Mindanao; around 90 of them received ICRC financial assistance, 41 were given blood transfusions from the National Society's blood bank, and others were referred to physical rehabilitation services (see below). Seven hospitals received medical supplies regularly; 20 other hospitals – and other health facilities, including 67 first-aid posts and rural health units – were given ad hoc support to cope with influxes of patients. In Basilan, Lanao del Sur and Sulu, medical supplies were also provided, on an ad hoc basis, to the benefit of some 7,000 IDPs.

Two surgeons participated in a war-surgery seminar abroad, with ICRC sponsorship, where they increased their capacity to treat weapon-wounded people. Fourteen National Society medical volunteers, seeking to complete the requirements for deployment to field hospitals during emergencies, attended a course organized by a local school and the ICRC, with support from Movement components. Hospital nurses and midwives – 27 people in all – gained accreditation, with ICRC support, allowing them to administer IV fluids and give blood transfusions.

Disabled people receive physical rehabilitation services

Over 420 disabled people availed themselves of physical rehabilitation services at the ICRC-supported Davao Jubilee Foundation. Almost 60 of them, most of whom were weapon-wounded patients, had their treatment covered by the ICRC. The centre improved the quality of its services with ICRC support, which included payment of key staff's salaries, construction of a new dormitory and technical advice for the centre's managers.

Three amputees participated in vocational training, and two disabled children received financial support for their education, which facilitated their socio-economic integration.

ACTORS OF INFLUENCE

The ICRC maintained contact with the authorities, military and security forces and other weapon bearers, civil society figures and community members, to secure respect for IHL and safe access to conflict-affected people.

The armed forces and the ICRC deepen their dialogue through a joint working group

Through dissemination sessions, over 2,700 weapon bearers learnt more about the applicability of IHL and other norms in armed conflict, and about the ICRC's mandate and activities.

Regular dialogue with high-ranking officers of the armed forces was enriched by the establishment of a working group consisting of military personnel and the ICRC; at their quarterly meetings, they discussed the protection of civilians, the conduct of hostilities in populated areas, and other matters of humanitarian concern.

At ICRC-organized workshops, senior police officials learnt more about international policing standards, and key military officers furthered their understanding of IHL; both groups were encouraged to incorporate these standards and norms in their training and operations.

Journalists and academics learn more about humanitarian issues

Contact with influential religious leaders, first-aid training (see *Wounded and sick*) and information sessions for community members helped broaden understanding of and acceptance for IHL and the ICRC, and facilitated humanitarian activities in areas affected by conflict and other violence. Whenever possible, similarities between IHL and Islamic law were also discussed.

The ICRC used its expanded network of media contacts and online presence, and distributed communication materials to journalists, to stimulate coverage of humanitarian issues. At various meetings, 50 media professionals from various parts of Mindanao learnt more about their role in raising public awareness of humanitarian issues and IHL; they also familiarized themselves with the Movement and the ICRC.

Students tested their knowledge of IHL at national and regional moot-court competitions (see *Beijing*) and other ICRC-organized activities. Diplomats and government officials added to their knowledge of IHL through ICRC-organized IHL workshops and lectures.

Prosecutors and judges attended ICRC workshops where they strengthened their grasp of IHL and of its pertinence to the ongoing conflicts in the Philippines.

The implementing procedures for the law ensuring respect for, and regulating the use of, the emblems protected under IHL – finalized by government officials and by the National Society’s IHL office in 2015 with the ICRC’s support – remained pending the relevant departments’ approval at the end of the reporting period. Other IHL-related legislation remained under consideration.

RED CROSS AND RED CRESCENT MOVEMENT

The Philippine Red Cross carried out activities, with the ICRC and other Movement partners, for communities affected by armed conflict or other violence and/or natural disasters (see *Civilians* and *Wounded and sick*). National Society personnel, particularly the community-based Red Cross Action Teams, reinforced their capacity – with ICRC financial, material and technical support – to respond to emergencies, administer first aid, restore family links, manage human remains, and promote humanitarian principles and the Movement (see *Actors of influence*) – all in line with the Safer Access Framework.

Movement partners in the country met regularly to coordinate their activities and address security-related matters.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		9			
RCMs distributed		14			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		132	14		3
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases closed positively (subject located or fate established)		132			
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases still being handled at the end of the reporting period (people)		6			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		86,911	4,355	63	
			Women	Girls	Boys
Detainees visited and monitored individually		919	53		9
Detainees newly registered		131	18		9
Number of visits carried out		187			
Number of places of detention visited		118			
RCMs and other means of family contact					
RCMs collected		4			
RCMs distributed		2			
Detainees visited by their relatives with ICRC/National Society support		408			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	108,799	32,316	44,169
	<i>of whom IDPs</i>	37,800	11,015	15,770
Essential household items	Beneficiaries	80,014	23,999	27,487
	<i>of whom IDPs</i>	39,330	11,802	15,726
Productive inputs	Beneficiaries	65,605	19,686	26,233
	<i>of whom IDPs</i>	600	180	240
Cash	Beneficiaries	39,553	11,872	15,812
	<i>of whom IDPs</i>	7,732	2,319	3,094
Services and training	Beneficiaries	45	14	17
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	61,525	30,763	24,610
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	13,132	842	
Essential household items	Beneficiaries	4,815	96	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	532	11	
Health				
Visits carried out by health staff		34		
Places of detention visited by health staff	Structures	26		
Health facilities supported in places of detention visited by health staff	Structures	11		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	27		
	<i>of which provided data</i>	12		
Patients whose hospital treatment has been paid for by the ICRC		100	13	11
Admissions	Patients	74,046	31,595	20,604
	<i>of whom weapon-wounded</i>	1,016	66	27
	<i>(including by mines or explosive remnants of war)</i>	180	55	9
	<i>of whom surgical cases</i>	10,238	3,495	1,706
	<i>of whom internal medicine and paediatric cases</i>	50,831	16,308	18,636
	<i>of whom gynaecological/obstetric cases</i>	11,961	11,726	235
Operations performed		14,543		
Outpatient consultations	Patients	135,293	55,275	37,448
	<i>of whom surgical cases</i>	24,500	7,442	6,538
	<i>of whom internal medicine and paediatric cases</i>	95,615	34,167	29,398
	<i>of whom gynaecological/obstetric cases</i>	15,178	13,666	1,512
First aid				
First-aid posts supported	Structures	67		
	<i>of which provided data</i>	4		
Wounded persons treated	Patients	302		1
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services	Patients	424	80	116
New patients fitted with prostheses	Patients	80	14	8
Prostheses delivered	Units	120	23	17
	<i>of which for victims of mines or explosive remnants of war</i>	3	1	
New patients fitted with orthoses	Patients	13	2	8
Orthoses delivered	Units	17	3	12
Patients receiving physiotherapy	Patients	315	55	99
Walking aids delivered	Units	84	7	1
Wheelchairs or tricycles delivered	Units	17	4	8

SRI LANKA



The ICRC has worked in Sri Lanka since 1989. Operations focus on: helping clarify the fate of missing persons and supporting their families; visiting detainees and aiding the authorities in improving prison management; and providing backing for the Sri Lanka Red Cross Society's family-links services. It also supports the armed forces' training in IHL.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Families of missing persons met their economic, psychosocial and legal needs with help from ICRC-trained local partners, through a comprehensive support programme developed by the ICRC in response to the families' concerns.
- ▶ Prison authorities, with ICRC support, launched a pilot project aimed at improving medical screening processes and information management. They also drew on ICRC expertise in the design and construction of new prisons.
- ▶ The authorities approved national guidelines, drafted with the ICRC's input, on the management of human remains after emergencies. Forensic professionals shared best practices at an ICRC-organized regional conference.
- ▶ Conflict-affected households started or resumed livelihood activities using ICRC cash grants and livelihood input. Schoolchildren and vulnerable households had more clean water after ICRC infrastructure improvements.
- ▶ Sri Lanka announced its intention to accede to the Anti-Personnel Mine Ban Convention. Troops and police forces bound for missions abroad learnt more about IHL and other applicable law at briefings.

EXPENDITURE IN KCHF

Protection	3,572
Assistance	4,041
Prevention	727
Cooperation with National Societies	270
General	83
Total	8,693
<i>Of which: Overheads</i>	<i>531</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	25
Resident staff (daily workers not included)	104

PROTECTION	TOTAL
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	7
RCMs distributed	7
Tracing cases closed positively (subject located or fate established)	136
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	15,475
Detainees visited and monitored individually	339
Number of visits carried out	96
Number of places of detention visited	47
Restoring family links	
RCMs collected	9
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	5

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	5,200
Services and training	Beneficiaries	8,946
Services and training	Beneficiaries	11
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	5,600
Water and habitat activities	Beneficiaries	8,052

CONTEXT

People in areas affected by the armed conflict that ended in 2009 continued to feel its effects. Many of them remained without news of relatives who went missing during the conflict, and faced difficulties in meeting their emotional and economic needs, and in going through legal and administrative processes.

The authorities developed a plan for setting up mechanisms to address the needs of conflict-affected people, in line with an October 2015 resolution adopted by the UN Human Rights Council. They established a legal framework to create “certificates of absence” – which attest to the absence of missing persons, and facilitate legal and administrative procedures for their families, including applications for State assistance. They enacted legislation enabling the creation of an Office of Missing Persons, tasked with ascertaining the fate of missing persons and addressing the needs of their families. The authorities also began a consultative process to establish a Truth and Reconciliation Commission, a special court, and an office for reparations.

ICRC ACTION AND RESULTS

In 2016, the ICRC in Sri Lanka worked with and supported the authorities in addressing the humanitarian effects of past conflict. As thousands of people were still unaccounted for after the conflict, the ICRC maintained its dialogue with the authorities and other stakeholders responding to the needs of these persons’ families.

With technical input and encouragement from the ICRC, the authorities drafted and enacted legislation on the establishment of an Office of Missing Persons, tasked to clarify the fate of missing persons, and on the issuance of “certificates of absence” (see *Context*) to help ease the legal and administrative burdens on the families of the missing. The ICRC carried out a support programme for these families, based on the findings of a needs assessment it completed in November 2015. Through the programme, over 1,700 households in six districts obtained assistance for their economic, psychosocial, legal and financial needs from ICRC-trained local partners or local authorities. The ICRC continued to support authorities and forensic professionals in strengthening their capacity to manage and identify human remains: the health ministry published national guidelines on the management of human remains after emergencies, and work to establish a course in forensic anthropology, at a local university, continued.

Households affected by the past conflict, including those headed by women and rehabilitees – people arrested in relation to the past conflict who had been released after being held in rehabilitation centres – received ICRC support to begin or resume livelihood activities. They started small businesses with cash grants or farmed and fished using agricultural equipment and supplies donated by the ICRC. Schoolchildren and vulnerable households had better access to clean water after the ICRC improved facilities in schools and villages.

The ICRC continued to visit detainees, in accordance with its standard procedures, in prisons and places of temporary detention, and discussed its findings and recommendations confidentially with the authorities. To support the authorities’ efforts to improve detainees’ treatment and living conditions, the ICRC organized seminars on prison management and maintenance, renovated prison infrastructure, and donated medical supplies and hygiene items for detainees. Together with the authorities, it launched a pilot project in two prisons aimed at improving medical screening

processes and information management; the authorities also drew on the lessons learnt from an ICRC project to improve prison maintenance that was carried out with a local university. The ICRC provided the authorities with technical input on prison design, in connection with government plans to move some prisons out of urban centres. The national task force on the legal and judicial causes of overcrowding – established in 2015 with ICRC support – discussed how to address these issues.

At ICRC-led workshops, briefings and other events, military personnel, troops and police forces bound for missions abroad, and diplomat trainees learnt more about humanitarian principles and IHL. The ICRC continued to discuss issues of humanitarian concern with the authorities and encouraged them to ratify IHL-related treaties. Sri Lanka announced its intention to accede to the Anti-Personnel Mine Ban Convention; Sri Lanka also ratified the Convention on Enforced Disappearance. With the ICRC’s encouragement, the national IHL committee continued to discuss the ratification of IHL-related treaties and the drafting of legislation to implement treaties already ratified.

The Sri Lanka Red Cross Society and the ICRC offered family-links services, enabling people to restore contact with relatives, including migrants and detainees. The National Society continued to bolster its operational and managerial capacities, particularly in emergency response, with the ICRC’s help.

CIVILIANS

Families of missing persons meet their needs with help from local institutions

The authorities, members of civil society and the ICRC continued to discuss the humanitarian concerns remaining from the conflict, particularly the necessity of ascertaining the fate of missing persons and addressing their families’ concerns. Among those reported as missing were over 16,600 people whose families had lodged tracing requests with the National Society or the ICRC on their behalf.

Sri Lankan authorities took steps to address the needs of the families of missing persons. The government enacted legislation, drafted with technical support from the ICRC, to establish an office tasked to clarify the fate of missing persons, and assist their families. The ICRC also provided some expert advice during the drafting of legislation concerning the issuance of “certificates of absence” (see *Context*), which was passed by the Sri Lankan parliament.

To support government efforts to attend to the families’ needs, the ICRC submitted a confidential report to the authorities containing recommendations based on the findings of an island-wide needs assessment it conducted in 2015. In parallel, it drew from the results of the assessment to expand its comprehensive support programme for the families of the missing to six districts across the country. Thus, 1,713 families received assistance, for meeting their psychosocial and economic needs, from local partners trained or financed by the ICRC, or obtained legal, administrative or financial assistance from local authorities after being referred by the ICRC. Among them, 378 economically vulnerable families also received cash grants under an ICRC livelihood programme (see below).

Authorities approve and publish guidelines on the management of human remains after emergencies

Authorities and forensic professionals worked to establish policies and procedures on the proper management of human remains after

disasters and other emergencies. The health ministry approved and published national guidelines – drafted by the College of Forensic Pathologists of Sri Lanka with ICRC support – on the handling of human remains after natural disasters.

At a regional conference organized by the ICRC, forensic professionals and pertinent authorities in the region shared best practices and discussed ways to improve policies concerning the management of human remains. Local medico-legal officers, and police officers added to their knowledge of crime scene management and forensic archaeology during ICRC-conducted workshops and at a course held at the Sri Lanka National Police Academy.

The University of Colombo designed modules for a programme in forensic anthropology and archaeology, and acquired specialized equipment to furnish its teaching laboratory, with ICRC support.

A committee, established by the justice ministry to recommend legislative reforms related to inquests of death, continued its work. It organized workshops with pertinent government stakeholders, for which the ICRC provided financial support.

Children have improved access to clean water in their schools

Over 400 vulnerable households affected by previous conflict – including returnee and rehabilitee households, and households headed by women and disabled people – began or resumed livelihood activities, such as small businesses, with cash grants provided by the ICRC, sometimes through the National Society. Another 1,658 households (5,895 people) carried out fishing and farming activities using agricultural equipment and supplies from local organizations, which purchased the materials with ICRC cash assistance.

Some 4,752 children had improved access to safe water and sanitation facilities after the ICRC upgraded infrastructure in 13 schools. In five districts, 3,300 people had a better supply of clean water from water points and irrigation systems renovated or constructed by the ICRC.

People reconnect with relatives through family-links services

Members of dispersed families, including migrants, contacted their relatives through family-links services offered by the National Society and the ICRC. Some 11,215 people bound for employment abroad learnt more about these services at National Society dissemination sessions, during which they were also briefed on ways to avoid losing contact with their relatives. Twenty-seven foreigners in Sri Lanka used ICRC travel documents to facilitate their resettlement in third countries.

The National Society reinforced its capacities in providing family-links services, particularly through local workshops and participation in a regional meeting on the humanitarian consequences of migration (see *Kuala Lumpur*) with ICRC support.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives through family-links services

Over 15,000 detainees in prisons and places of temporary detention were visited by the ICRC in accordance with its standard procedures; 339 of them were monitored individually. After these visits, the ICRC discussed its findings and recommendations confidentially with the authorities. In particular, following visits to security detainees, including those detained in relation to past conflict, the ICRC's discussions with the authorities focused on helping ensure

that judicial guarantees were respected and that detainees' families were informed of their relatives' arrest. Subsequent meetings with the authorities followed up on confidential reports shared by the ICRC.

Detainees, including migrants, contacted their families through National Society and ICRC family-links services. Some 200 detainees received family visits; their relatives' transportation costs were covered by the ICRC. Former detainees or their families received certificates attesting to detention (134 in total), helping them facilitate legal processes. Some foreign detainees notified their embassies of their detention, with ICRC assistance.

Prison authorities host a regional conference on best practices in prison management

Prison authorities and staff further developed their knowledge of issues related to improving detainees' treatment and living conditions with ICRC technical and material support. At ICRC briefings and training sessions, prison staff familiarized themselves with internationally recognized standards pertaining to arrest, search and interrogation in detention, and issues related to health care in prisons. Prison authorities hosted a regional conference for correctional managers, at which over 50 participants from 12 countries shared best practices and challenges relating to, *inter alia*, prison design and planning, the specific needs of women, and medical ethics.

A national taskforce – established by the authorities in 2015, with ICRC support – and stakeholders from the criminal justice system met to discuss the legal and judicial causes of overcrowding and ways to address them; the taskforce also began to tackle issues related to prison reform.

Authorities launch pilot project to improve medical screening and information management in prisons

In view of government plans to relocate some prisons out of urban centres, prison officials and architectural teams sought the expertise of the ICRC and attended meetings to discuss its recommendations for improving living conditions in places of detention and enhancing the design of the new prisons. At a workshop organized by the ICRC, prison managers and technical staff discussed how to improve prison maintenance processes, drawing on lessons learnt from a project implemented by the ICRC with a local university. To learn more about prison construction, two engineers and one deputy commissioner attended a conference abroad with ICRC support.

After signing an agreement in July, the health ministry, the prison department and the ICRC launched a pilot project in two prisons to improve medical screening processes and information management, and broaden access to health care. Under the agreement, prison doctors and the authorities drafted standard operating procedures and medical screening forms at workshops, and consultation rooms in the pilot prisons were built and equipped.

More than 4,900 detainees in six prisons had better access to clean water and sanitation facilities after ICRC-backed maintenance and upgrades. Detainees in some prisons also benefited from health care provided by staff that received ICRC-donated medical items. Over 14,300 detainees received hygiene or recreational items, or other material assistance, to help them cope with their circumstances.

ACTORS OF INFLUENCE

Troops bound for deployment abroad learn more about IHL

During workshops, seminars and dissemination sessions, 1,287 military personnel and trainees deepened their understanding of humanitarian principles and IHL. Some 150 police personnel, including senior officers, added to their knowledge – through orientation sessions held at the Sri Lankan police college – of internationally recognized standards pertaining to arrests, detention and the use of force. At predeployment briefings, over 1,900 soldiers bound for peacekeeping missions learnt more about IHL in the context of peace-support operations, and about the role and mandate of the ICRC; around 180 police officers bound for foreign deployment were similarly briefed on IHL, international policing standards and the ICRC.

Thirty-seven naval commanders, 77 trainees and two representatives from the defence ministry added to their knowledge of the laws governing naval warfare; naval officers attended regional events on maritime security. Students from a diplomatic training institute under the foreign ministry attended sessions aimed at familiarizing them with IHL.

At a seminar, over 60 IHL instructors from the military familiarized themselves with new techniques and materials to incorporate in their courses. Four army officers learnt more about incorporating IHL in military doctrine, training and sanctions systems during training, workshops and seminars abroad, which they attended with ICRC support.

Academics added to their knowledge of IHL by participating in overseas trainings and seminars with ICRC support. Law students demonstrated their knowledge of IHL at moot court competition.

Members of the national IHL committee develop their knowledge at training abroad

The authorities continued to engage in dialogue with the ICRC on specific issues and national legislative initiatives, and were urged to ratify and implement IHL-related treaties. In March 2016, Sri Lanka announced its intention to accede to the Anti-Personnel Mine Ban Convention; Sri Lanka ratified the Convention on Enforced Disappearance.

Members of the national IHL committee continued to discuss the ratification of IHL-related treaties, and the development of enabling legislation for treaties that had already been ratified, with ICRC encouragement. The committee translated the Geneva Conventions into national languages, with support from the ICRC, for the use of universities. A member of the committee attended a meeting of national IHL committees, and other government officials participated in IHL workshops and attended training abroad, all with the help of the ICRC.

During a regional workshop on IHL, held by the authorities and the ICRC, officials from pertinent ministries discussed best practices in drafting legislation, and issues and other issues related to the implementation of IHL-related treaties.

RED CROSS AND RED CRESCENT MOVEMENT

The Sri Lanka Red Cross Society strengthened its capacities in managing its operations, particularly restoring family links (see *Civilians*), and other emergency response capacities, with ICRC technical, financial and material support. Following floods in May, the National Society received financial and logistical support for its emergency-relief operations.

The National Society sought to strengthen the application of the Safer Access Framework in coordination with its branches across the country. This led to the drafting of action plans at 13 branches, the purchase of additional protective equipment, and more consistent use of uniforms with the red cross emblem. At regional round-tables and workshops, National Society personnel shared best practices in applying the framework. Over 560 volunteers took a basic first-aid certification exam and 58 instructors attended a refresher course. The National Society continued to develop a localized first-aid handbook.

Community members, students, the authorities and National Society volunteers familiarized themselves with the Fundamental Principles and the Movement at dissemination and training sessions conducted by the National Society with ICRC support.

The revised statutes of the National Society and a draft Red Cross Act, prepared with ICRC technical support, awaited approval by the pertinent authorities; the National Society and the ICRC worked towards drafting a preamble to the act with support from the International Federation.

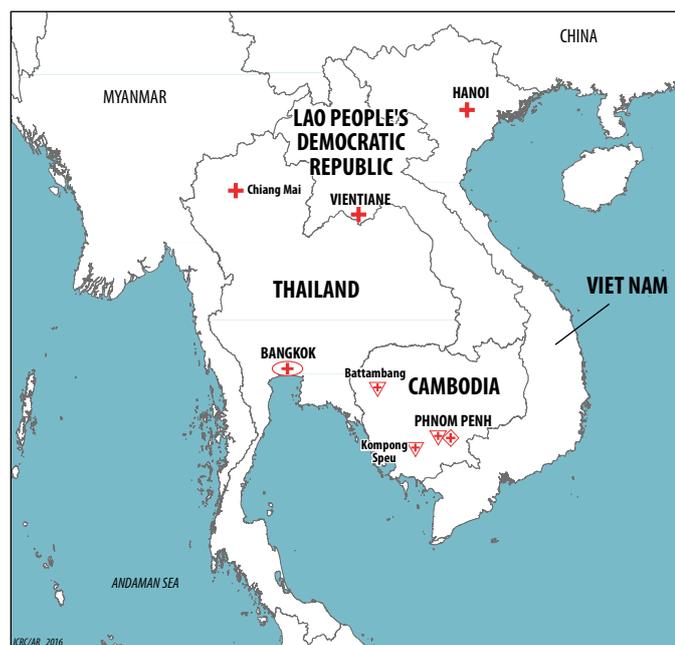
Movement components met regularly to exchange information and coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		7			
RCMs distributed		7			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		543	60	43	98
<i>including people for whom tracing requests were registered by another delegation</i>		107			
Tracing cases closed positively (subject located or fate established)		136			
Tracing cases still being handled at the end of the reporting period (people)		16,672	847	528	1,509
<i>including people for whom tracing requests were registered by another delegation</i>		107			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		15	7		
Documents					
People to whom travel documents were issued		34			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		15,475	846	36	
			Women	Girls	Boys
Detainees visited and monitored individually		339	16		2
Detainees newly registered		116	11		1
Number of visits carried out		96			
Number of places of detention visited		47			
RCMs and other means of family contact					
RCMs collected		9			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		5			
Detainees visited by their relatives with ICRC/National Society support		203			
People to whom a detention attestation was issued		134			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	8,946	3,748	2,277
Services and training	Beneficiaries	11	2	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	8,052	4,026	4,026
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	14,323	804	10
Cash	Beneficiaries	46		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	4,900	686	
Health				
Visits carried out by health staff		17		
Places of detention visited by health staff	Structures	13		
Health facilities supported in places of detention visited by health staff	Structures	2		

BANGKOK (regional)

COVERING: Cambodia, Lao People's Democratic Republic, Thailand, Viet Nam



ICRC/AR_2016
 ○ ICRC regional delegation ◆ ICRC mission + ICRC office ▽ ICRC-supported physical rehabilitation project

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Through a project run by the Cambodian detaining authorities and the ICRC, some 1,000 female and juvenile inmates in one facility obtained health-care services at an upgraded health post and learnt hygiene practices.
- ▶ In November, the Thai Department of Corrections no longer allowed the ICRC to work in accordance with its standard procedures in prisons under the department's authority. The ICRC thus suspended its visits in these places.
- ▶ Disabled people in Cambodia continued to obtain rehabilitative care at two ICRC-backed centres. Lao government officials learnt more about managing such services during an ICRC-facilitated study tour of a Cambodian centre.
- ▶ Some violence-affected households in southern Thailand and disabled breadwinners in Cambodia earned money through small businesses set up with ICRC financial, material and technical support.
- ▶ The military and police in the region developed their understanding of international policing standards and/or IHL at ICRC workshops. A Cambodian university included mandatory IHL courses in its law curriculum.

EXPENDITURE IN KCHF	
Protection	3,606
Assistance	4,692
Prevention	2,815
Cooperation with National Societies	1,200
General	326
Total	12,639
<i>Of which: Overheads</i>	<i>771</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%

PERSONNEL	
Mobile staff	48
Resident staff (daily workers not included)	140

Having established a presence in Thailand in 1975 to support its operations in Cambodia, the Lao People's Democratic Republic and Viet Nam, the ICRC promotes ratification and implementation of IHL treaties and IHL integration into military training regionwide. It raises awareness of humanitarian issues and supports National Societies in developing their capacities in IHL promotion, family-links services and emergency response. It seeks to protect and assist violence-affected people in Thailand and visits detainees there and in Cambodia, where it supports the authorities in improving prison management. It helps meet the need for assistive and mobility devices in Cambodia and the Lao People's Democratic Republic.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **MEDIUM**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,286
RCMs distributed	1,941
Phone calls facilitated between family members	998
Tracing cases closed positively (subject located or fate established)	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	55,251
Detainees visited and monitored individually	274
Number of visits carried out	96
Number of places of detention visited	43
Restoring family links	
RCMs collected	2,116
RCMs distributed	1,049
Phone calls made to families to inform them of the whereabouts of a detained relative	216

ASSISTANCE	2016 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Productive inputs	Beneficiaries	2,400	450
Cash ¹	Beneficiaries		281
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects	8	4
Patients receiving services	Patients		11,369

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

King Bhumibol Adulyadej of Thailand, who had ruled his country for seven decades, died on 13 October 2016; a one-year period of national mourning began. In December, the crown prince was proclaimed king.

In southern Thailand, violent incidents continued to cause civilian casualties and affect daily life. Peace talks between the government and armed groups progressed slowly.

Along the Myanmar-Thailand border, intermittent fighting between armed groups and the Myanmar military persisted. Over 100,000 Myanmar refugees continued to stay in camps along the border, but others had voluntarily returned to Myanmar.

The countries covered remained relatively stable, although social and political tensions persisted, particularly in Cambodia. The presence of mines and explosive remnants of war (ERW) – especially in Cambodia, the Lao People's Democratic Republic (hereafter Lao PDR) and Viet Nam – and natural disasters continued to be a major source of regional concern. Cambodia also had to deal with issues related to prison overcrowding. Fewer irregular migrants were reported to have passed through the region than in 2015; many, however, remained detained in immigration facilities in Thailand.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Bangkok focused on its activities for detainees, particularly its support for the Cambodian and Thai authorities' efforts to improve prison management. It also helped people cope with the effects of past and ongoing conflicts or other situations of violence. It sought to foster understanding of and acceptance for humanitarian principles and IHL among parties with influence in the region and among armed groups along the Myanmar-Thailand border.

In Cambodia and Thailand, the ICRC conducted visits to detainees according to its standard procedures and shared its findings confidentially to the detaining authorities. However, in November, it suspended these visits to Thai prisons after the Department of Corrections (DOC) no longer allowed the organization to work in accordance with its standard procedures. While it sought to discuss the issue with the authorities concerned, the ICRC also continued to visit immigration detention centres.

The detaining authorities in both countries drew on ICRC assistance to carry out concrete improvements in detainees' treatment and living conditions, focusing on health-care services and prison infrastructure. ICRC financial support enabled Cambodian officials to travel to four courts and finalize the sentences of several inmates in protracted detention. The Cambodian authorities and the ICRC continued to implement a project to create a national model for prison health care and hygiene. Under this project, female and juvenile inmates in one facility obtained health-care services from an upgraded health post and learnt about hygiene practices at monthly health-education sessions. Detainees in the two countries reconnected with their relatives through the Movement's family-links services. These services included ICRC-facilitated family visits in Thailand and, for the first time, in Cambodia.

Violence-affected households in southern Thailand earned income from small businesses established with productive inputs from the ICRC. The Cambodian Red Cross Society and the ICRC provided

financial support or offered interest-free loans to help disabled breadwinners to start similar businesses and to enable households in areas affected by weapon contamination to conduct livelihood activities in safer areas. People in three provinces in Viet Nam learnt safe practices at mine-risk awareness sessions conducted by the Red Cross of Viet Nam with ICRC input.

The ICRC maintained its comprehensive support for two Cambodian centres that provided physical rehabilitation services for disabled persons and offered activities that facilitated their social and economic reintegration. It also worked with local entities to help ensure the sustainability of the rehabilitation sector: for example, it helped develop the curriculum of a physiotherapy school. An assessment of rehabilitation needs in the Lao PDR led the ICRC to reconsider its support for three centres and focus instead on strengthening national capacities in managing rehabilitation services. Thus, officials from the pertinent ministries participated in an ICRC-facilitated study tour of a Cambodian centre. The ICRC covered the cost of treatment, in Thailand, for people wounded during clashes in Myanmar.

The ICRC continued to promote understanding of and support for humanitarian principles, IHL and/or international policing standards among the authorities and other influential members of society in the four countries covered. The military and the police drew on ICRC guidance to learn how to apply the relevant principles and norms in their operations. Government officials from three countries considered the possibility of ratifying or acceding to IHL-related treaties. Academic institutions throughout the region continued to improve IHL teaching: one Cambodian university began requiring law students to take IHL courses. University students strengthened their grasp of the subject through regional competitions and internships.

The region's National Societies continued, with ICRC support, to strengthen their ability to respond to emergencies, assist communities affected by mines and ERW, restore family links and broaden awareness of humanitarian principles and the Movement's work.

CIVILIANS

In southern Thailand, the ICRC relayed to weapon bearers the concerns of violence-affected people in the area, and urged them to comply with applicable norms while conducting their operations.

Over 80 vulnerable violence-affected households in the area (450 people) began to earn income from small businesses established with the help of ICRC-provided productive inputs. Some people received ad hoc ICRC support, including cash assistance for visiting a detained relative or covering funeral expenses.

Disabled people in Cambodia work towards self-sufficiency

ICRC financial support in Cambodia – sometimes channelled through the National Society – enabled roughly 80 disabled persons to undertake income-generating activities, such as growing mushrooms and repairing motorcycles. Some of these beneficiaries earned income and paid off their debts. Other efforts were made to facilitate the social and economic reintegration of disabled persons: identifying children in need of financial assistance for their schooling and referring adults for jobs or vocational training.

To help protect people from mines and ERW, the Vietnamese National Society, backed by the ICRC, conducted risk-awareness sessions for communities in three provinces. Nearly 160 heads

of households in Cambodia used interest-free loans from the National Society and the ICRC to begin small businesses in safer areas. Administrative constraints continued to delay ICRC training for a mine-clearance organization in the Lao PDR.

Vietnamese authorities approve the inclusion of family-links services in national disaster response

Families dispersed by various circumstances restored or maintained contact through family-links services provided by the National Society in their country and the ICRC. Thirteen people in Cambodia received ICRC travel documents; these were issued at the request of the UNHCR, to facilitate their resettlement abroad.

Representatives of National Societies in the region convened to discuss cooperation in restoring family links, particularly after disasters and in connection with migration. In Viet Nam, the National Society and the National Steering Committee for Natural Disaster Prevention and Control signed an agreement to include family-links services in the national disaster response. Forensic doctors and representatives of the Vietnamese defence and public security ministries strengthened their ability to manage human remains during emergencies, at workshops organized by the National Institute of Forensic Medicine and the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC suspends prison visits in Thailand

Detainees in Cambodia and Thailand received ICRC visits carried out according to the organization's standard procedures. Security detainees and inmates with particular vulnerabilities – women and irregular migrants – received special attention. In November, the DOC no longer allowed the ICRC to work in accordance with its standard procedures; the ICRC therefore decided to suspend visits to prisons in Thailand. While it sought to discuss the issue with the authorities concerned, the ICRC continued to visit immigration detention centres.

Following the above-mentioned visits, the detaining authorities and the ICRC discussed confidentially the ICRC's findings on the treatment and living conditions of detainees. In Cambodia, senior police and *gendarmerie* officers received ICRC input for strengthening compliance with the procedures outlined in domestic legislation concerning the treatment of people during

arrests and the initial stages of detention. Support for the Thai authorities to implement anti-drug policies was no longer pursued because other organizations were already involved in the process.

Cambodian authorities take steps to provide skills training for inmates

Cambodian and Thai officials learnt more about internationally recognized standards for prison management at several local and regional seminars (see *Sri Lanka*). Together with the ICRC, a working group consisting of Cambodian government officials and other local stakeholders began to assess the educational needs of inmates at 17 provincial prisons, with a view to developing a skills-training programme for them. The Cambodian General Department of Prisons (GDP), a local organization and the ICRC agreed to provide vocational training, personal-development programmes and regular family visits for 40 detained minors, to improve their detention conditions and, after their release, to facilitate their social reintegration.

ICRC financial support enabled representatives of the GDP and the Appeals Court to travel to four courts to follow up cases that had been pending for several years. As a result, rulings on the cases of 22 detainees were finalized.

Detainees in Cambodia and Thailand, including irregular migrants held at Thai immigration detention facilities, restored or maintained contact with their families through the Movement's family-links services. In Thailand, over 200 inmates held far from their homes received ICRC-facilitated family visits. The ICRC organized such visits for the first time in Cambodia, benefiting seven detainees.

Women and minors in a Cambodian facility obtain basic health care and learn hygiene practices

Cambodian and Thai authorities continued to draw on ICRC support to improve health-care services and infrastructure in selected facilities where overcrowding was an issue. They took steps to reform their penitentiary health system; in Cambodia, the authorities worked with the ICRC and other partners to establish a working group to lead the reform process. Nurses and other prison health staff in Cambodia and Thailand learnt more about strengthening their services, during local training sessions organized by

PEOPLE DEPRIVED OF THEIR FREEDOM	Cambodia	Thailand
ICRC visits		
Detainees visited	14,671	40,580
<i>of whom women</i>	1,144	3,451
<i>of whom minors</i>	659	305
Detainees visited and monitored individually	128	146
<i>of whom women</i>	4	4
<i>of whom girls</i>	1	
<i>of whom boys</i>	3	
Detainees newly registered	100	115
<i>of whom women</i>	4	4
<i>of whom girls</i>	1	
<i>of whom boys</i>	3	
Number of visits carried out	37	59
Number of places of detention visited	14	29
Restoring family links		
RCMs collected	1,790	326
RCMs distributed	774	275
Phone calls made to families to inform them of the whereabouts of a detained relative		216
Detainees visited by their relatives with ICRC/National Society support	7	205

the authorities concerned and the ICRC. A Thai university worked with the ICRC to create a post-graduate course in prison health.

In Cambodia, the GDP and the ICRC continued to implement a project that provided basic health-care services and hygiene instruction at a facility housing around 1,000 female and juvenile inmates. The project focused on creating a standardized model for such services that could be replicated nationwide. With the help of an ICRC health team, personnel at the facility strengthened their ability to care for sick or injured inmates. Detainees obtained health-care services at an upgraded health post and learnt hygiene practices at monthly health-education sessions; a newly formed hygiene committee helped ensure that detainees applied what they had learnt. At another Cambodian prison, the GDP and the ICRC organized a campaign to treat scabies. Around 11,500 detainees and prison guards in Cambodian and Thai facilities received hygiene kits.

In Thailand, medical specialists from the health ministry and the DOC continued to work together to improve inmates' access to health services; ICRC support facilitated coordination between the ministry and the DOC. These efforts contributed to improvements that included screening of new inmates upon entry and referrals to secondary care. Two prison clinics better served inmates with the help of basic medical materials donated by the ICRC.

Cambodian and Thai officials learn more about maintaining infrastructure

Workshops organized or supported by the ICRC, or other assistance provided by it, enabled prison authorities in the region to strengthen their capacities in building and maintaining facilities. The Cambodian authorities used ICRC expertise to standardize prison infrastructure; notably, it finalized a manual on constructing energy-saving stoves, and discussed with the ICRC the adoption of minimum standards for prison construction and renovation. Local training sessions for Cambodian and Thai officials centred on maximizing resources through good maintenance practices for infrastructure such as electrical, water and waste-management systems. Cambodian and Lao prison officials attended the 5th Asian Conference of Correctional Facilities Architects and Planners (see *Beijing*).

Roughly 12,400 detainees in Cambodian and Thai prisons had better living conditions as a result of the authorities' continued efforts to upgrade prison infrastructure. These efforts – carried out jointly by local engineers and the ICRC, or supported by the ICRC through material donations or technical advice for the authorities – included construction and renovation of common areas and water and sanitation facilities, and distribution of water filters.

WOUNDED AND SICK

A few people injured in clashes in Myanmar crossed the border into Thailand; 24 had the costs of their treatment in Thai hospitals covered by the ICRC. Amputees in areas along the Myanmar-Thailand border were referred to an ICRC-supported physical rehabilitation centre in Myanmar.

Cambodian institutions and the ICRC work together to ensure the rehabilitation sector's sustainability

Over 11,350 physically disabled people in Cambodia improved their mobility with the help of free, good-quality rehabilitative care at two ICRC-supported centres. ICRC material, financial and technical support helped staff at these centres to improve their services. Outreach activities enabled repairs to be made to

the assistive devices of disabled people living far from the centres. National Society volunteers trained in identifying potential patients, with a view to helping more people from remote provinces obtain referrals to these centres' services. Local institutions and the ICRC worked together to ensure the sustainability of the physical rehabilitation sector: for instance, they helped draw up the curriculum of a physiotherapy school and developed a business model to help the national orthopaedic component factory take full responsibility for the production of components.

Some disabled patients eased their social and economic reintegration thanks to the ICRC and its local partners (see *Civilians*). With ICRC support, 40 female wheelchair basketball players continued their training for regional competitions.

Lao officials learn more about managing rehabilitation services during a study tour

After assessing physical rehabilitation needs in the Lao PDR, the ICRC discontinued its support for three centres and focused its attention on strengthening physical rehabilitation expertise in the country, for example, by sponsoring specialists to attend training courses abroad. During an ICRC-organized study tour, officials from the Lao health and labour and social welfare ministries learnt more about the tools and standards used at an ICRC-supported physical rehabilitation centre in Cambodia. The labour and social welfare ministry declined the ICRC's offer to train technicians and physiotherapists at one centre.

ACTORS OF INFLUENCE

Lao military officials learn more about IHL at a defence ministry and ICRC workshop

During bilateral dialogue with the ICRC and/or workshops they organized annually with it, Cambodian and Thai military and security forces learnt more about the application of humanitarian principles and international policing standards in their operations. In southern Thailand, 30 senior police personnel, two military officers and several legal advisers to the military unit engaged in law enforcement operations learnt more about the norms applicable to their work.

Armed forces personnel from all four countries covered strengthened their ability to apply IHL in their operations; the ICRC gave them technical advice and sponsored their participation in events abroad. ICRC workshops helped senior officers from two Thai military academies advance their understanding of IHL; in the Lao PDR, the defence ministry and the ICRC organized a similar workshop for military officials. Military and naval officers from Cambodia, Thailand and Viet Nam refined their grasp of IHL by exchanging views with their counterparts abroad (see *Jakarta* and *Suva*).

During sessions conducted by the ICRC at the request of their officers, Cambodian, Thai and Vietnamese peacekeepers familiarized themselves with the provisions of IHL and international norms applicable to their role.

Representatives of armed groups from Myanmar continued to consult the ICRC to ensure that their codes of conduct conformed to IHL.

Cambodian officials study the possibility of acceding to the Convention on Cluster Munitions

Guided by the ICRC, authorities in the region took steps to broaden support for IHL in their countries, for instance, by

engaging regional counterparts in dialogue at IHL events (see *Kuala Lumpur*). Officials from the Thai foreign ministry and the Vietnamese defence ministry sought the ICRC's expertise while exploring, where applicable, the possibility of ratifying or acceding to Additional Protocols I and II. During two conferences organized by a local think-tank and the ICRC, members of the Cambodian government and Cambodian academics discussed the possibility of acceding to the Convention on Cluster Munitions.

The ICRC maintained dialogue with the Association of Southeast Asian Nations (ASEAN) departments of the pertinent ministries in the countries covered on operationalizing the ASEAN regional mine-action centre and on other subjects of common interest.

A Cambodian university makes IHL courses mandatory for law students

ICRC guidance, publications on IHL and sponsorship to attend events abroad helped academic institutions and university students strengthen IHL instruction and their grasp of the subject, respectively. A Cambodian university introduced mandatory IHL courses – taught by an ICRC-supported lecturer – into its law curriculum. At national and regional competitions (see *Beijing*), university students demonstrated their knowledge of IHL. Law students in Cambodia and Thailand had internships at the ICRC offices there.

The ICRC maintained contact with influential members of civil society throughout the region – particularly religious circles in southern Thailand – through bilateral dialogue and dissemination sessions on humanitarian principles and IHL. The general public

were informed of ICRC operations in the region and of the Movement's neutral, impartial and independent humanitarian action through traditional and new media, including the ICRC website. One journalist participated in a regional media conference, with ICRC sponsorship (see *Bangladesh*).

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies continued to work with the ICRC and to draw on its support to strengthen their ability to respond to emergencies, restore family links and assist communities affected by mines and ERW (see *Civilians*). The Cambodian and Vietnamese National Societies and the ICRC signed three-year partnership agreements. Both National Societies also strove to strengthen their ability to operate safely during emergencies by developing – with ICRC guidance – action plans for applying the Safer Access Framework. The Lao Red Cross began drafting its statutes.

A regional communication forum helped the four National Societies to develop their capacity to broaden public understanding of humanitarian principles, the Movement and the red cross emblem. With ICRC technical and financial support, the Lao and Thai National Societies organized briefing sessions on IHL and the Movement for over 3,500 staff and volunteers and community members. During train-the-trainer workshops, roughly 400 training relays from the Thai Red Cross strengthened their capacity to organize such sessions.

Movement components in the region coordinated their activities through periodic meetings and regional events.

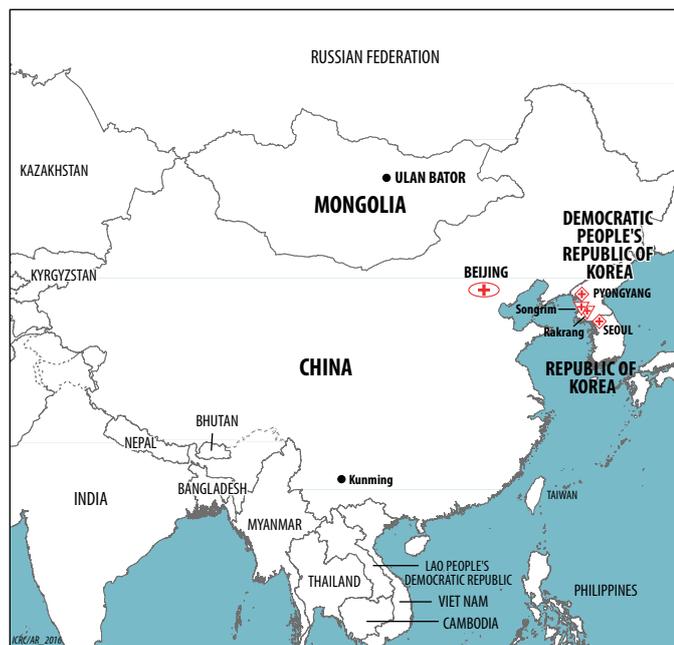
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected	1,286	2			
RCMs distributed	1,941				
Phone calls facilitated between family members	998				
Names published in the media	35				
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered	56	13	6	3	
Tracing cases closed positively (subject located or fate established)	1				
Tracing cases still being handled at the end of the reporting period (people)	78	21	7	4	
Documents					
People to whom travel documents were issued	13				
Official documents relayed between family members across borders/front lines	1				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited	55,251	4,595	964		
			Women	Girls	Boys
Detainees visited and monitored individually	274	8	1	3	
Detainees newly registered	215	8	1	3	
Number of visits carried out	96				
Number of places of detention visited	43				
RCMs and other means of family contact					
RCMs collected	2,116				
RCMs distributed	1,049				
Phone calls made to families to inform them of the whereabouts of a detained relative	216				
Detainees visited by their relatives with ICRC/National Society support	212				

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Productive inputs	Beneficiaries	450	178	150
Cash ¹	Beneficiaries	281	65	152
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	11,550	2,351	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	12,435	1,385	
Health				
Visits carried out by health staff		23		
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	Structures	5		
WOUNDED AND SICK				
Hospitals				
Patients whose hospital treatment has been paid for by the ICRC		24	2	
Physical rehabilitation				
Projects supported	Projects	4		
Patients receiving services	Patients	11,369	1,745	1,014
New patients fitted with prostheses	Patients	223	25	11
Prostheses delivered	Units	1,563	146	44
	<i>of which for victims of mines or explosive remnants of war</i>	1,223	76	3
New patients fitted with orthoses	Patients	354	59	158
Orthoses delivered	Units	1,147	180	541
Patients receiving physiotherapy	Patients	3,324	460	659
Walking aids delivered	Units	1,223	157	121
Wheelchairs or tricycles delivered	Units	548	202	49

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

BEIJING (regional)

COVERING: China, Democratic People's Republic of Korea, Mongolia, Republic of Korea



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The ICRC discussed health care in prisons with China's justice and public security ministries, and made preparations to implement a TB-control project with the justice ministry.
- ▶ The ICRC reinforced its dialogue with the region's authorities, legal experts and other influential figures. It emphasized the need to strengthen respect for IHL and to include IHL-related considerations in their contingency plans.
- ▶ A photo exhibit in Beijing on the human cost of war drew over 10,000 visitors. Journalists in China and the Republic of Korea (hereafter ROK) reported on humanitarian issues, making use of local-language platforms.
- ▶ Officers from across the region participated in workshops on IHL and other norms applicable to their work. The ICRC shared its insights on new means and methods of warfare during an international conference hosted by the ROK.
- ▶ The region's National Societies improved their capacities, particularly in the fields of promoting IHL and implementing selected assistance activities; they received various forms of support from the ICRC for these.

EXPENDITURE IN KCHF

Protection	776
Assistance	6,748
Prevention	4,957
Cooperation with National Societies	1,227
General	83
Total	13,791
<i>Of which: Overheads</i>	<i>811</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	23
Resident staff (daily workers not included)	55

Present in the region since 1987, the ICRC moved its regional delegation for East Asia to Beijing in 2005. The delegation fosters support for humanitarian principles, IHL and ICRC activities in the region and worldwide, among governments, experts and National Societies. It promotes the incorporation of IHL into national legislation, military training and academic curricula. It supports the region's National Societies in developing their IHL promotion and tracing activities. In the Democratic People's Republic of Korea, in partnership with the National Society, it supports hospital care and contributes to meeting the need for assistive and mobility devices.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

ASSISTANCE	2016 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Productive inputs	Beneficiaries	1,200	
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	7,000	8,000
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	4	4
Water and habitat			
Water and habitat activities	Number of beds		2,572
Physical rehabilitation			
Projects supported	Projects	2	4
Patients receiving services	Patients		1,367

CONTEXT

China figured prominently in international affairs – for example, through the Asian Infrastructure Investment Bank, the Free Trade Area of the Asia-Pacific, and its permanent seat in the UN Security Council. It was also involved in territorial and maritime disputes with some of its neighbours and in the corresponding tribunal proceedings and rulings. Economic growth slowed in 2016.

The Democratic People's Republic of Korea (hereafter DPRK) claimed to have developed its nuclear capacity and tested several missiles, further straining its relations with the Republic of Korea (hereafter ROK) and the wider international community.

The ROK's president was impeached in December, and an interim president appointed.

In Mongolia, parliamentary elections took place in June; the country maintained ties with China, the DPRK, the ROK and other countries in Asia and beyond.

ICRC ACTION AND RESULTS

The Beijing regional delegation sought greater dialogue with influential figures on humanitarian issues in the four countries covered – China, the DPRK, Mongolia and the ROK – and on securing support for its efforts beyond the region. It also continued to strive to engage with the authorities, military and police forces, academics, the media and other decision-makers, to promote IHL and humanitarian principles.

The ICRC partnered the authorities, National Societies and other local actors to help, largely through its assistance projects, improve conditions for some vulnerable people. In the DPRK, the public health ministry worked to better the quality of surgical care and other medical services at three hospitals, with some help from an ICRC surgical team. The ICRC also provided the Rakrang and Songrim physical rehabilitation centres, as well as the surgical annex of the Rakrang centre, with similar support. The ICRC's work with the Songrim centre followed the finalization of a new partnership agreement with the Red Cross Society of the Democratic People's Republic of Korea and other relevant actors. Thousands of people in one peri-urban community had better access to drinking water after the local authorities, the National Society and the ICRC jointly repaired or improved infrastructure.

The ICRC provided the Red Cross Society of China with technical assistance to run a physical rehabilitation centre and repair workshop in Yunnan province; vulnerable people in the same province, some of them with disabilities, also drew on the livelihood assistance provided by the National Society. The ICRC and the management of one hospital in Sichuan province began preliminary efforts for the latter to receive support for improving the capacities of its physical rehabilitation department.

The ICRC continued to discuss health care in detention with China's justice and public security ministries. The ICRC and the justice ministry visited several places of detention to assess the response to TB there; subsequently, the ministry and the ICRC made preparations for supporting a local hospital for detainees in implementing a TB-control project.

The ICRC took pains to expand its network of contacts in China, Mongolia and the ROK. Its discussions with influential actors

– from the government, the military, the academe and various other sections of civil society – focused on its role in addressing the humanitarian consequences of conflicts in the region and beyond, and on the importance of including IHL-related considerations in national contingency plans and emergency response measures.

Throughout the region, the ICRC worked with military and police forces to help officers develop their understanding of IHL and other international norms. Police officers and trainees in China and Mongolia attended workshops on international standards and rules for policing. The ICRC discussed IHL in the context of peacekeeping operations during predeployment briefings for Mongolian officers bound for South Sudan and at an event hosted by a Chinese training centre for officers from Africa.

The ICRC helped universities, think-tanks, National Societies and other local organizations to make information on IHL available to the academic community. It also assisted the Hong Kong Red Cross, Branch of the Red Cross Society of China, in hosting an international moot-court competition for over 100 students.

The delegation boosted its public engagement in the region, particularly by stepping up its broadcast, print and online media presence. Journalists in China and the ROK also covered the ICRC's operations; many of them made use of local-language media platforms, which enabled them to reach a wider audience.

A photo exhibit in Beijing on the human cost of war drew over 10,000 visitors. With support from the ICRC, the Hong Kong Red Cross, Branch of the Chinese Red Cross, opened a centre for humanitarian education, creating another avenue for a wider audience to learn about humanitarian principles.

The ICRC coordinated its work with other Movement components in the region; it partnered the National Societies in broadening support for the Movement, and helped them strengthen their communication capacities. Such interaction helped it to emphasize the importance of a coherent approach, in line with the Movement's Fundamental Principles, to humanitarian work.

CIVILIANS

Over 400 economically vulnerable households in China – 166 in Yunnan and 240 in Xinjiang – received cash for starting income-generating activities. Several of these households counted disabled members among them (see *Wounded and sick*). The assistance was delivered within the framework of a livelihood project by the Red Cross Society of China, for which the ICRC provided some funding and training.

DPRK engineers and maintenance personnel repair public infrastructure in a peri-urban area

Over 8,000 people in a section of Kaesong City in the DPRK had better access to clean water, following work done by the local authorities, the DPRK Red Cross and the ICRC to repair or construct public infrastructure, such as toilets and a septic tank; these people also benefited from other infrastructural improvements in 2015. The local engineers and maintenance personnel in charge of these initiatives continued to add to their expertise during ICRC-supported courses.

Owing to tensions in the region, the ICRC was unable to engage the DPRK and ROK governments in substantial discussions on the concerns of families separated since the 1950–1953 Korean War. It

was also unable to pursue plans to work with the DPRK Red Cross to identify vulnerable people who could benefit from assistance.

PEOPLE DEPRIVED OF THEIR FREEDOM

Chinese officials and the ICRC prepare to implement a pilot TB-control project

The Chinese justice and public security ministries and the ICRC sustained their dialogue, which focused mainly on health care in prisons; the ministries each co-organized a seminar with the ICRC, allowing for an in-depth and structured exchange of ideas on the work to be done to address health in detention. The justice ministry and the ICRC visited several places of detention to observe conditions there; following which, they commenced preparations to support a prison hospital in implementing a TB-control project.

Justice ministry officials attended an ICRC regional workshop on prison management (see *Sri Lanka*), and observed the TB-control and management programme in places of detention in Kyrgyzstan. At the invitation of the ministry, the ICRC made a presentation on infection control and other health-related issues, at a regional seminar in China on prison administration. These events enabled the officials who took part to meet their counterparts from other countries and learn from their best practices.

WOUNDED AND SICK

Hospital staff in the DPRK add to their expertise

The public health ministry, the DPRK Red Cross and the ICRC continued to cooperate in enhancing the surgical standards and treatment methods, emergency care, orthopaedic surgery and other services at the Hamhung and Pyongsong provincial hospitals and the Kaesong City hospital. The hospitals' management and the ICRC also improved infrastructure, particularly waste-management systems and sanitation facilities.

Pyongsong hospital staff continued to add to their expertise and improve the quality of their services, with the help of on-site workshops and other capacity-building opportunities offered jointly by the health ministry and the ICRC. Doctors and other medical personnel – including some from hospitals not receiving ICRC support – also attended courses in emergency-room management.

The DPRK Red Cross, local authorities and the ICRC finalize partnership to support an additional physical rehabilitation centre

Approximately 1,400 people received treatment and/or other services at the Rakrang and Songrim physical rehabilitation centres in the DPRK. The Rakrang centre, and its surgical annex, received medical supplies; staff there strengthened their capacities, with the help of regular in-house workshops. Two staff members, having completed advanced studies abroad, had rejoined the team by year's end. Beginning in May – after the local authorities, the DPRK Red Cross and the ICRC finalized their partnership agreement – the Songrim centre received technical support, which helped staff improve conditions there.

Disabled people in Yunnan receive treatment and other services at a National Society centre

The Yunnan branch of the Chinese Red Cross Society continued to manage a physical rehabilitation centre in Kunming, and a repair workshop in Malipo, with the ICRC's help. Over 400 people obtained rehabilitation services and assistive devices at these facilities. Several disabled people within reach of the centre benefited from a National Society livelihood-improvement project (see *Civilians*).

The ICRC and the management team of a hospital in Sichuan discussed the signing of a partnership agreement, under which the hospital would receive support for strengthening its physical rehabilitation department, particularly the production of assistive devices.

ACTORS OF INFLUENCE

The ICRC expanded its interaction with actors of influence throughout the region. The ICRC sought – through high-level meetings, experts' workshops and other forums for dialogue – to foster support among government officials, military officers and others for IHL, humanitarian principles, and neutral, impartial and independent humanitarian action.

In China and the ROK, the ICRC discussed IHL and humanitarian principles with the government and other influential figures. Senior members of the Chinese People's Liberation Army visited the ICRC's headquarters in Geneva, Switzerland, furthering the dialogue on including IHL in military education and increasing the possibility of jointly hosting international events. While awaiting clarification of its legal status in the ROK, the ICRC held several briefing sessions on its identity and mandate for senior naval officers; it also maintained its dialogue with the military forces of the United States of America in the ROK. During a meeting with the ICRC's president, Mongolian military personnel and defence ministry officials agreed to expand cooperation with the ICRC.

ICRC discusses the applicability of IHL to peacekeeping operations

The ICRC discussed IHL in the context of peacekeeping operations on several occasions, such as: predeployment briefings for Mongolian officers bound for South Sudan; in China, a round-table for representatives of local government and military institutions, think-tanks, and universities; and, also in China, a workshop for senior officers from Africa hosted by a local peacekeeping training centre.

Military personnel from China, the DPRK, Mongolia and the ROK attended advanced international workshops on IHL, including one on the applicability of IHL to armed conflict at sea (see *Jakarta*). In China and Mongolia, police officers and trainees also attended courses on international rules and standards for policing; in Mongolia, these included discussions on contingency planning.

The ICRC offered its insights into humanitarian assistance during armed conflict at a workshop organized by the ROK armed forces, and on new means and methods of warfare and IHL at an international conference hosted by the defence ministry in Seoul.

Students, lecturers and legal experts discuss contemporary challenges in ensuring respect for IHL

At a workshop organized in cooperation with the Mongolian Bar Association, prosecutors, judges and other legal professionals and experts discussed international rules and standards for the use of force in the context of law enforcement and crowd management; they also considered the preparatory and preventive measures to be taken by law enforcement and judicial institutions to deal with violent situations.

University students and lecturers from China, Mongolia and the ROK developed their understanding of IHL and humanitarian action – and of the obstacles to them – through lectures, short courses and moot-court competitions. These events were organized by universities, think-tanks, National Societies and other local

organizations in partnership with the ICRC. Over 100 students and lecturers from the Asia-Pacific region participated in an international moot-court competition organized, with ICRC support, by the Hong Kong Red Cross branch of the Red Cross Society of China.

Local-language coverage of humanitarian issues reaches wider audience

The ICRC boosted its public engagement in the region, in particular by stepping up its broadcast, print and online media presence in local languages. Through a partnership with China's main news agency, journalists observed ICRC activities in Yunnan, and in Afghanistan and Ukraine, and reported on these; two journalists attended a regional conference abroad (see *Bangladesh*). Journalists in the ROK also reported on similar subjects.

Many ICRC publications on IHL and humanitarian work were translated into Chinese and made available on China's largest academic reference website.

Hong Kong Red Cross branch opens a centre for humanitarian education

In April, the Hong Kong branch of the Chinese National Society opened a centre for humanitarian education that featured interactive and virtual-reality exhibits on conflict-affected environments and the challenges of humanitarian work; the ICRC provided particular support for an exhibit on the impact of war on children. Over 10,000 people visited a photo exhibit, at a major museum in Beijing, which depicted the toll conflict takes on those affected.

The Hong Kong branch of the Chinese National Society and the ICRC maintained their dialogue on the means of increasing support for the Movement. The ROK National Red Cross and the ICRC began to explore possibilities for similar dialogue.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC pursued working partnerships with the National Societies in the region and other Movement components present, focusing on shoring up emergency response capacities. For example, the National Society branch in Xinjiang in China set up three emergency response teams; 60 members participated in a workshop organized by the ICRC and the National Society. Mongolian Red Cross members participated in similar training. ROK National Society staff members also attended a session on the Safer Access Framework, and began discussions on staff training on first-aid during conflict. Following floods in the DPRK, the National Society received kits with medical material for treating the wounded; the ICRC also supported the International Federation's work in the DPRK.

The National Societies received assistance for strengthening their capacities in promoting IHL and humanitarian principles. For instance, the Chinese Red Cross facilitated a training session on IHL and the Movement for participants from 12 Chinese provinces. The National Society branch in Hong Kong and the ICRC jointly organized a regional workshop on humanitarian education for the youth, drawing participants from National Societies from across the region and from the International Federation.

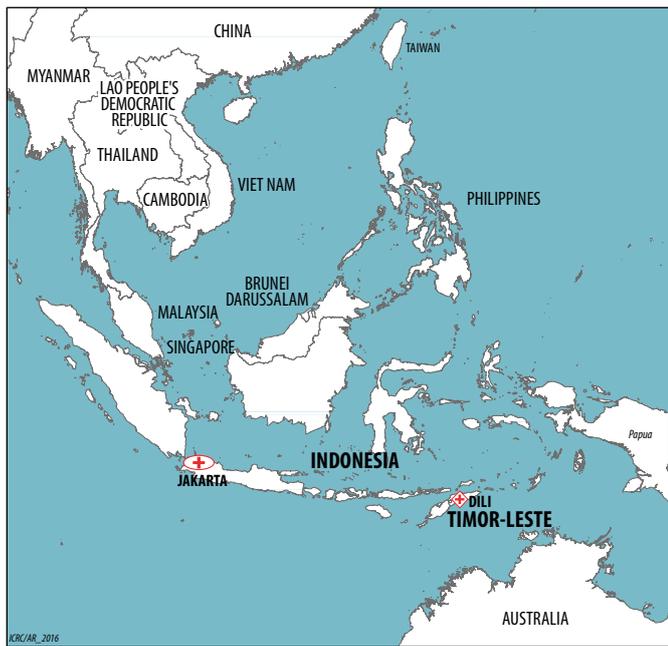
The Mongolian Red Cross Society strengthened its legal status, following the Mongolian parliament's approval of a law recognizing the National Society as a government auxiliary.

The ICRC maintained regular contact with Movement components in the region, and capitalized on opportunities to cooperate in broadening support for humanitarian work in line with the Fundamental Principles.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	8,000	3,760	1,920
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
	<i>of which provided data</i>	Structures	1	
Admissions	Patients	141	13	
	<i>of whom surgical cases</i>		13	
Operations performed		141		
Water and habitat				
Water and habitat activities	Number of beds	2,572		
Physical rehabilitation				
Projects supported	Projects	4		
Patients receiving services	Patients	1,367	214	36
New patients fitted with prostheses	Patients	447	59	8
Prostheses delivered	Units	1,108	167	30
	<i>of which for victims of mines or explosive remnants of war</i>		1	
New patients fitted with orthoses	Patients	46	5	3
Orthoses delivered	Units	71	9	11
Patients receiving physiotherapy	Patients	650	84	16
Walking aids delivered	Units	630	64	6
Wheelchairs or tricycles delivered	Units	24		

JAKARTA (regional)

COVERING: Indonesia, Timor-Leste, Association of Southeast Asian Nations (ASEAN)



The ICRC established a presence in Indonesia in 1979 and in Timor-Leste following its independence in 2002. It supports the National Societies in boosting their emergency response capacities. It works with the armed forces (and the police in Indonesia) to encourage the inclusion of IHL and other applicable norms in their training. It maintains dialogue with ASEAN and other regional bodies and conducts activities with universities to further IHL instruction. In Timor-Leste, it supports training for the authorities and other relevant actors in the management of human remains following disasters.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Some people saw their families for the first time since their separation during the 1975–1999 conflict; the joint efforts of local NGOs, the Indonesian and Timorese authorities, the National Societies and the ICRC made this possible.
- ▶ Forensic professionals from 20 Asia-Pacific countries developed their ability to manage human remains during emergencies, at a course organized by the Indo-Pacific Association of Law, Medicine and Science and the ICRC.
- ▶ Senior naval officers from 23 countries across the Asia-Pacific region discussed the application of IHL in armed conflicts at sea, during a workshop organized by the Indonesian navy and the ICRC.
- ▶ With regard to the situation of detainees in Indonesia and Timor-Leste, the ICRC focused on cultivating its dialogue with the authorities and offering training in internationally recognized standards for detention.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

EXPENDITURE IN KCHF

Protection	802
Assistance	224
Prevention	2,672
Cooperation with National Societies	550
General	34
Total	4,283
<i>Of which: Overheads</i>	<i>261</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	7
Resident staff (daily workers not included)	42

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	7
RCMs distributed	33
Phone calls facilitated between family members	25
Tracing cases closed positively (subject located or fate established)	11

CONTEXT

Socio-economic and ethnic or religious tensions resulted in sporadic violence in some parts of Indonesia. In January, the capital city, Jakarta, was struck by a series of attacks, for which the Islamic State group claimed responsibility.

Migrants, including asylum seekers, continued to arrive in or pass through Indonesia. There were few options for resettling irregular migrants; many of them – mostly from Afghanistan, but also from Iraq, Myanmar and Somalia – remained stranded in the country.

Indonesia made efforts to exert diplomatic influence in regional matters. For example, it lobbied for a code of conduct for all States in the region to address tensions arising from territorial disputes in the South China Sea. It concluded a number of agreements with Malaysia and the Philippines on joint security operations in the Sulu Sea.

Security conditions in Timor-Leste remained relatively stable, but there were occasional episodes of urban violence.

The Association of Southeast Asian Nations (ASEAN), based in Jakarta, took steps to develop its capacity to coordinate regional humanitarian responses, particularly to large-scale disasters.

ICRC ACTION AND RESULTS

The ICRC worked to advance understanding of IHL, pertinent international standards, humanitarian principles and related issues among Indonesian and Timorese authorities, ASEAN officials and other actors of influence in the region. To help address the lingering consequences of the 1975–1999 armed conflict in Timor-Leste, it continued to help members of dispersed families restore contact and to support the authorities' efforts to expand their forensic capacities.

Members of families separated by armed conflict or other situations of violence, detention or migration restored or maintained contact through the Movement's family-links services. Notably, 25 people of Timorese origin met their families for the first time since becoming separated from them as children during the 1975–1999 conflict. A coalition of local NGOs organized these visits with financial support from the Indonesian and Timor-Leste governments, and in cooperation with the local authorities, the Timor-Leste Red Cross and the ICRC. Migrants contacted relatives through phone services provided by the Indonesian Red Cross Society and the ICRC.

Support for building local and regional capacities in managing and identifying human remains aimed to reinforce the authorities' efforts to identify the remains of people who died in past conflict and prepare for future emergencies. In Timor-Leste, health ministry and criminal investigation personnel attended an advanced ICRC forensics course. Indonesian Red Cross first-responders attended a workshop on the management of human remains. Forensic experts from 20 Asia-Pacific countries added to their knowledge at a workshop organized by the Indo-Pacific Association of Law, Medicine and Science and the ICRC.

Workshops and other events – organized by the ICRC in cooperation with local and regional institutions – aimed to broaden awareness of IHL, international law enforcement standards and relevant issues among government officials, armed forces and police personnel, and members of civil society. Interaction with representatives of ASEAN bodies – such as the ASEAN

Political-Security Community or the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) – and its participation in multilateral regional forums enabled the ICRC to communicate its positions on matters of common humanitarian concern, such as ASEAN States' efforts to ensure maritime security, curb violence or coordinate regional responses to disasters. Members of religious circles, journalists and academics took part in ICRC-led seminars and other events, which contributed to widening acceptance for the Movement's work.

With regard to the humanitarian situation of detainees in Indonesia and Timor-Leste, the ICRC shifted its focus to engaging the pertinent authorities in discussions on internationally recognized standards for detention; it stood ready to provide support for aligning detainees' treatment and living conditions with these standards.

The Indonesian Red Cross and the Timor-Leste Red Cross continued to receive ICRC support for strengthening their capacities in responding to emergencies and promoting IHL. A joint ICRC-Indonesian Red Cross programme providing cataract surgery and other ophthalmological services to people in remote areas of Maluku and Papua was extended to East Nusa Tenggara.

CIVILIANS

Some people see their relatives for the first time since the 1975–1999 conflict

Members of families separated by armed conflict or other violence, detention or migration restored or maintained contact through the Movement's family-links services.

Twenty-five people of Timorese origin met their families for the first time since becoming separated from them as children during the 1975–1999 conflict. A coalition of local NGOs organized these visits with financial support from the Indonesian and Timor-Leste governments, and in cooperation with local authorities, the Timor-Leste Red Cross and the ICRC.

A family in Indonesia made video calls and sent RCMs and parcels to a relative in the US internment facility at Guantanamo Bay Naval Station in Cuba. Some Indonesian families received news of relatives detained abroad through short oral messages relayed by the ICRC.

Having assessed their situation, the Indonesian Red Cross Society and the ICRC helped migrants stranded in or passing through Indonesia contact their families. Some Sri Lankan migrants in the Aceh province of Indonesia were able to speak with relatives abroad through phone services offered by the Indonesian Red Cross and the ICRC. Plans to raise awareness among migrant workers and their families of the risks of separation were cancelled, owing to administrative constraints.

The Indonesian Red Cross expanded its capacities in restoring family links, notably through ICRC-supported training. It assembled a team of experienced family-links personnel from across Indonesia that could be deployed during disasters and other emergencies. During joint activities, the ICRC provided the Timor-Leste Red Cross with technical advice on providing family-links services.

Forensic professionals from across the Asia-Pacific region develop their skills

Forensic, health and emergency response personnel enhanced their skills in managing human remains through training sessions. These sessions also contributed to boosting local capacities in identifying

the remains of people who died during the 1975–1999 conflict and in preventing cases of disappearance in future emergencies. At an advanced ICRC course, health ministry officials and criminal investigation personnel in Timor-Leste learnt more about conducting post-mortem examinations. First-responders from the Indonesian Red Cross attended a training session on human remains management. Forensic experts from 20 Asia-Pacific countries added to their knowledge at a workshop organized by the Indo-Pacific Association of Law, Medicine and Science and the ICRC.

With transportation assistance from the Timor-Leste Red Cross and the ICRC, some families were able to retrieve the identified remains of relatives who had died in connection with past conflict. At their request, the ICRC shared with the Timorese authorities its recommendations for a national policy on recovering human remains and for a draft law on forensic work.

The ICRC followed up, with the Indonesian police, several cases of migrants who had died during their journey, to help their families locate and take possession of their remains.

In Indonesia, the authorities approved a pilot project, to be carried out by the National Society and the ICRC, to address medical and psychological needs of victims of sexual violence, and to advocate the prevention of such abuse. In line with the project, the ICRC conducted a workshop for police officers on the necessity of protecting women and children from sexual abuse during armed conflict and other violence.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC focuses on building its dialogue with police authorities on law enforcement standards

With regard to the humanitarian situation of detainees in Indonesia and Timor-Leste, the ICRC concentrated its efforts on engaging the pertinent authorities in discussions on internationally recognized standards for detention, with a view to opening opportunities for cooperation in aligning detainees' treatment and living conditions with these standards. At ICRC briefings, Indonesian police officers learnt more about international standards applicable to crowd management, arrests and detention (see *Actors of influence*). Two Indonesian officials from the Directorate-General of Corrections and the police's Criminal Investigation Department learnt more about managing detention facilities at a seminar in Sri Lanka for correctional managers in the Asia-Pacific region. Visits to detainees in Indonesia and Timor-Leste did not take place.

Ten Indonesian security detainees in two prisons benefited from family visits organized by a local NGO with financial support from the ICRC.

ACTORS OF INFLUENCE

Senior naval officers discuss the application of IHL to armed conflict at sea

At events organized by the ICRC in cooperation with the relevant authorities, military and police officers in the region familiarized themselves with international norms and standards applicable to their work. Particular emphasis was given, where applicable, to such matters as preventing sexual violence, protecting health-care services during armed conflict and other violence, and complying with international standards for arrests and detention.

Senior naval officers from 23 countries across the Asia-Pacific region discussed the application of IHL in armed conflicts at sea

during a workshop in Indonesia organized by the Indonesian navy and the ICRC.

At an ICRC-facilitated workshop, some 100 senior Indonesian military officers discussed the incorporation of humanitarian norms in operational decision-making. Further training in these subjects helped over 80 military trainers and legal officers become more effective in teaching IHL and providing advice on ensuring compliance with it, respectively. About 2,500 peacekeeping personnel and other members of the Indonesian military learnt about IHL at sessions conducted by ICRC-trained instructors and organized in coordination with the armed forces' Permanent Working Group on IHL and the National Law Development Agency. Military officers in Timor-Leste attended a similar session.

Indonesian and Timor-Leste police officers advanced their understanding of international law enforcement standards through ICRC-led briefings; the Indonesian personnel included unit commanders, investigators in violence-prone areas and officers bound for missions abroad. An ICRC course enabled some 70 police trainers to strengthen their ability to train others in these standards.

The authorities continue efforts to implement IHL

Indonesian authorities – members of the national IHL committee, defence and judiciary officials and diplomats – enhanced their grasp of IHL and its domestic implementation, and of related issues, during discussions with, and events organized by, the ICRC. The ICRC and the pertinent officials discussed incorporating the suppression of war crimes in a new penal code and submitting a draft Red Cross law to parliament. Three Indonesian officials attended a meeting of State representatives, in connection with the Strengthening IHL process, in Switzerland (see *International law and policy*). Two officials participated in a regional meeting in the Republic of Korea on the applicability of IHL to new technologies and weapons for warfare. With support from the law ministry, local academics and the ICRC conducted a study with the aim of preparing a proposal for the Indonesian government to ratify the Second Protocol to the Hague Convention on Cultural Property.

In Timor-Leste, government officials discussed ways to implement IHL – such as establishing a national IHL committee – at a meeting organized jointly by the foreign ministry and the ICRC.

During dialogue with representatives of ASEAN bodies – including the Political-Security Community, the Peace and Reconciliation Centre, the Regional Mine Action Centre, the AHA Centre and the ASEAN Association of Chiefs of Police (ASEANAPOL) – and in regional forums, the ICRC stated its positions on matters of common concern – such as efforts by ASEAN States to ensure maritime security, curb violence and coordinate regional responses to disasters. The ICRC attended ASEANAPOL's international conference for the first time, as an observer.

Faith-based and secular organizations examine new ways to tackle regional humanitarian issues

Various ICRC-led forums enabled members of religious circles and other opinion-makers to discuss IHL and related topics; they also contributed to fostering acceptance for the Movement's work. Over 90 representatives of faith-based and secular NGOs, national and ASEAN bodies, and the private sector talked about reframing responses to evolving humanitarian challenges in South-East Asia, at a regional conference organized by Humanitarian Forum Indonesia, the Humanitarian Policy Group and the ICRC. Lecturers

from Indonesia and other South-East Asian countries learnt more about the points of correspondence between Islamic law and IHL at an ICRC-run course. Two Islamic organizations in Indonesia worked with the ICRC to arrange seminars on the same subject. A blog competition sought to draw more attention to links between religious values and humanitarian action.

Local and regional seminars for Indonesian and Timorese lecturers, and moot-court competitions aimed to stimulate students' interest in IHL. An Islamic university in Indonesia drew on ICRC expertise in incorporating humanitarian ethics in its teacher-training programme; it also organized briefings on IHL for teachers and students with National Society and ICRC support.

At national and regional workshops, Indonesian and Timorese journalists learnt more about the protection afforded to them by IHL, and about the ICRC's work. The workshop in Timor-Leste, organized jointly with the Timor-Leste Red Cross, included a session on first aid.

Indonesians obtained information on ICRC activities and other humanitarian matters via social media and other Web-based platforms, and at the delegation's documentation centre.

RED CROSS AND RED CRESCENT MOVEMENT

With training and material, financial and technical support from the ICRC, the Indonesian and Timorese National Societies continued to strengthen their capacity to respond to emergencies and promote humanitarian principles and IHL (see *Civilians* and *Actors of influence*). First aid, family-links services in disaster response, the issues raised by the Health Care in Danger project and the application of the Safer Access Framework were among the topics covered by ICRC-led training sessions to strengthen preparedness for emergencies in urban areas. The Indonesian Red Cross Society drew on ICRC expertise to update its contingency plans and to lobby for the adoption of the draft Red Cross law (see *Actors of influence*). Timor-Leste Red Cross staff attended an ICRC course to learn to promote their programmes.

Because they met regularly, Movement components were able to coordinate their activities effectively while responding to such emergencies as an earthquake in Aceh.

People in isolated and violence-prone areas obtain ophthalmic care

Local health-care providers, the Indonesian Red Cross and the ICRC worked together to provide ophthalmic care to people in remote and violence-prone communities, particularly in Maluku and Papua, and for the first time, in East Nusa Tenggara. Over 2,100 people had eye tests; among them, 357 benefited from cataract surgery and 1,051 received eyeglasses. Nearly 200 medical staff underwent refresher training before these missions.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	7			
RCMs distributed	33			
Phone calls facilitated between family members	25			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	33	5	10	9
Tracing cases closed positively (subject located or fate established)	11			
Tracing cases still being handled at the end of the reporting period (people)	34	3	7	11

KUALA LUMPUR (regional)

COVERING: Brunei Darussalam, Japan, Malaysia, Singapore



ICRC regional delegation ICRC mission ICRC office

Having worked in Malaysia since 1972, the ICRC established the Kuala Lumpur regional delegation in 2001 and a mission in Japan in 2012. It works with governments and National Societies – including through the regional resource centre supporting delegations in East and South-East Asia and the Pacific – to promote IHL and humanitarian principles and gain support for the Movement’s activities. In Malaysia, it visits detainees, works with authorities to address issues identified during visits, and helps detained migrants contact their families. In Sabah, it works with the Malaysian Red Crescent Society in favour of communities in the field of health.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Communities in Sabah, Malaysia, were better placed to address basic health issues after residents and Malaysian Red Crescent Society volunteers were trained in first aid and/or good hygiene practices.
- ▶ In Malaysia, people held in immigration detention centres availed themselves of expanded Movement family-links services; six centres benefited from ad hoc donations of medical equipment and medicines from the ICRC.
- ▶ Government agencies in Malaysia and Movement partners across the region strove to improve their responses to the humanitarian consequences of migration; they reflected on this issue at various events held in Malaysia.
- ▶ Military lawyers from the countries covered and from armed forces in other Asia-Pacific countries strengthened their grasp of IHL and cultivated relationships with the ICRC, following two events on laws governing military operations.
- ▶ Several constraints led to the postponement, cancellation or adjustment of some planned activities.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	60
RCMs distributed	101
Phone calls facilitated between family members	3,157
Tracing cases closed positively (subject located or fate established)	16
People reunited with their families	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	24,314
Detainees visited and monitored individually	866
Number of visits carried out	50
Number of places of detention visited	14
Restoring family links	
RCMs collected	272
RCMs distributed	35
Phone calls made to families to inform them of the whereabouts of a detained relative	635

EXPENDITURE IN KCHF

Protection	1,430
Assistance	799
Prevention	2,914
Cooperation with National Societies	619
General	77
Total	5,839
<i>Of which: Overheads</i>	<i>356</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	39

CONTEXT

Migration and human trafficking remained prominent topics of discussion in the region. Conflicting territorial claims in the South China Sea continued to cause political tensions.

In Malaysia, the government dealt with migration by detaining, or where possible, repatriating irregular migrants. New laws and measures related to security were introduced; these were said to be a response to attacks in the region and to the alleged recruitment of Malaysians by foreign armed groups. Malaysia contributed troops to peacekeeping operations abroad.

A reorganization of Japan's Self-Defense Forces began, after laws redefining its role took effect in 2016.

In Singapore, the armed/security forces were reportedly on alert, in response to threats of "terrorism".

The political situation and the economy in Brunei Darussalam remained stable; discussions concerning a defence partnership with the United States of America's Pacific Command (USPACOM) were under way.

Countries in the region contributed to efforts by the Association of Southeast Asian Nations (ASEAN; see *Jakarta*) to promote regional cooperation in such matters as disaster management and migration.

ICRC ACTION AND RESULTS

The ICRC pursued initiatives to broaden awareness of and support for humanitarian principles, IHL and the Movement among influential parties throughout the region. In Malaysia, it also endeavoured to address humanitarian issues concerning detainees, members of dispersed families, and particularly vulnerable people in Sabah.

The ICRC continued to visit detainees held in prisons and immigration detention centres in Malaysia, including in Sabah. It strove to secure regular access to security detainees. After its visits, the ICRC discussed its findings on detainees' treatment and living conditions confidentially with the authorities concerned. Information sessions with prison and immigration department staff, on such matters as disease control and project management, supplemented these discussions. Several immigration detention centres were better placed to treat sick inmates following donations of medical equipment and medicines from the ICRC.

To help address the health needs of communities in remote rural areas of Sabah, the Malaysian Red Crescent Society and the ICRC held first-aid training sessions for residents and National Society volunteers, and hygiene-promotion sessions for schoolchildren.

Members of families dispersed by migration or detention restored or maintained contact using the Movement's family-links services. In Malaysia, in particular, people in immigration detention centres benefited from the increased availability of means to contact their families, following the National Society's efforts to provide, with the ICRC's support, more frequent and expanded family-links services there.

At several occasions, National Societies and other Movement components in the region discussed their roles in enhancing the provision of family-links services along migratory routes. The ICRC

facilitated discussions with and among Malaysian government agencies and Movement partners in the Asia-Pacific region on improving and coordinating the response to the humanitarian consequences of migration.

Authorities in the region continued to draw on the ICRC's expertise for implementing IHL-related treaties – particularly, the Arms Trade Treaty. The ICRC continued to work with the authorities and with sections of civil society – including academic institutions and the media – to broaden awareness of humanitarian issues. It organized and attended various events, and sponsored participation in specific events for people with influence over the humanitarian agenda. These events included: an experts' meeting on the Strengthening IHL process; seminars organized with the Japanese government and the Japanese Red Cross Society on sexual violence in armed conflict; and events held with Malaysian and Singaporean think-tanks and universities. The ICRC maintained its dialogue with regional bodies/forums such as the ASEAN secretariats of the countries covered and the ASEAN body for coordinating police work (ASEANAPOL), which was based in Malaysia.

Armed/security forces personnel in the region learnt more about IHL, other international norms, and the Movement at ICRC training sessions or presentations held locally or abroad – for instance, a regional workshop on IHL applicable to armed conflicts at sea. The ICRC cultivated relationships with military lawyers in the Asia-Pacific region at two events focused on laws governing military operations.

University students refined their understanding of IHL at lectures and competitions. National Societies in the region worked on improving IHL instruction in their secondary-school and/or youth programmes. ICRC communication/information materials and events helped journalists to produce stories on humanitarian themes.

Movement components in the four countries continued to cooperate and offer each other support. The Singapore Red Cross Society and the ICRC pursued efforts to explore possibilities for private-sector fundraising. With help from their partners, the National Societies in the region strengthened their ability to respond to emergencies, particularly with regard to restoring family links, and reinforced their organizational capacities.

A number of constraints forced the ICRC to postpone, cancel or adjust some activities.

CIVILIANS

Schoolchildren and residents in Sabah learn more about good health and hygiene practices

People in remote rural areas of Sabah, some of whom were migrants or stateless, continued to face difficulties in obtaining good-quality health care. To help make health care more accessible in these communities, around 250 residents and Malaysian Red Crescent Society volunteers learnt to administer first aid at training sessions conducted by the National Society and the ICRC; with the local government's support, training sessions were held in parts of eastern Sabah for the first time. Over 1,500 elementary-school students also learnt good hygiene practices at information sessions held in coordination with Sabah state's education department. Schoolteachers and National Society instructors were better placed to organize such training and information sessions themselves after the ICRC had instructed them in the basics.

During various meetings, representatives of Sabah health agencies, the National Society and the ICRC discussed public-health needs and areas of cooperation in addressing them, but no concrete joint projects – such as outreach services and initiatives to improve the water supply in communities with health issues – could be developed during the period. The National Society branch in Sabah continued to receive guidance and support from the ICRC for improving and expanding its health-related activities.

Members of families dispersed by migration or detention restore or maintain contact

People throughout Malaysia used the Movement's family-links services to keep in touch with relatives separated from them. For instance, the families of two detainees held at the US internment facility at Guantanamo Bay Naval Station in Cuba exchanged news with their relatives through RCMs and video calls, and through oral messages relayed by an ICRC delegate who had visited the internees.

Movement components across the region discussed measures for improving the provision of family-links services and for incorporating such services in regional disaster preparedness and response programmes. During an event in Malaysia, people providing family-links services, from 21 National Societies and Movement offices in Asia, shared experiences and best practices in implementing the Restoring Family Links Strategy for the Movement, as well as their views on the next strategy. They also discussed the Movement's new code of conduct for data protection. On other occasions, the Malaysian Red Crescent, National Societies in countries adjacent to the Andaman Sea (where major incidents involving migrants had occurred in 2015), and the ICRC discussed their roles in enhancing the provision of family-links services along migratory routes (see below).

Plans to assess family-links and other protection needs of particularly vulnerable migrant communities in Malaysia, and to follow up the situation of victims of human trafficking in government-run shelters, were cancelled. This was because of various constraints in this regard, and the National Society's and the ICRC's shift in focus towards enhancing family-links services for detained migrants (see below).

Government agencies and Movement partners strive to improve humanitarian response to migration

At a round-table discussion, Malaysian armed and security forces officers and immigration and national security staff – drawing on their experiences in past emergencies, such as the Andaman Sea operations – exchanged views with the ICRC on the humanitarian consequences of migration. With a view to improving their response mechanisms, the participants at the round-table shared their current methods of response and reflected on the task of balancing the specific vulnerabilities of migrants with the requirements of their own security framework. ICRC sponsorship enabled forensic professionals from the Malaysian police and maritime enforcement agencies to familiarize themselves with developments in their field at a conference in Indonesia.

During a meeting in Malaysia, organized with the support of the Asia Pacific Migration Network, the leaders and focal points for migration of 18 National Societies in the Asia-Pacific region, and representatives from the International Federation and the ICRC, shared their respective approaches to addressing humanitarian issues arising from migration. They identified complementarities

in their responses, with a view to adopting a coherent regional approach to these issues. A formal network of National Society focal points for migration was established, thereby giving National Societies another channel for regular communication. The ICRC contributed to the debate on migration-related issues during events organized by multilateral platforms and think-tanks in the region.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Malaysia, including people held in immigration centres in Sabah, receive visits

In Malaysia, some 23,000 detainees at five immigration detention centres and eight prisons (including facilities for women, juveniles and inmates nearing their release) received visits from ICRC delegates; these visits were conducted in accordance with the organization's standard procedures. The ICRC's dialogue with the authorities bore fruit, with the latter allowing the ICRC to visit people at a sixth immigration centre, located in Sabah, where another 1,200 detainees were being held. It continued to seek regular access to security detainees.

Delegates monitored detainees' treatment and living conditions, and afterwards, discussed the findings confidentially with the authorities concerned, focusing on identifying and addressing the needs of detainees with specific vulnerabilities, such as migrants, minors, women and the sick. A visit to juveniles in one facility that the ICRC had visited and provided recommendations for in the past revealed improvements in living conditions, such as the availability of additional activities and extended time out of holding blocks.

At the detainees' request, and with the approval of the detaining authorities, certain cases involving minors and other vulnerable detainees were referred to the IOM, UNHCR, or consular offices for specific assistance. Because of the increased availability of National Society/ICRC family-links services at immigration centres (see below), there were four times as many referrals as in 2015.

Prison and immigration officials and the ICRC maintained their dialogue on the welfare of detainees, particularly in connection with: the provision of health care (see below), sufficient water supply and adequate living quarters; the management of facilities; and ICRC support. Officers and senior civilian staff from the headquarters of the Malaysian prison department headquarters and from two prisons developed projects for addressing humanitarian issues in those two facilities, using what they had learnt at an ICRC-organized project management course. At a regional conference for correctional managers (see *Sri Lanka*), the director-general and two other officials from the prison department exchanged views with their regional counterparts on meeting humanitarian needs in prisons. The Malaysian prime minister's office, the Malaysian Bar Council and the ICRC discussed judicial guarantees for detained foreigners and minors. Immigration detention centre staff and junior prison officers learnt more about internationally recognized standards for detention at ICRC-facilitated information sessions.

Immigration detention centres are better placed to provide health care because of donated equipment

Six immigration detention centres became more capable of treating sick detainees following the ICRC's donation of basic medical equipment and medicines. The health ministry, the immigration department and the ICRC continued to shape plans for providing on-site health services at immigration detention centres. In Sabah, 30 local health officers, detention staff, doctors and nurses added to their knowledge of disease-prevention measures during a seminar

on health issues in places of detention; the seminar was jointly organized by the Kota Kinabalu district health office and the ICRC.

Soap donated by the ICRC helped some 1,170 detained migrants maintain their hygiene; 16 individuals received kits for infant care, which included recreational items.

Detainees in prisons also protected their health with soap and treatment cream distributed by the ICRC to aid efforts to mitigate scabies infections. Plans for a joint assessment of health-care provision in prisons were postponed because prison authorities were not available for it.

Detained migrants exchange more messages with their families through expanded Movement services

Detainees stayed in touch with their relatives through the Movement's family-links services. Those held in immigration detention centres, in particular, benefited from the increased availability of means to contact their families, as a result of Malaysian Red Crescent efforts to provide, with the ICRC's support, more frequent and expanded family-links services there. Mobile phone services were offered at some centres for the first time; more RCMs, oral messages and phone calls were exchanged between detainees and their families during the year than in 2015.

With assistance from the ICRC, several people, including minors, returned home, or were reunited with their families, after their release from detention. The ICRC provided them with travel documents, transport assistance and/or essential items for their journey.

ACTORS OF INFLUENCE

The governments of Malaysia and Singapore continued to receive technical guidance from the ICRC for ratifying or implementing the Arms Trade Treaty, the Convention on Cluster Munitions and other IHL-related treaties, and for developing legal frameworks to facilitate the National Society's or the ICRC's work. Japan, Malaysia and Singapore expressed their views on the Strengthening IHL process at an experts' meeting held in Switzerland (see *International law and policy*). Policy-makers were also aided in their work by materials developed by Movement components, such as a handbook for Malaysian parliamentarians.

The ICRC's efforts to mobilize support for the humanitarian agenda among Japanese parliamentarians and to engage the Japanese and Malaysian national IHL committees were unsuccessful. The Malaysian Red Crescent, through its IHL committee, and the ICRC followed up the outcomes of the 32nd International Conference.

At a seminar in Japan, some 60 representatives from Japan, Malaysia and 13 other Asia-Pacific countries discussed such humanitarian issues as the protection of cultural property and the use of nuclear weapons. Other initiatives to promote understanding of and respect for humanitarian principles and IHL among key actors included: seminars organized with the Japanese government and the Japanese Red Cross on such topics as sexual violence in armed conflict and social inclusion of persons with disabilities; forums held with Malaysian and Singaporean think-tanks and universities, on humanitarian action and the obstacles to it; and sponsorships for people to participate in local/overseas events, such as a regional IHL seminar (see *Beijing*) and a regional conference on humanitarian aid in Indonesia, at which two Islamic NGOs from Malaysia shared their experiences.

Meetings and information sessions with key actors – high-level audiences met by the ICRC president in Japan; regional bodies/forums such as ASEANAPOL, the ASEAN departments of governments in the region, the Asia-Pacific Roundtable, the Shangri-La Dialogue, the Asia Pacific Programme for Senior Military Officers, and the International Criminal Police Organization (INTERPOL) which established an office in Singapore to support regional law enforcement operations; government training institutions; and in Malaysia, agencies working in Sabah – helped to foster understanding of the ICRC's work and to open areas of cooperation. In Singapore, the ICRC obtained government approval to establish a part-time presence in the country; it continued to consult the National Society on the matter.

Military lawyers in the Asia-Pacific region develop expertise in IHL

A course in Australia and a round-table in Malaysia on the laws governing military operations – the first ICRC-organized events of their kind held in the region – helped senior military legal advisers from the countries covered and from others present in the region develop their expertise in IHL and foster relations with their peers and with the ICRC. During a round-table (see *Civilians*), Malaysian armed and security forces officers and immigration and national security staff engaged in discussions with the ICRC on responding to the humanitarian consequences of migration.

The Malaysian armed forces sought the ICRC's input for revising its doctrine on the use of force, and for finalizing its plans to establish a regional IHL knowledge centre. Discussions took place between other armed and police forces in the region and the ICRC on the prospects of ICRC support for incorporating IHL in the doctrine and training programmes of these forces.

Instructors and officers attending command and staff colleges, peacekeeping or warfare training centres, police command courses, or national or multilateral exercises learnt more about IHL and other international norms – on detention, for example – and the Movement's work. They did so during ICRC training sessions/presentations, such as the annual seminar organized jointly with the National Institute for Defense Studies in Japan and a regional workshop on IHL applicable to armed conflicts at sea (see *Jakarta*). The first-time participation of National Societies in the Asia-Pacific region, the International Federation and the ICRC in a large-scale USPACOM biennial naval exercise helped to incorporate humanitarian perspectives more fully in the exercise.

Students and teachers, and other academics, strengthened their grasp of the ICRC's work and of contemporary IHL-related issues during lectures or presentations, local/regional moot court and other IHL-related competitions, and various events, including two in Singapore to mark the release of the latest commentary on the First Geneva Convention. Academics, instructors and National Society staff from seven countries, including Brunei Darussalam, discussed approaches to instructing secondary-school students in humanitarian principles at a regional meeting held in Hong Kong (see *Beijing*). The National Societies in Brunei Darussalam, Malaysia and Singapore developed IHL-related materials and activities, including camps and workshops, for their youth programmes.

A broad range of people familiarized themselves with IHL and the Movement at exhibitions, including one in Japan featuring a *manga* comic on the life of an African child soldier, held to coincide with the Sixth Tokyo International Conference on African

Development, which took place in Kenya (see *Nairobi*). They also learnt more from traditional or web-based materials, and reports produced by journalists using ICRC-provided reference materials and knowledge gained from field trips and IHL-related training.

The Singaporean Red Cross and the ICRC continued to refine – sometimes in consultation with Singapore-based businesses and aid organizations – their joint strategy for raising funds from the private sector.

RED CROSS AND RED CRESCENT MOVEMENT

With support from Movement partners, the region's National Societies developed their ability to respond to humanitarian needs. The Malaysian Red Crescent expanded its family-links services, and in Sabah, its health-related activities (see above). National Society staff in Japan and Singapore attended courses on health emergencies. The Japanese Red Cross contributed to the goals of the Health Care in Danger project through its membership in the Movement's reference group.

The Brunei Darussalam Red Crescent Society worked with the International Federation and the ICRC to draft an organizational development plan. The Malaysian Red Crescent completed an assessment of branch and organizational capacities and set up policy workshops for strengthening its legal base.

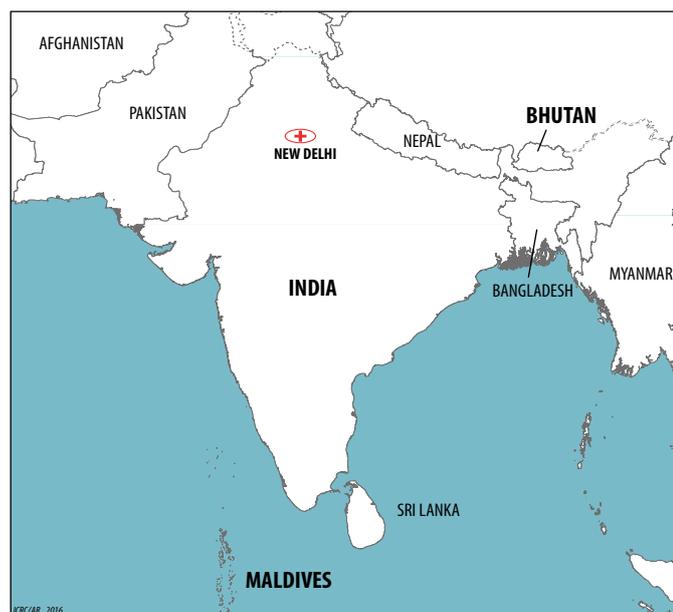
Movement components in the region coordinated their emergency response and their approach to civil-military relations in the Asia-Pacific region, and promoted the Safer Access Framework, for example during National Society workshops on disaster response.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		60			
RCMs distributed		101			
Phone calls facilitated between family members		3,157			
Reunifications, transfers and repatriations					
People reunited with their families		3			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		23	5		3
<i>including people for whom tracing requests were registered by another delegation</i>		6			
Tracing cases closed positively (subject located or fate established)		16			
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases still being handled at the end of the reporting period (people)		62	15	9	12
<i>including people for whom tracing requests were registered by another delegation</i>		8			
Documents					
People to whom travel documents were issued		5			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		24,314	2,734	1,537	
			Women	Girls	Boys
Detainees visited and monitored individually		866	72	20	99
Detainees newly registered		843	69	20	97
Number of visits carried out		50			
Number of places of detention visited		14			
RCMs and other means of family contact					
RCMs collected		272			
RCMs distributed		35			
Phone calls made to families to inform them of the whereabouts of a detained relative		635			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	1,178	205	19
Cash	Beneficiaries	6		1

NEW DELHI (regional)

COVERING: Bhutan, India, Maldives



ICRC/AR_2016
ICRC regional delegation

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ In India, detainees had access to National Society family-links services and, in four prisons, to mental health care facilitated by detention authorities. Administrative constraints delayed some planned activities.
- ▶ The families of persons with disabilities, detainees and ex-detainees maintained or recovered some amount of economic security through livelihood activities carried out with ICRC support.
- ▶ In India, medical professionals and first-responders from the health ministry, NGOs and the National Society became more capable, through ICRC training, of providing life-saving care to the wounded and sick.
- ▶ Persons with disabilities had access to good-quality rehabilitation services at ICRC-supported centres in India; they stood to benefit from the assistive devices developed for a contest organized by the ICRC and several partners.
- ▶ Naval and coastguard officers, peacekeepers and government officials from the region furthered their understanding of IHL through discussions at events organized by think-tanks and/or the ICRC, such as a seminar on IHL at sea.
- ▶ The Bhutanese parliament passed a bill to establish a National Society in the country.

EXPENDITURE IN KCHF

Protection	2,108
Assistance	4,254
Prevention	3,073
Cooperation with National Societies	740
General	178
Total	10,353
<i>Of which: Overheads</i>	<i>631</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	139

The regional delegation in New Delhi opened in 1982. It works with the armed forces, universities, civil society and the media in the region to promote broader understanding and implementation of IHL and to encourage respect for humanitarian rules and principles. It supports the development of the region's Red Cross and Red Crescent Societies. In India, the ICRC visits people arrested and detained in connection with the situation in Jammu and Kashmir. In mid-2016, the ICRC's operations in Nepal were integrated into the work of its regional delegation in New Delhi.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1
RCMs distributed	4
Tracing cases closed positively (subject located or fate established)	5
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	2,913
Detainees visited and monitored individually	202
Number of visits carried out	13
Number of places of detention visited	13
Restoring family links	
RCMs collected	6
RCMs distributed	3

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Productive inputs	Beneficiaries	486
Cash	Beneficiaries	2,100
Services and training	Beneficiaries	486
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	15,050
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	4
Physical rehabilitation		
Projects supported	Projects	7
Patients receiving services	Patients	3,000
		40,786

CONTEXT

India continued to tackle various economic, social and security issues while strengthening its regional and global relationships. Attacks on military facilities in the north-west continued to occur. India's relations with some of its neighbours remained tense, particularly with regard to border and security issues. Tensions persisted between militants and security forces in the Jammu and Kashmir region, and in parts of central, eastern and north-eastern India. This often culminated in arrests, casualties and/or displacement. The death of a young militant leader in July led to clashes, lasting several months, between protesters and police in the Kashmir valley; according to government figures, 76 civilians and two policemen died, and over 12,000 civilians were injured. In December, the Indian parliament passed a bill upholding the rights of persons with disabilities and expanding services for them.

In the Maldives, hundreds of people linked to political unrest following the arrest of the former president in 2015 remained in prison.

ICRC ACTION AND RESULTS

The regional delegation in New Delhi continued its activities for people deprived of their freedom in India – particularly those held in relation to the situation in Jammu and Kashmir – and in the Maldives. The ICRC engaged the relevant authorities in confidential dialogue on issues related to detainees' treatment and living conditions, including their access to medical care, legal assistance and means to contact relatives. In India, the ICRC continued to support prison and health authorities in improving conditions for detainees – for instance, by sponsoring their participation in international conferences. Inmates at four prisons received regular visits from a local psychiatrist, in line with the ICRC's recommendations. Medical referrals for newly released detainees helped them resettle into civilian life.

ICRC-supported family visits for detainees in Bhutan and India continued; detainees in the Indian state of West Bengal contacted their families through the services of the Indian Red Cross Society, after the authorities approved, in 2015, the provision of such services.

Others separated from their families contacted their relatives through Movement family-links services.

Together with the Indian Red Cross, the ICRC responded to the needs of vulnerable people in India. It extended its livelihood-support activities to the families of disabled people and to households headed by women, in addition to ex-detainees and the families of inmates in Jammu and Kashmir who were already getting such support.

The ICRC continued to strengthen capacities – among government health departments, partner NGOs and the Indian Red Cross – to make life-saving care more readily available to wounded and sick people. First-responders in violence-prone areas broadened their capabilities through training sessions on first aid and basic life support; the instructors were often people who had benefited from past training. Medical professionals – from the health ministry, government-run medical colleges, the Indian army and police and border-security forces, mostly in Jammu and Kashmir – strengthened their capacities in weapon-wound management and/or trauma management at ICRC-run seminars in India and elsewhere. The Indian Red Cross took steps towards applying the Safer Access Framework at national and branch levels.

The ICRC maintained its support for physical rehabilitation centres and developed its partnerships with various parties concerned; this helped to ensure uninterrupted and sustainable services for people with disabilities. The finalists of the Enable Makeathon contest – launched in 2015 to encourage innovation in the production of assistive devices for persons with disabilities – tested prototypes of their designs. The ICRC promoted social inclusion through sports by training disabled people for and facilitating their participation in tournaments.

The delegation continued to broaden understanding of, and support for, humanitarian principles, IHL and the Movement throughout the region, primarily in India. Efforts to engage the Indian authorities in dialogue continued; contacts were strengthened with various government bodies – judiciary departments, the external affairs ministry and the national security council, for example – during ICRC-organized events on such topics of common concern as new technologies in warfare and international laws regulating weapons. Dissemination sessions and presentations helped troops bound for peacekeeping missions, and Indian armed and security forces personnel, add to their knowledge of humanitarian principles and IHL. At a seminar organized by the National Maritime Foundation of India and the ICRC, officers from navies and coastguards operating in the Indian Ocean discussed IHL and humanitarian action at sea. Expanded initiatives with universities, and conferences and workshops held in India and elsewhere, helped academics in the region familiarize themselves with recent developments in IHL.

The Maldivian Red Crescent continued to revise its statutes. The Bhutanese parliament passed a bill to establish a National Society in the country.

Movement partners shared information on matters of common interest and coordinated their activities, such as their response to massive flooding in Chennai, India. This helped to maximize impact and prevent duplication of effort.

CIVILIANS

People in India restored contact with relatives within the country and elsewhere through the Movement's family-links network. For instance, a group of siblings – all minors – who had been separated from each other re-established contact through a video call facilitated by Movement partners in four countries.

The Indian Red Cross and the Maldivian Red Crescent, with ICRC support, pursued initiatives to incorporate family-links services more fully in their regular activities. In India, refugees in a camp in Tamil Nadu and detained migrants in West Bengal (see *People deprived of their freedom*) benefited from such services provided by National Society branches.

Travel documents issued by the ICRC, in coordination with the IOM or UNHCR, helped 130 refugees in India without identification papers to resettle in third countries.

Former detainees, families of detainees and violence-affected families increase their income

In Jammu and Kashmir, 59 newly released detainees returned to civilian life, aided by referrals to providers of physical or mental health care, medical assistance, and/or coverage of their transportation or accommodation costs; 38 completed medical treatment, including 6 who underwent surgery.

To ease their situation and/or their socio-economic reintegration, the households (around 680 individuals) of some 120 detainees, former detainees, and people with disabilities began income-generating activities – small businesses, livestock farming or crafts – with ICRC support. A survey undertaken in February, of over 100 households who received such support between 2011 and 2015, indicated that 82% of them increased their average monthly household income by more than 30% and sustained their livelihood.

With guidance from the ICRC, the Indian Red Cross launched projects to help other vulnerable groups, such as: over 80 farmers in violence-affected areas of Maharashtra who received crops to bolster their food production; and, in Manipur, women heading households that had lost their breadwinners to violence.

Students learn more about protecting their health through hygiene-promotion sessions

Trained personnel from a local partner organization maintained water systems and filters installed in 700 schools in India in 2015. Because of the filters, over 50,000 schoolchildren had access to potable water; 27,500 of them, and their teachers, learnt more about protecting their health at hygiene-promotion campaigns organized by state and district government departments and the National Society. A training course helped personnel from government agencies and NGOs in nine states become more capable of tackling water, sanitation and health needs during emergencies. Administrative constraints delayed the implementation of a National Society project to improve water supply for around 15,000 people.

The ICRC continued to discuss, with the authorities and other partners, proposals to design and install a solar-powered system for pumping drinking water and toilets adapted for disabled persons.

Forensic specialists and emergency responders learn more about managing human remains

Medical personnel and police officers learnt more about the proper management of human remains during ICRC courses in emergency response, or at ICRC-facilitated information sessions at their institutions. The ICRC held discussions with other organizations concerned on ways to build their forensic capacities.

The ICRC initiated a dialogue with national disaster management authorities on mine-risk education.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Jammu and Kashmir and in the Maldives receive visits from the ICRC

Detainees in Jammu and Kashmir and in the Maldives received visits from the ICRC, conducted in accordance with standard ICRC procedures; particular attention was paid to minors, vulnerable women, and foreigners. The detainees visited included people held in relation to the prevailing situation in Jammu and Kashmir, and people arrested following political unrest in the Maldives. The authorities concerned and the ICRC had confidential discussions about the ICRC's findings and recommendations on the treatment and living conditions of detainees, and their access to legal assistance. During discussions with Indian authorities, the ICRC sought to secure more regular access to people held in relation to the situation in Jammu and Kashmir.

Detainees in four facilities in Jammu and Kashmir benefited from the presence of psychiatrists assigned to those facilities by health officials, at the ICRC's recommendation. Former detainees with medical issues continued to receive treatment after their release (see *Civilians*), under an agreement between the prison authorities, a medical institute and the ICRC.

Detainees in 14 prisons in Jammu and Kashmir eased their confinement with donated books.

The authorities in the region were urged to use means of communication already available to help inmates maintain or restore contact with relatives; migrants detained in West Bengal reached their relatives through National Society family-links services, available after the authorities gave their approval last year for the provision of these services. The ICRC arranged family visits for detainees held far from home.

The ICRC sponsored the attendance of corrections officials from India and the Maldives at international conferences (see *Beijing* and *Sri Lanka*), where they discussed detention-related issues with their peers; the Maldivian authorities attended one on designing prison infrastructure.

Owing to the prevailing security situation in Jammu and Kashmir and/or administrative constraints, several planned activities for detainees in India, such as improvements to facilities for juveniles and an in-depth assessment of health needs in places of detention, were delayed or cancelled.

PEOPLE DEPRIVED OF THEIR FREEDOM		Bhutan	India	Maldives
ICRC visits				
Detainees visited			1,594	1,319
	<i>of whom women</i>		84	53
	<i>of whom minors</i>		3	13
Detainees visited and monitored individually			197	5
	<i>of whom boys</i>		3	
Detainees newly registered			74	5
	<i>of whom boys</i>		3	
Number of visits carried out			8	5
Number of places of detention visited			8	5
Restoring family links				
RCMs collected			6	
RCMs distributed		2	1	
Detainees visited by their relatives with ICRC/National Society support		15	58	
People to whom a detention attestation was issued		3		

WOUNDED AND SICK

People trained by the ICRC in first aid and basic life support share their skills with their communities

Life-saving care was more accessible in parts of India – particularly, Jammu and Kashmir, and Andhra Pradesh – after some 4,200 health ministry and other government staff, teachers, students and community members learnt first aid and/or basic life support. They attended training sessions organized by the health authorities, several partner NGOs, the Indian Red Cross and/or the ICRC, and were taught by National Society-trained instructors or people who had taken such training before.

Some 1,500 National Society staff in seven states also attended first-aid training. Several National Society instructors took refresher courses to improve their ability to train their peers and, during a programme review, provided feedback on these courses.

Medical professionals strengthen their ability to manage weapon wounds and trauma cases

With ICRC support, the Indian Red Cross provided medical supplies and equipment to four hospitals to help them cope with the influx of patients during protests in the Kashmir valley (see *Context*).

Over 30 medical professionals developed their ability to manage weapon wounds at seminars in India and Switzerland. They included doctors and orthopaedic technicians from the health ministry, government-run medical colleges, the Indian army or hospitals run by the police or border-security forces, mostly in Jammu and Kashmir. At a specialized course, 40 other professionals learnt more about standard diagnostic and therapeutic procedures for managing trauma cases; nine of them also attended a train-the-trainer workshop to strengthen their ability to teach others.

At a Health Emergencies in Large Populations course in India, some 30 health specialists from Asia learnt how to manage humanitarian operations during conflicts and other crises; the course was organized in India by public health and disaster-management agencies, the Indian Red Cross and the ICRC.

All ICRC training sessions included discussions on the protection of medical services.

More people regain or improve their mobility

Close to 41,000 people in India – including over 600 club-footed children – regained or improved their mobility after treatment at seven ICRC-supported physical rehabilitation centres, including one new partner institution run by the Indian Red Cross branch in Gujarat. Patients received assistive devices manufactured at the centres with ICRC-supplied raw materials and equipment. The most vulnerable patients had the costs of their treatment, transport, food and accommodation covered. Four of the centres implemented an ICRC-designed system in which patients eligible for ICRC-funded treatment were also referred to government mechanisms providing pensions, employment assistance and other aid.

Technical staff from the centres and National Society personnel received training with ICRC help. Comments and suggestions from beneficiaries, technical evaluations and/or management training helped the centres improve their services.

The finalists of Enable Makeathon – a contest launched in 2015 to develop innovative assistive devices for people with disabilities – produced prototypes for testing. Some participants also received

support for their start-up companies from the organizers of the contest, which included technological, business and government organizations in India and abroad, and the ICRC. The Social Justice and Empowerment Ministry and the ICRC planned joint initiatives to develop protocols/guidelines and training programmes for physical rehabilitation professionals and to help other rehabilitation centres cover their operating costs; the plans were awaiting formal government approval.

Disabled people received ICRC support for their livelihood (see *Civilians*). Disabled athletes and their coaches trained for and participated in wheelchair-basketball tournaments organized to promote disabled people's social inclusion.

ACTORS OF INFLUENCE

Influential actors in the region help broaden awareness of IHL

The ICRC continued to liaise with the authorities, and others with influence in the region, to further understanding of and raise support for humanitarian principles, IHL and the Movement. At various ICRC events, key government officials – particularly from the foreign affairs and law ministries – military personnel and members of civil society in the countries covered, advanced their understanding of issues of humanitarian concern, such as sexual violence in armed conflict and protection for health-care services. These events included: a meeting organized with the Asian-African Legal Consultative Organization; a regional conference for judicial officials (see *Nepal*); and, with representatives from five other countries, a workshop on IHL hosted jointly with the Indian Society of International Law.

In India, the ICRC pursued efforts to engage key actors in dialogue on its neutral, impartial and independent humanitarian activities in the country and elsewhere. Government officials – from judiciary departments, the external affairs ministry and the national security council, for example – and civilian and military experts from research institutes exchanged views with the ICRC on new technologies in warfare and international laws regulating weapons, and other IHL-related topics; these discussions took place at seminars abroad (see *Beijing*), round-tables organized by India-based think-tanks and the ICRC, and events such as those held to launch IHL-related publications.

Navy and coastguard officers in South Asia learn more about IHL and humanitarian action at sea

Military officers and troops bound for peacekeeping missions – mostly from India but also from the first Bhutanese peacekeeping contingent – learnt more about humanitarian principles and the Movement's work from ICRC presentations at their predeployment briefings. Work continued on the development of virtual training tools for peacekeepers. At a regional workshop on peacekeeping operations, held in New Delhi, representatives from 30 countries discussed such issues as the protection of civilians, including children, during armed conflict.

At a seminar organized by the National Maritime Foundation of India and the ICRC, navy and coastguard officers from Bangladesh, India, the Maldives and Sri Lanka, along with defence officials at foreign missions and embassies in New Delhi, discussed IHL, maritime security in the Indian Ocean, and humanitarian action at sea.

Some 2,200 air force, army and navy officers from the countries covered, and 1,300 paramilitary and police officers from India,

strengthened their grasp of: IHL; basic human rights law; international standards for the use of force and firearms; and IHL-related issues, such as those raised by the Health Care in Danger project; they did so at workshops, dissemination sessions and briefings conducted by their training units, or by defence-related think-tanks, with ICRC support. The Indian army and police received ICRC encouragement to incorporate these norms in their codes of conduct. One senior officer attended a course in San Remo.

Law students in north-eastern India learn more about IHL

The ICRC sought to stimulate academic interest in IHL. To that end, it provided support for: teacher-training programmes and academic discussions on IHL instruction; student participation in national/regional moot court competitions; and events at academic institutions, such as the first IHL information sessions for law students ever held at a leading university in north-eastern India. Academics from India and five other Asian countries familiarized themselves with recent developments in IHL at an advanced training session held in India. ICRC support enabled Islamic scholars from India to attend an international conference on humanitarian issues (see *Islamic Republic of Iran*).

The public could learn about IHL and about the ICRC and its work through broadcast media and the ICRC New Delhi blog and other online channels, and from print publications – in English and local languages – available at the delegation's resource centre. A media conference abroad (see *Bangladesh*) and a contest organized by the Press Institute of India and the ICRC aimed to help journalists cover humanitarian issues more fully and accurately.

Government officials from the countries covered learnt more about drafting legislation and the implementation requirements for IHL and IHL-related treaties, particularly the Geneva Conventions and the Biological Weapons Convention; they did so at a workshop for legal draftsmen (see *Sri Lanka*) and at meetings in Switzerland – for national IHL committees (see *International law and policy*) and in connection with the Strengthening IHL process.

RED CROSS AND RED CRESCENT MOVEMENT

The Indian Red Cross assists vulnerable people

The Indian Red Cross drew on ICRC technical, material and financial support to strengthen its ability to respond to emergencies in India and elsewhere in the region, and to improve its managerial and operational capabilities. It sought particularly to develop its capacity to: provide family-links services, livelihood support, first aid and physical rehabilitation services (see above); communicate with influential actors and the general public; and conduct youth-education sessions on proper hygiene and on the Fundamental Principles. It took steps to implement its action plan – drafted in 2015 with ICRC guidance – for incorporating the Safer Access Framework through nationwide or branch-level measures so that its personnel could do their work in safety.

With ICRC guidance, the Maldivian Red Crescent explored possibilities for increasing its financial resources, made contingency plans for the forthcoming elections, and pursued efforts to revise its statutes. Its volunteers improved their communication skills through ICRC training sessions.

The Bhutanese parliament passed a bill to establish a National Society; Movement partners continued to provide technical guidance for the process.

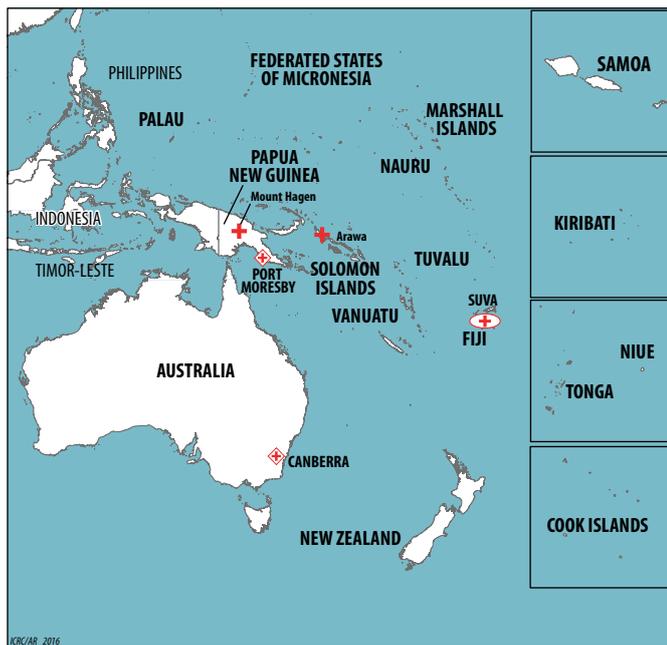
Movement components in the region worked to broaden support for humanitarian principles and the Movement at meetings and events organized by the National Societies and the ICRC with/for various parties (see *Actors of influence*). They shared information on matters of common interest and coordinated their activities, such as their response to massive flooding in Chennai, India. This helped to maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1			
RCMs distributed		4			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		125	35	15	30
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases closed positively (subject located or fate established)		5			
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Tracing cases still being handled at the end of the reporting period (people)		121	33	15	29
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		3			
Documents					
People to whom travel documents were issued		130			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		2,913	137	16	
			Women	Girls	Boys
Detainees visited and monitored individually		202			3
Detainees newly registered		79			3
Number of visits carried out		13			
Number of places of detention visited		13			
RCMs and other means of family contact					
RCMs collected		6			
RCMs distributed		3			
Detainees visited by their relatives with ICRC/National Society support		73			
People to whom a detention attestation was issued		3			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Productive inputs	Beneficiaries	486	170	146
Cash	Beneficiaries	677	198	272
Services and training	Beneficiaries	486	170	146
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	27,500	8,250	16,500
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	4		
Physical rehabilitation				
Projects supported	Projects	7		
Patients receiving services	Patients	40,786	13,575	7,393
New patients fitted with prostheses	Patients	644	99	39
Prostheses delivered	Units	685	115	54
<i>of which for victims of mines or explosive remnants of war</i>		3		
New patients fitted with orthoses	Patients	6,044	1,073	2,752
Orthoses delivered	Units	8,484	1,702	4,261
Patients receiving physiotherapy	Patients	13,290	3,190	4,049
Walking aids delivered	Units	4,224	1,038	289
Wheelchairs or tricycles delivered	Units	713	132	274

SUVA (regional)

COVERING: Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and the territories of the Pacific



Since 2001, ICRC operations in the Pacific have been carried out by the Suva regional delegation. With the National Societies, the ICRC assists governments in ratifying and implementing IHL treaties, and promotes respect for IHL and other international norms among armed and security forces and awareness of such among academic circles, the media and civil society. The ICRC works to ensure that victims of violence in Papua New Guinea receive emergency aid and medical care; it visits detainees there and elsewhere in the region. It helps National Societies build their emergency response capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The authorities concerned received ICRC feedback on issues faced by detained migrants – notably, their mental health and their uncertain status – in processing centres on Manus Island, Papua New Guinea, and in Nauru.
- ▶ In the Southern Highlands of Papua New Guinea, some victims of violence, including sexual abuse, were treated at ICRC-supported facilities. One of these facilities, built by the ICRC in 2015, began to function in July.
- ▶ Military legal advisers from the Asia-Pacific region strengthened their ability to foster compliance with IHL in military operations, through a course conducted in Australia by the Asia Pacific Centre for Military Law and the ICRC.
- ▶ Members of families dispersed when a cyclone struck Fiji, restored contact through phone calls and other family-links services provided by the Fiji Red Cross Society with support from the ICRC and other Movement partners.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1
RCMs distributed	2
Phone calls facilitated between family members	18
Tracing cases closed positively (subject located or fate established)	10
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	5,928
Detainees visited and monitored individually	91
Number of visits carried out	56
Number of places of detention visited	35
Restoring family links	
RCMs collected	3
RCMs distributed	4
Phone calls made to families to inform them of the whereabouts of a detained relative	8

EXPENDITURE IN KCHF

Protection	2,182
Assistance	1,901
Prevention	2,326
Cooperation with National Societies	1,516
General	33
Total	7,958
<i>Of which: Overheads</i>	<i>486</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	40

ASSISTANCE

	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	15,000
		6,343
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	4,000
		3,780
Health		
Health centres supported	Structures	3
		2

CONTEXT

In the Enga, Hela and Southern Highlands provinces of Papua New Guinea, communal fighting caused casualties and displacement, and disrupted basic services. In the Autonomous Region of Bougainville, a policy adopted in 2014 to address the needs of the families of people unaccounted for since the armed conflict in the 1990s had yet to be implemented.

Asylum seekers and other migrants intercepted off the coast of Australia were reportedly turned back. Hundreds awaited the resolution of their cases in processing centres on Manus Island, Papua New Guinea, and in Nauru. In April, Papua New Guinea's supreme court ruled that the detention of migrants at the processing centre on Manus Island was unlawful. In November, the governments of Australia and the United States of America (hereafter United States) agreed to resettle detainees from Manus and Nauru in the United States.

As part of efforts to counter “terrorism”, Australia took part in an international military coalition (see *Iraq* and *Syrian Arab Republic*) and, with New Zealand, helped the Iraqi government train its forces. Australia and Fiji provided troops for international peace-keeping operations.

A tropical cyclone struck Fiji in February, reportedly killing dozens of people and displacing tens of thousands of others.

ICRC ACTION AND RESULTS

The ICRC delegation in the Pacific worked to protect and assist people affected by violence or deprived of their freedom, helped National Societies build their capacities and supported efforts to advance IHL implementation.

The ICRC kept up its multidisciplinary efforts to mitigate the effects of communal violence, including instances of sexual violence, on communities in Papua New Guinea's Hela and Southern Highlands provinces and, since September, in the Enga province. It discussed allegations of abuse bilaterally with the parties concerned, emphasizing the necessity of facilitating, in an impartial manner, access to medical treatment for the wounded, the sick and victims of sexual violence. In the Southern Highlands, some victims of sexual violence received care at two family-support centres given material assistance by the ICRC. Health workers familiarized themselves with the specific needs of sexual violence victims through an ICRC course. Over 200 community members were trained to administer first aid more effectively. Two health posts in the Southern Highlands offered health services with ICRC support; one of them, built by the ICRC in 2015, began functioning in July after overcoming personnel difficulties.

The ICRC visited, in accordance with its standard procedures, detainees in Fiji, Nauru, Papua New Guinea, the Solomon Islands and, for the first time in three years, Vanuatu, to monitor their treatment and living conditions. With support from the Australian Red Cross, it also checked on the circumstances of migrants in processing centres on Manus Island and in Nauru; migrants undergoing treatment at medical transit facilities in Port Moresby received ad hoc visits. Subsequently, the ICRC discussed its findings with the authorities concerned, with a view to helping them make the necessary improvements. The ICRC informed the pertinent authorities in Australia, Nauru and Papua New Guinea of matters of persistent concern to the migrants mentioned above; these included

mental-health and child-protection issues and uncertainty about their status.

Members of families separated by detention, migration or natural disasters reconnected through Movement family-links services. The ICRC arranged for dozens of inmates in Papua New Guinea and the Solomon Islands to be visited by relatives. Migrants in processing centres on Manus Island and in Nauru filed tracing requests to locate their relatives. People separated from relatives during a tropical cyclone in Fiji sought them through phone calls and other family-links services provided by the Fiji Red Cross Society with support from the ICRC and other Movement components. A working group, composed of representatives from various local bodies, had discussions with the ICRC about developing a mechanism to address the needs of the families of people unaccounted for since the armed conflict in Bougainville in the 1990s.

Regional conferences and regular contact with national and regional authorities, armed forces personnel and members of civil society fostered support for IHL, relevant international standards, humanitarian principles and Movement activities. Military legal advisers from the Asia-Pacific region learnt more about the application of IHL in military operations, through a workshop conducted in Australia by the Asia Pacific Centre for Military Law and the ICRC. The ICRC bolstered its efforts to foster respect for international law enforcement standards through workshops for police officers in Fiji, Nauru and Papua New Guinea, and through its participation, for the first time, in the annual conference of the Pacific Islands Chiefs of Police (PICP). In Papua New Guinea, the government and ICRC signed an agreement defining its status in the country; the agreement had yet to be ratified by the parliament.

The ICRC contributed – together with the National Societies of Australia and New Zealand, and other Movement components – to strengthening the organizational and emergency response capacities of the Pacific Islands Red Cross Societies.

CIVILIANS

In Papua New Guinea, the ICRC continued to promote respect for basic principles of humanity, with a view to mitigating the effects of communal violence in Enga, Hela and the Southern Highlands. It relayed documented allegations of abuse to the parties concerned and urged them to prevent the recurrence of such unlawful conduct. During bilateral talks with them, the ICRC emphasized the necessity of: facilitating, in an impartial manner, access to medical treatment for the wounded, the sick and victims of sexual abuse; and protecting health-care staff and facilities. These and other related concerns were also highlighted at workshops for police officers on international standards applicable to law enforcement, and through plays staged in violence-affected provinces (see *Actors of influence*).

Over 6,300 individuals (1,228 households) affected by fighting in Hela and the Southern Highlands set up temporary shelters or improved their living conditions with tools, tarpaulins and other essential household items distributed by the ICRC.

Local health-care personnel pay particular attention to the medical needs of sexual violence victims

The Papua New Guinea Red Cross Society and the ICRC worked with local communities to address the effects of violence on their access to water and health care. The National Society strengthened its capacities with the help of training – for example, in conducting

activities to improve sanitation and access to water – and other support from the ICRC (see *Red Cross and Red Crescent Movement*).

In the Southern Highlands, nearly 3,800 people increased their water supply with the help of rainwater-harvesting systems installed by the ICRC. Patients and staff at six health facilities had better access to water and/or electric power after repairs to water-supply systems were completed and solar-power systems installed at these facilities.

Training sessions organized by the National Society and the ICRC equipped over 200 community members to administer emergency care to casualties of clashes. National Society volunteers learnt how to conduct first-aid training through an advanced course. An ICRC course trained staff from 11 health-care facilities in addressing the specific needs of sexual violence victims. Victims of abuse received counselling and specialized care from family-support centres at two hospitals in the Southern Highlands; these centres received supplies from the ICRC on an ad hoc basis. A new centre at a hospital in the Western Highlands was being set up with ICRC support.

People in the Southern Highlands continued to have access to primary health care at an ICRC-supported health post in the village of Uma. However, challenges in deploying qualified staff to such health posts hampered the ICRC's plans to support other primary-health-care facilities. In Kalolo, a village in the same province, a health post constructed in 2015 by the ICRC in partnership with the provincial health authority began functioning in July, after the provincial health authority overcame difficulties in assigning staff members to it.

At the two ICRC-backed health posts, about 1,300 people, including children, were vaccinated against common diseases, and pregnant or nursing mothers and other patients benefited from over 10,000 consultations.

Authorities discuss the creation of a mechanism for assisting missing persons' families

In Bougainville, a working group on missing persons – composed of parties concerned from various local bodies, including the military, the Directorate of Peace and Reconciliation, and an NGO called the Bougainville Peace Building Programme – engaged in discussions with the ICRC about developing a mechanism and exploring other possibilities for ascertaining the fate of missing people and providing their relatives with the necessary support.

In southern Bougainville, relatives of missing persons established a family association with encouragement from the ICRC; the association enabled members to provide mutual psychosocial support and collectively request assistance from government agencies and other relevant institutions. The association was the third of its kind on the island.

Disaster-affected people in Fiji exchange news with relatives

In Fiji, the National Society, with ICRC technical support, delivered emergency family-links services to people, including detainees (see *People deprived of their freedom*), affected by a tropical cyclone. The Australian Red Cross and the ICRC assigned a tracing delegate to train Fiji Red Cross Society staff in restoring family links during crises.

People sought news of their relatives through a Fiji Red Cross hotline and the ICRC's family-links website (familylinks.icrc.org),

which listed the names of people who had registered themselves as safe and of those still unaccounted for. Members of some families exchanged news via phone calls facilitated by the National Society.

PEOPLE DEPRIVED OF THEIR FREEDOM

Authorities are informed of the specific concerns of migrants held in processing centres

The ICRC visited, in accordance with its standard procedures, detainees in selected places of detention in Fiji, Nauru, Papua New Guinea, the Solomon Islands and, for the first time in three years, Vanuatu, to monitor their treatment and living conditions. In Papua New Guinea, people held in several police stations and correctional services facilities received particular attention. ICRC visits to migrants, including asylum seekers, in processing centres on Manus Island and in Nauru took place with the support of the Australian Red Cross; the ICRC also visited migrants undergoing medical treatment at transit facilities in Port Moresby.

After these visits, the ICRC discussed its findings and recommendations with the detaining authorities, with a view to helping them make the necessary improvements. Dialogue with police commands in Papua New Guinea covered, among other matters, international standards applicable to arrests and detention and the importance of ensuring respect for judicial guarantees. Based on reports submitted to them in 2015, the ICRC discussed with the pertinent authorities in Australia, Nauru and Papua New Guinea matters of persistent concern to migrants in processing centres: mental-health and child-protection issues, allegations of sexual abuse and uncertainty about their status. The ICRC's director-general and the Australian immigration minister met to discuss these concerns and the need for lasting solutions to them. In light of an agreement between Australia and the United States on the resettlement of people held on Manus Island and in Nauru, the ICRC sent a written reminder of the issues mentioned above to the parties concerned, requesting immediate action to benefit particularly vulnerable detainees, including those who were mentally ill. In line with the ICRC's recommendations, the Australian government released a child-protection framework, which outlined measures to make the environment safer for children at the processing centres.

The ICRC's confidential dialogue with detaining authorities was supplemented by regional forums on internationally recognized detention standards. Several Fijian police trainers and one senior police officer from Nauru took part in a workshop in Fiji on international law enforcement standards, such as those applicable to arrests and detention (see *Actors of influence*). At the Fijian government's request, the ICRC contributed input during a workshop on the benefits and challenges of ratifying the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Penitentiary officials from Fiji and Papua New Guinea exchanged best practices in prison management with their peers at a regional conference organized jointly by the ICRC and prison authorities in Sri Lanka (see *Sri Lanka*).

Prison authorities received ICRC assistance in enhancing detainees' living conditions. The ICRC supported the delivery of health services in one facility and gave advice on developing medical referral schemes for inmates in police stations. In the Highlands, for instance, 110 people held at two police stations benefited from infrastructural improvements carried out by the ICRC. About 390 inmates received hygiene items. Two prison management staff added to their knowledge of designing and constructing detention facilities at the 5th Asian Conference of Correctional Facilities

Architects and Planners in Seoul, Republic of Korea (see *Beijing*); the ICRC sponsored their participation in the event. The Fijian authorities drew on ICRC expertise in reviewing plans for a new detention facility.

Detainees are visited by their families

In Bougainville and Kerevat, 65 inmates were visited by relatives, who stayed in tents put up by the ICRC near their prisons; the ICRC also covered the families' transport costs. In the Solomon Islands, 35 detainees serving life sentences received family visits financed by the Solomon Islands Red Cross with ICRC support.

The ICRC maintained its efforts to respond to tracing requests made in 2015 by people held at the Manus Island processing centre. Migrants at the processing centre in Nauru, including asylum seekers, continued to benefit from tracing services provided by the Australian Red Cross.

Some detainees in Fiji contacted their relatives after a tropical cyclone, through phone calls facilitated by the National Society.

ACTORS OF INFLUENCE

Through dialogue, the ICRC drew the attention of authorities at national and regional levels to matters of humanitarian concern, and cultivated support for its response to these issues. Talks with the Australian authorities dealt with such matters as migration-related concerns, the Strengthening IHL process, and the ICRC's activities in key contexts. Notably, some parliamentarians made public statements in support of ICRC activities. During an ICRC-facilitated meeting, an Australian official exchanged views with experts on IHL provisions applicable to autonomous weapon systems.

In Papua New Guinea, the government and the ICRC signed an agreement defining the ICRC's status in the country; the agreement had yet to be ratified by the parliament.

Military legal advisers in the Asia-Pacific region strengthen their knowledge of IHL

The ICRC conducted workshops for weapon bearers in the region, with a view to promoting respect for IHL and relevant international standards.

In Australia, 19 military legal advisers from across the Asia-Pacific region strengthened their ability to foster compliance with IHL during their operations, at a workshop conducted by the Asia Pacific Centre for Military Law and the ICRC. The ICRC

customized a training module with virtual scenarios for Australia's Peace Operations Training Centre; the aim was to increase instructors' effectiveness in teaching IHL to peace-support troops. Nearly 100 peacekeeping personnel and trainers were briefed on the ICRC's work. Participation at ICRC regional events enabled Australian Defence Force officers to learn more about the application of IHL at sea and emerging challenges to implementing IHL. At an ICRC-led session, some 180 military officers from Australia and Asian countries deepened their understanding of the ICRC's activities for detainees. Australian civil-military liaison officers learnt about the ICRC's mandate through a presentation.

Police personnel in Fiji, Papua New Guinea and, for the first time, Nauru participated in workshops on international policing standards. A senior police officer from Nauru attended a train-the-trainer session for the Fiji police. The ICRC attended the PICP's annual conference for the first time, as an observer.

Members of violence-prone communities in Papua New Guinea were urged to respect the basic principles of humanity, particularly in relation to sexual violence, and learnt more about the Movement, through dramatic plays and bilateral discussions.

States take steps towards ratifying IHL treaties

Government officials, particularly in Kiribati, Tuvalu and Samoa, benefited from the ICRC's advice on becoming party to IHL-related instruments. In Fiji, Papua New Guinea and the Solomon Islands, the authorities and the ICRC held workshops on ratifying the Arms Trade Treaty. Tongan authorities consulted the ICRC about ratifying the Rome Statute, and Samoan officials learnt more about IHL through an ICRC-led session. The Tonga Red Cross Society launched, in cooperation with the Australian Red Cross and the ICRC, a handbook to guide parliamentarians towards IHL implementation. Drawing on recommendations by the Australian Red Cross and the ICRC, an independent review of Australian legislation to protect movable cultural heritage urged the Australian government to ratify the protocols to the Hague Convention on Cultural Property. At ICRC-facilitated meetings, Papua New Guinean authorities learnt more about the role of national IHL committees through discussions with officials from Australian, New Zealand and Samoan IHL committees.

Legal experts, academics and media professionals advance their understanding of IHL

In Australia and New Zealand, conferences with legal professionals and academics, and briefings for university students, enabled the

PEOPLE DEPRIVED OF THEIR FREEDOM	Fiji	Nauru	Papua New Guinea	Solomon Islands	Vanuatu
ICRC visits					
Detainees visited	1,396	486	3,620	320	106
<i>of whom women</i>	51	63	181	3	2
<i>of whom minors</i>	3	54	119	14	1
Detainees visited and monitored individually	38	14	32	7	
<i>of whom women</i>		3			
Detainees newly registered	29	5			
<i>of whom women</i>		1			
Number of visits carried out	14	6	30	2	4
Number of places of detention visited	10	3	16	2	4
Restoring family links					
RCMs collected	3				
RCMs distributed	1		3		
Phone calls made to families to inform them of the whereabouts of a detained relative	3		5		
Detainees visited by their relatives with ICRC/National Society support			65	35	

ICRC to stimulate debate on IHL and related issues. At its annual conference, the Australian and New Zealand Society of International Law included a panel discussion – organized by the Australian and New Zealand National Societies and the ICRC – about how IHL seeks to protect civilians. In Australia and New Zealand, several academics and experts in related areas were briefed on the updated Commentary on the First Geneva Convention. Australian government officials and academics learnt more about the ICRC's physical rehabilitation activities at an exhibition. Students competed in moot-court competitions with ICRC support.

Journalists from throughout the region learnt more about ICRC activities from a presentation at the biennial conference of the Pacific Islands News Association (PINA) and other similar events. An article published by PINA highlighted the ICRC's priorities in the Asia-Pacific region. In Australia, ICRC briefings for foreign correspondents aimed to foster accurate coverage of humanitarian issues. The Australian Red Cross and the ICRC surveyed the Australian public's views on torture in armed conflict; local media reported the findings.

Online content – social media posts, an online newsletter, and blog articles – raised awareness of ICRC activities throughout the world.

RED CROSS AND RED CRESCENT MOVEMENT

Pacific Island National Societies responded to emergencies in line with the Safer Access Framework, fostered awareness of IHL and built their capacities with support from the ICRC and other Movement partners. Movement components in the region coordinated their activities, particularly their response to a destructive tropical cyclone in Fiji. (see *Civilians*)

Aided by the Australian Red Cross, the International Federation and the ICRC, the Papua New Guinea Red Cross Society continued to undertake organizational reforms. With ICRC financial support, the Papua New Guinea Red Cross shared its communication expertise with the Solomon Islands Red Cross to back its response to an earthquake in December. Staff from several Pacific Island National Societies participated in regional forums on communication and other key areas.

The ICRC held meetings with the prime ministers of Tonga, Tuvalu and Samoa – together with the National Societies concerned – to urge government support for their National Societies' work. The Vanuatu Red Cross Society briefed police and corrections personnel about IHL, with ICRC support.

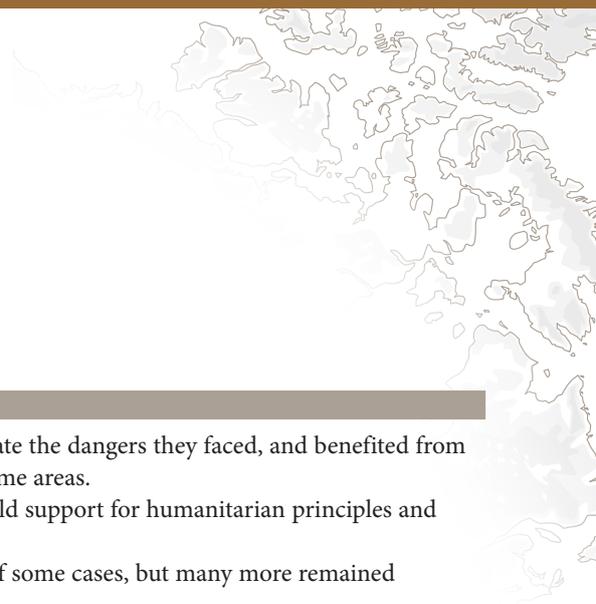
The National Societies of Australia and New Zealand, jointly with the ICRC, trained new delegates bound for humanitarian operations abroad.

The Fiji Red Cross Society drew on the ICRC for advice on talking with national authorities about enacting a law recognizing its status. The "Republic of the Marshall Islands Red Cross" worked towards recognition as a National Society; it submitted its constitution to the Joint Statutes Commission for evaluation.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1	1		
RCMs distributed		2			
Phone calls facilitated between family members		18			
Names published on the ICRC family-links website		41			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		4	1		1
Tracing cases closed positively (subject located or fate established)		10			
Tracing cases still being handled at the end of the reporting period (people)		19	5	2	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		5,928	300	191	
RCMs and other means of family contact					
RCMs collected		3			
RCMs distributed		4			
Phone calls made to families to inform them of the whereabouts of a detained relative		8			
Detainees visited by their relatives with ICRC/National Society support		100			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	6,343	1,648	2,726
	<i>of whom IDPs</i>	5,265	1,368	2,263
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,780	1,814	945
Health				
Health centres supported	Structures	2		
Average catchment population		9,523		
Consultations		10,088		
	<i>of which curative</i>	9,525	247	185
	<i>of which antenatal</i>	563		
Immunizations	Patients	1,328		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	576		
Referrals to a second level of care	Patients	113		
	<i>of whom gynaecological/obstetric cases</i>	18		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	389	56	26
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	110	28	
Health				
Visits carried out by health staff		12		
Places of detention visited by health staff	Structures	11		
Health facilities supported in places of detention visited by health staff	Structures	1		

EUROPE AND CENTRAL ASIA



KEY RESULTS/CONSTRAINTS IN 2016

- Conflict-affected people met their most pressing needs, learnt safe practices to mitigate the dangers they faced, and benefited from psychosocial support. ICRC-built walls helped reduce risks of injury for people in some areas.
- Dialogue with high-level authorities and intergovernmental organizations helped build support for humanitarian principles and action within the region and around the world.
- The authorities' efforts to address the issue of missing persons led to the resolution of some cases, but many more remained unresolved. Missing persons' families received psychosocial and other support.
- Hospitals, clinics, blood banks and haemodialysis facilities in eastern Ukraine received ICRC assistance, increasing the availability of appropriate treatment for people with injuries or chronic illnesses.
- Detainees restored or maintained family links with ICRC assistance. Penitentiary authorities received ICRC feedback on detainees' living conditions, including access to health care, and support for improvements.
- The region's National Societies partnered with the ICRC on humanitarian activities, particularly assistance for conflict-affected people and migrants, including asylum seekers and refugees.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	466
RCMs distributed	399
Phone calls facilitated between family members	21,057
Tracing cases closed positively (subject located or fate established)	372
People reunited with their families	9
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	95,317
Detainees visited and monitored individually	1,485
Number of visits carried out	524
Number of places of detention visited	223
Restoring family links	
RCMs collected	245
RCMs distributed	193
Phone calls made to families to inform them of the whereabouts of a detained relative	470

ASSISTANCE	2016 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	108,500	232,093
Essential household items	Beneficiaries	108,500	261,672
Productive inputs	Beneficiaries	12,000	16,093
Cash	Beneficiaries	29,917	44,761
Vouchers	Beneficiaries	4,500	3,864
Services and training	Beneficiaries		4,007
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	1,620,706	1,506,291
Health			
Health centres supported	Structures	15	28
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	35	86
Water and habitat			
Water and habitat activities	Number of beds	2,700	1,580
Physical rehabilitation			
Projects supported	Projects	2	1
Patients receiving services	Patients	625	

EXPENDITURE IN KCHF	
Protection	25,755
Assistance	59,128
Prevention	17,037
Cooperation with National Societies	7,755
General	797
Total	110,473
<i>Of which: Overheads</i>	<i>6,736</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	79%
PERSONNEL	
Mobile staff	202
Resident staff (daily workers not included)	993



DELEGATIONS

- Armenia
- Azerbaijan
- Georgia
- Ukraine

REGIONAL DELEGATIONS

- Moscow
- Paris
- Tashkent
- Western Balkans

- Brussels
- London

 ICRC delegation
  ICRC regional delegation
  ICRC mission



Ukraine, Lugansk region. The ICRC organizes a distribution of cylinders of cooking gas so that people do not need to collect wood in mine-contaminated areas.

In 2016, the ICRC strove to improve the protection of the civilian population and respond to the most urgent needs of people affected by armed conflict and other situations of violence in Europe and Central Asia. It ran extensive assistance programmes in the context of the Ukraine crisis and the escalation, in April, of the Nagorno-Karabakh conflict.

Across the region, the ICRC pursued discussions with the authorities, *de facto* authorities and other key parties, enabling it to draw attention to pressing humanitarian issues and seek acceptance for its work. In connection with both the Ukraine crisis and the Nagorno-Karabakh conflict, it monitored the plight of civilians, reminded the parties concerned of their obligations under IHL, and made confidential representations to them about the humanitarian consequences in both situations.

The Brussels, London, Moscow (regional) and Paris (regional) delegations helped mobilize support for ICRC operations worldwide. They shared the organization's views on humanitarian concerns with influential parties, including intergovernmental organizations such as the Collective Security Treaty Organization (CSTO), the Commonwealth of Independent States (CIS), the European Union, NATO and the Organization for Security and Co-operation in Europe.

Contact with influential figures enabled the ICRC to build support for humanitarian principles and action. The ICRC's president and other senior personnel engaged high-level government officials in discussions emphasizing the importance of humanitarian work around the world. The second CSTO-ICRC staff talks – involving headquarters-level interaction between the two organizations –

took place in June; participants discussed, *inter alia*, humanitarian issues and ICRC operations in contexts of common concern. NATO considered ICRC input in implementing a new protection-of-civilians policy and establishing new training standards to help ensure safe health-care access.

Vulnerable people received ICRC assistance to cope with threats to their safety and well-being. In eastern Ukraine and in areas affected by the Nagorno-Karabakh conflict, schools and/or health facilities were fitted with ICRC-donated materials to help protect people from injury in the event of shelling or shooting; in some areas, the ICRC built walls and provided materials to reinforce parts of people's homes that faced military positions. The ICRC facilitated the provision of psychosocial services to help people deal with conflict-related trauma.

Working with the pertinent National Societies and other local actors, the ICRC helped protect vulnerable communities from mines and explosive remnants of war (ERW). For instance, it supported mine-risk education sessions for people in Bosnia and Herzegovina (hereafter Bosnia-Herzegovina), eastern Ukraine and areas affected by the Nagorno-Karabakh conflict.

In the countries covered by the Moscow, Tashkent and Western Balkans regional delegations, and in Armenia, Azerbaijan, Georgia proper and Ukraine, the National Societies received financial and technical assistance for strengthening first-aid training.

Health facilities received various forms of assistance. In eastern Ukraine, the ICRC provided supplies to hospitals and clinics on both sides of the front line, and to blood banks and haemodialysis

facilities in non-government-controlled areas. It also provided support for repairs to medical equipment at several health facilities in Crimea, restoring their diagnostic capacities.

Physicians, including surgeons, from Crimea, eastern Ukraine, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan and areas affected by the Nagorno-Karabakh conflict strengthened their skills through training organized or sponsored by the ICRC.

The ICRC began providing support for physical rehabilitation services in eastern Ukraine. An orthopaedic centre in the city of Donetsk produced prostheses and orthoses using ICRC-supplied materials.

Civilians affected by the Ukraine crisis met their immediate needs with help from the Ukrainian Red Cross Society and the ICRC. People in communities and IDP centres in the Donetsk and Lugansk regions, and in public institutions in non-government-controlled areas, were provided with food on a monthly or quarterly basis, and with other essentials. Households in government-controlled areas with functioning markets received monthly cash assistance.

People displaced by the Ukraine crisis to Belarus obtained basic supplies using vouchers distributed on a monthly basis by the Red Cross Society of Belarus with ICRC support. Those who had fled to south-western Russia and Crimea received food and other essentials provided by the ICRC and distributed monthly by the local Red Cross branches or the local authorities.

The ICRC provided equipment and materials to help keep water networks running in eastern Ukraine. In the Lugansk region, the water supply was interrupted for over a week in October after the power to pumping stations was cut off owing to unpaid bills; the ICRC covered the payment for two months, enabling some 600,000 people to regain access to water. To restore water-supply facilities damaged during the escalation of the Nagorno-Karabakh conflict in April, the ICRC provided materials for repairs and carried out infrastructure upgrades.

Conflict-affected households pursued livelihood activities with cash grants, productive inputs and/or business training provided by the ICRC – in some cases, with the help of the pertinent National Societies. The beneficiaries included vulnerable households in eastern Ukraine, people displaced following the escalation of the Nagorno-Karabakh conflict, the families of missing persons or mine/ERW victims in Abkhazia, Armenia, Azerbaijan and Georgia proper, front-line communities in Armenia and Azerbaijan, and households in Abkhazia and Georgia proper affected by the demarcation of administrative boundary lines. The ICRC brought its livelihood assistance programme in Abkhazia and Georgia proper to a close in November.

Members of families separated by the Ukraine crisis and the Nagorno-Karabakh conflict, by the demarcation of administrative boundary lines in Abkhazia, Georgia proper and South Ossetia, or by other circumstances, reconnected through ICRC family-links services.

Acting as a neutral intermediary, the ICRC helped people cope with movement restrictions and assisted in the transfer of human remains, including of people killed during hostilities. People crossed the administrative boundary between Georgia proper and South Ossetia to obtain medical care or rejoin their families,

with the ICRC facilitating their passage in coordination with the pertinent authorities.

The ICRC urged authorities to address the issue of missing persons. It worked with State bodies and within coordination mechanisms involving, for example, Abkhaz, Georgian, Russian and South Ossetian participants, or the authorities in the Western Balkans. It supported the collection and management of DNA samples and/or ante-mortem data to ensure that these were done in line with international practice, and provided technical and financial assistance for exhumations and the forensic analysis of human remains. Efforts to clarify the fate of people missing in relation to the Nagorno-Karabakh conflict moved forward; authorities underwent training in the proper collection and management of gravesite data. The ICRC's support helped close several hundred missing-persons cases across the region, but many more remained unresolved.

Missing persons' families obtained psychosocial, legal and/or administrative assistance from local service providers, which received ICRC support. In Georgia proper, the ICRC's local partners prepared to take the lead in aiding families, as the ICRC concluded its accompaniment programme there in November. An ICRC-supported working group of academics in Georgia proper – formed to help heighten public awareness of the plight of missing persons' families, and to promote the study of the families' psychosocial needs – held its first meeting in May, and its first regional meeting, with Armenian and Georgian participants, in December.

In eastern Ukraine, the ICRC engaged the authorities and the armed opposition in bilateral discussions to establish a coordination mechanism for addressing the issue of persons missing in relation to the conflict. However, no meeting among the parties took place. The ICRC launched an accompaniment programme to aid missing persons' families; several families received home visits from psychologists, and some particularly vulnerable families in the Donetsk region began to receive monthly cash assistance.

Argentina and the United Kingdom agreed to have the ICRC recover and identify the remains of Argentine soldiers who had perished during the 1982 conflict between them.

With Movement partners, the ICRC scaled up its response to the evolving needs of migrants, including asylum seekers and refugees. To enhance its ability to assist vulnerable migrants, it opened a mission in Athens, Greece, and reopened its mission in Budapest, Hungary. To aid those stranded in Greece and unable to leave by their own means, it launched a budget extension appeal for the Paris (regional) delegation. The National Societies in the Western Balkan countries received ICRC support to help migrants restore or maintain contact with relatives, rejoin family members and/or avoid family separation; they also began discussions with the ICRC on incorporating responses to migrants' broader protection needs in their activities. In several countries in the region, the National Societies visited migrants – including unaccompanied minors – in places of detention and offered them family-links services; the ICRC provided the National Societies with financial and technical assistance. In Greece, directors of migrant detention centres received training in the centres' management from the police and the ICRC. The plight of migrants was among the subjects emphasized in the ICRC's dialogue with European Union institutions.

People being detained in relation to the Nagorno-Karabakh conflict or for security-related reasons – including detainees in Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia, Kosovo¹ and Serbia, people at three prisons in Northern Ireland, and, for the first time, people at two high-security prisons in England – and people being held on remand or serving sentences handed down by international tribunals, also received ICRC visits and benefited from family-links services. Following its visits, the ICRC communicated confidential feedback and recommendations to the detaining authorities.

In Abkhazia, Tajikistan and Turkmenistan, the ICRC pursued discussions with the authorities and *de facto* authorities regarding visits to detainees. In Ukraine, it continued its dialogue with the authorities on an agreement to formalize its access to detainees under their supervision; meanwhile, it visited detainees on an ad hoc basis. It also pursued discussions with armed opposition about access to people being held in relation to the conflict. Acting as a neutral intermediary, it participated in the release and transfer of people who had been held by the parties to the conflict.

Penitentiary authorities received ICRC assistance for improving detainees' treatment and living conditions. In Kyrgyzstan, the health and penitentiary authorities continued to tackle TB among detainees, with ICRC support. In Northern Ireland, the health authorities and the ICRC signed a plan of action on joint initiatives to strengthen health care for detainees. ICRC-led infrastructure renovations helped improve living conditions for detainees in Kyrgyzstan. Detainees in Ukraine benefited from ICRC-supplied food, hygiene items and medical equipment.

The ICRC rallied public support for its work, encouraging journalists to report on humanitarian issues, promoting the teaching of IHL at universities, and sponsoring the participation of students and academics in IHL-related events.

The countries in the region continued to incorporate IHL in domestic legislation, with ICRC assistance. With the ICRC's encouragement, Bosnia-Herzegovina and Montenegro took steps to establish national IHL committees, and Montenegro ratified Protocol V to the Convention on Certain Conventional Weapons. The Tajik authorities incorporated ICRC recommendations concerning missing persons and their families in draft civil and criminal codes, which were pending government approval. The Interparliamentary Assembly of CIS Member States adopted recommendations, drafted with the ICRC, on implementing legal frameworks related to the goals of the Health Care in Danger project, and transmitted these to its member parliaments. It worked with the ICRC on a set of model regulations, derived from IHL, for the armed forces of CIS Member States.

Military and police officers attended events on IHL and other norms applicable to their work. The ICRC continued to support efforts by the region's armed forces to incorporate IHL in their decision-making processes. The legal service of the Russian armed forces integrated IHL-related modules into workshops for military legal advisers. The Georgian military continued to take the lead in providing IHL training to its troops.

Agreements and partnerships with a number of European National Societies, including those working internationally, helped strengthen cooperation and boost operations in certain contexts and fields of action.

1. UN Security Council Resolution 1244

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION

	CIVILIANS													
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published on the ICRC family-links website	People reunited with their families	People transferred/repatriated	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	<i>of whom women</i>	<i>of whom minors</i>	Detainees visited and monitored individually	<i>of whom women</i>
Armenia	1		170						1	2,189	160	9	10	2
Azerbaijan	88	70	249				32	7	2	21,197	1,338	85	237	1
Georgia	309	272			9	910	17	48		10,222	428	33	80	8
Ukraine	28	13	965				1	117	32	26,770	1,321	145	573	53
Moscow (regional)	14	7	7					9	15					
Paris (regional)			18,735					8		14,508	327	1,062	37	1
Tashkent (regional)	26	37	931					17	12	9,721	520	107	392	23
Western Balkans (regional)				8,719				166		7,798	185	68	96	1
London										2,912	54		60	2
Total	466	399	21,057	8,719	9	910	50	372	62	95,317	4,333	1,509	1,485	91

PEOPLE DEPRIVED OF THEIR FREEDOM

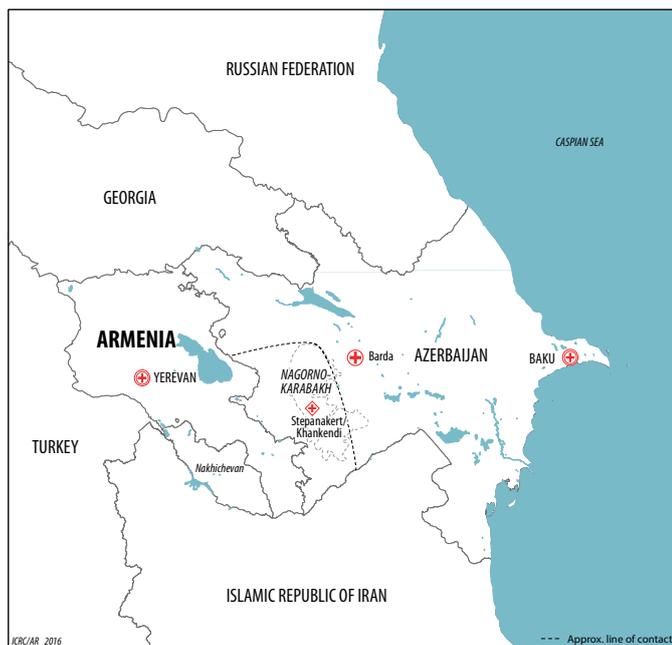
<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
		2	1			22	7	3	2	8	1	1	5	Armenia
		89				89	35	100	89	30	12		1	Azerbaijan
	2	37				43	17	95	65		6		5	Georgia
	1	284	23			93	47	2		345	2		3	Ukraine
								7	15		424		1	Moscow (regional)
1	6	17	1	1	6	83	30	5	2	13			1	Paris (regional)
	5	139	13		4	144	59	32	20	74	342			Tashkent (regional)
	2	51	1		2	33	23						155	Western Balkans (regional)
		18	1			17	5	1						London
1	16	637	40	1	12	524	223	245	193	470	787	1	171	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE								
	CIVILIANS							
	CIVILIANS - BENEFICIARIES							
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	
Armenia				459				4,683
Azerbaijan		1,632	1,636	14,105		1,300		9,608
Georgia	670	620	1,065	2,665		700		
Ukraine	195,396	214,484	13,392	25,991	215	2,007		1,492,000
Moscow (regional)	36,027	38,427			3,649			
Tashkent (regional)		6,509		1,541				
Total	232,093	261,672	16,093	44,761	3,864	4,007		1,506,291
of whom women	100,076	111,007	7,132	17,494	1,806	1,524		751,152
of whom children	47,742	55,835	2,941	9,557	1,133	621		452,548
of whom IDPs	181,545	217,864	15,602	26,174	5,458	12,128		

HEALTH CENTRES		PEOPLE DEPRIVED OF THEIR FREEDOM			WOUNDED AND SICK			
					FIRST AID	HOSPITALS	PHYSICAL REHABILITATION	
Health centres supported	Average catchment population	Food commodities	Essential household items	Water and habitat activities	First-aid posts supported	Hospitals supported	Projects supported	
								Armenia
			49			9		Azerbaijan
			60					Georgia
28	592,099	6,705	27,038		30	77	1	Ukraine
								Moscow (regional)
			4,849	3,498				Tashkent (regional)
28	592,099	6,705	31,996	3,498	30	86	1	Total
		888	3,899					of whom women
			190					of whom children
								of whom IDPs

ARMENIA



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ With ICRC support, people living near the international border with Azerbaijan launched new livelihoods and improved their protection from cross-border fire. Counselling sessions helped them cope with conflict-related trauma.
- ▶ Through bilateral dialogue and workshops, the ICRC reminded the sides to the conflict of IHL provisions on the conduct of hostilities, particularly their obligation to protect civilians.
- ▶ Work to clarify the fate of missing persons moved forward with preparations for the exhumation process: the authorities received training in gravesite mapping, which included assessment visits to alleged burial sites.
- ▶ The families of missing persons eased their circumstances through peer-group counselling, commemorative events and livelihood assistance arranged by the ICRC and its partners.
- ▶ Movement partners began drafting a contingency plan to strengthen joint crisis response. The Danish Red Cross, the National Society and the ICRC launched a project to develop the National Society's branch in the Tavush region.

EXPENDITURE IN KCHF

Protection	418
Assistance	1,798
Prevention	443
Cooperation with National Societies	343
General	37
Total	3,039
<i>Of which: Overheads</i>	<i>185</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	110%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	35

The ICRC has been working in Armenia since 1992 in relation to the Nagorno-Karabakh armed conflict. It focuses on the issue of missing persons and on detainees held for conflict-related or security reasons, and works to protect and assist communities living along the international border with Azerbaijan. It promotes the national implementation of IHL and its integration into the armed and security forces' doctrine, training and sanctions and into academic curricula. The ICRC works in partnership with and aims to help the Armenian Red Cross Society strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1
Phone calls facilitated between family members	170
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	2,189
Detainees visited and monitored individually	10
Number of visits carried out	22
Number of places of detention visited	7
Restoring family links	
RCMs collected	3
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	8

ASSISTANCE	2016 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Cash	Beneficiaries	4,160	459
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	80	4,683

CONTEXT

Rising tensions between the sides in the Nagorno-Karabakh conflict escalated in April as heavy fighting erupted along the Line of Contact. Two high-level meetings took place between the presidents of Armenia and Azerbaijan, under the auspices of the Minsk Group of the Organization for Security and Co-operation in Europe, but brought no major changes in the negotiation process; the risk of renewed hostilities remained high. In December, deadly clashes broke out on the international border between Armenia and Azerbaijan.

Civilians living in border areas contended with the consequences of the conflict. Crossfire and the increased presence of mines and explosive remnants of war (ERW) threatened their safety, restricting movement, livelihoods and access to basic services. Hundreds of families in Armenia remained without news of relatives who went missing in connection with the conflict in the 1990s.

ICRC ACTION AND RESULTS

The ICRC continued working to alleviate the humanitarian consequences of the Nagorno-Karabakh conflict. It monitored the situation of civilians living near the international border between Armenia and Azerbaijan. When necessary, it reminded the sides of their obligations under IHL.

Following the April events, the ICRC expanded its activities, supported by a budget extension in July.

Communities in Tavush region, along the international border, coped with the precarious security conditions with help from the ICRC, which implemented activities based on their requests. For example, it constructed “safer rooms” in public buildings, mostly schools and kindergartens, to serve as temporary shelters in case of cross-border fire. Some households reduced their vulnerability to similar risks by reinforcing parts of their homes that faced military positions, using ICRC-provided construction materials. Residents had better access to water for drinking and irrigation following upgrades to the requisite infrastructure. In one village, households whose farming activities were curtailed by the insecurity were presented with options for alternative livelihoods; they chose to launch collective bee-keeping and calf-rearing businesses, with ICRC grants as capital. Particularly vulnerable households, including the families of civilian casualties, were given multipurpose cash grants for their most pressing needs. Children and other residents coped with conflict-related trauma through counselling sessions held by the Armenian Red Cross Society and a local NGO.

Communities learnt about the dangers of mines and ERW, and safe behaviour in case of military escalation, through awareness sessions run by the National Society. First-aid training better prepared them for such an eventuality.

Work to clarify the fate of missing persons progressed with the Armenian State Commission on Prisoners of War, Hostages and Missing Persons (CEPOD). The authorities prepared for eventual exhumations through training in gravesite mapping, which involved assessment visits to alleged burial sites. DNA-sample collection proceeded as planned. Relatives of missing persons received comprehensive support, including through counselling, commemorative events and referrals to appropriate service providers; some households kickstarted income-generating activities and repaired their homes with ICRC assistance.

Having finished entering data on the needs of mine and ERW victims in the Information Management System for Mine Action (IMSMA) database, the ICRC entrusted database management to the Armenian Center for Humanitarian Demining and Expertise (CHDE) for sustainable follow-up, to help with the development of a national strategy to address weapon contamination and its consequences.

During visits to detainees, the ICRC checked on their treatment and living conditions, provided family-links services and extended small-scale assistance. It also visited one civilian who was temporarily detained after crossing the international border into Armenia; she was eventually repatriated to Azerbaijan, under ICRC auspices.

Cooperation with the armed forces in incorporating IHL in military decision-making continued, through dissemination sessions for units stationed along the international border, predeployment training for peacekeepers, and IHL courses for commanders and military instructors. In light of judicial reforms, the ICRC offered technical support to the authorities for incorporating IHL in domestic legislation, particularly in relation to the right of families to know the fate of their missing relatives and bringing the criminal code in line with IHL. Local media kept the public informed on key humanitarian issues and the plight of conflict-affected people; journalists produced features on the ICRC after observing its activities during field trips. Students and researchers benefited from various IHL events supported or organized by the ICRC with local partners and legal experts.

The National Society worked with ICRC teams to assist conflict-affected people and continued to receive capacity-building support. The Armenian Red Cross, the Danish Red Cross and the ICRC embarked on a project to develop operational and organizational capacities at the National Society’s Tavush branch. Movement partners in Armenia began contributing input for a joint contingency plan, to ensure a strong collective response in case of crisis.

CIVILIANS

Dialogue with all sides emphasizes IHL compliance in conduct of hostilities

Through its field presence and contact with community leaders and local authorities, the ICRC monitored the situation along the international border between Armenia and Azerbaijan, and compliance with IHL by the sides to the conflict. It documented military incidents that affected civilians and their property, including instances where civilians were wounded. Through written and oral representations, it raised these concerns confidentially with the sides concerned and reminded them of IHL provisions on the conduct of hostilities, particularly their obligation to protect civilians. It also reminded them to take precautions to ensure civilians’ safety ahead of cultural events or seasonal activities such as harvesting.

Border communities withstand threats to their safety, livelihoods and psychological health

The ICRC continued to help people in Tavush region, along the international border, cope with the chronic insecurity and its effects on their physical and psychological well-being. It worked with them to identify the risks they faced and implemented projects on the basis of their requests.

A total of 1,743 people benefited from infrastructural projects aimed at improving their safety. In nine villages, the ICRC supported the construction or rehabilitation of ten “safer rooms” in public buildings,

mainly schools and kindergartens. Equipped with drinking water, medical kits and other emergency supplies, the rooms afforded residents places to take refuge in in the event of cross-border military activity. Children attending a local kindergarten were better shielded against such risks after the ICRC built a protective wall in front of their playground. Using ICRC-donated construction materials, 98 households walled up parts of their homes that faced military positions, thereby reducing their vulnerability to small-calibre bullets.

Where water was scarce owing to degraded infrastructure and lack of maintenance, the ICRC restored or replaced pipelines and other infrastructure, which increased the available supply and facilitated its flow to villages; 2,940 people had better access to water for drinking and irrigation.

Over 110 people (31 households) benefited from cash-based assistance. Under a pilot project in the village of Berekamavan, the ICRC identified vulnerable households whose farming activities had been curtailed by the prevailing insecurity, and offered them options for alternative livelihoods that matched their needs and capacities. With ICRC grants for capital, 20 households launched collective bee-keeping and calf-rearing businesses in safer pastures away from the border; some of them also raised cows individually, profiting from the sales of milk and calves. Particularly vulnerable households, including the families of civilian casualties, received multipurpose cash grants for their most pressing needs.

To help residents cope with the psychological toll of living near the front line, specialists from the National Society and a local NGO took an ICRC-supported course in stress management. They conducted counselling sessions for local communities, through which teachers, children and parents learnt of constructive ways to deal with conflict-related trauma.

CHDE takes over follow-up of mine/ERW victims and their families

Over 2,000 residents learnt how to mitigate risks related to mines and ERW, and safe behaviour in case of military escalation, during dissemination sessions run by National Society volunteers trained by the CHDE with ICRC support. To improve their preparedness, community members learnt life-saving skills through first-aid training, and medical professionals attended a war-surgery seminar.

Having finished encoding data collected by the National Society on some 580 victims of mine and ERW incidents in the IMSMA database, the ICRC turned the database over to the CHDE for analysis and follow-up, to feed into its development of a national strategy addressing weapon contamination and the challenges faced by victims' families. Meanwhile, the ICRC continued providing small-scale assistance for such families: 15 households (78 people) started small businesses with conditional grants or interest-free loans, or covered urgent expenses with unconditional cash assistance; the homes of six households (28 people) were repaired through a joint programme with a housing NGO.

Work to resolve missing persons' cases moves towards exhumation and identification

More than 4,500 people remained unaccounted for in relation to the Nagorno-Karabakh conflict; over 400 of them were registered as missing by the ICRC delegation in Yerevan.

Having submitted an updated list of missing persons to the sides in 2015, the ICRC encouraged them to use it as a common reference

for following up cases. It examined the list against public archives and generated analytical reports on incidents of disappearance, and forwarded them to the authorities to facilitate the location of burial sites.

Authorities underwent training in the proper collection and management of gravesite data, which involved assessment visits to alleged burial grounds of missing soldiers and civilians. A draft document on procedures for the exhumation, identification and return of human remains was under discussion with the Armenian authorities. A study tour to Cyprus, for CEPOD members to observe best practices in this regard, was postponed to January 2017.

To facilitate future identification of exhumed remains, the ICRC, in coordination with the Armenian authorities and the National Society, continued collecting buccal swabs from relatives of missing persons. It did this in line with standard operating procedures, which included obtaining the families' informed consent and ensuring confidentiality. Families had access to psychological support throughout the process. Random samples were sent abroad for testing, to ensure quality control for long-term preservation. An ICRC geneticist assessed local capacities for DNA profiling.

The ICRC continued to review and hand over ante-mortem data to the CEPOD; this included questionnaires filled out by the families concerned, together with relevant documents and photographs. The information was entered into the centralized ante/post-mortem database for use in the identification process.

Families of missing persons find relief, with community support

Families coped with the uncertainty surrounding the fate of their missing relatives, and its socio-economic repercussions, with the help of a comprehensive support programme run by the ICRC with the National Society and other local partners throughout Armenia.

Over 270 relatives of missing persons discussed their needs and learnt of services that could help them during information sessions co-facilitated by local leaders, specialists and NGOs. Fifty-five people were referred to the appropriate channels for psychosocial, medical and/or legal assistance, and for help in accessing social service benefits. Some received follow-up home visits. Fifty-three people strengthened their ability to support their peers by attending basic counselling workshops.

With ICRC cash assistance, 43 households (145 people) started income-generating activities, undertook vocational training or met their immediate household needs, and 21 households (94 people) repaired their homes.

Families commemorated their missing relatives at 20 public events attended by over 500 people. Organized with the involvement of local authorities, religious leaders, artists and other community members, the events helped the families process their grief and broadened awareness of the difficulties they faced. Families from Yerevan received copies of a memory book honouring their loved ones, to which they had contributed.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited an Azerbaijani civilian who was temporarily detained after crossing the international border into Armenia; it assessed her treatment and the conditions in which she was held. With the agreement of all parties concerned, she was subsequently repatriated, with the organization acting as a neutral intermediary.

Over 2,000 people held in places of detention under the justice ministry likewise received visits. In line with its standard procedures, the ICRC monitored their treatment and living conditions and shared its findings with the relevant authorities, noting the specific needs of particularly vulnerable people. Detainees at the Nubarashen prison had a newly refurbished and equipped fitness room; those serving life sentences also benefited from free consultations with an ophthalmologist and eyeglasses provided by the ICRC.

Foreign detainees got in touch with their families using ICRC-provided phone cards; women also received personal hygiene parcels. An ICRC proposal to allow foreign detainees to contact their families via video calls, and the required legislative amendments, were being discussed with the justice ministry.

ACTORS OF INFLUENCE

Humanitarian issues arising from the Nagorno-Karabakh conflict, and the ICRC's work for the people affected, remained central to dialogue with the authorities, armed forces, international community and civil society.

Armed forces familiarize themselves with IHL considerations in military operations

Dialogue with the armed forces focused on the protection of civilians living along the international border and the ICRC's role as a neutral intermediary (see above).

Troops stationed along the international border learnt about the ICRC and basic IHL during information sessions. Over 80 surgeons from military and civilian hospitals were briefed on the same topics at an ICRC war-surgery seminar (see *Civilians*). During predeployment training, peacekeeping contingents familiarized themselves with IHL rules applicable to their duties, and with the ICRC's mandate and activities, including those connected to the Health Care in Danger project and addressing sexual violence.

Ten command officers learnt more about incorporating IHL in military planning and decision-making at a seminar organized by the defence ministry and the ICRC. Two officers participated in an advanced course on the subject in San Remo, Italy. Fourteen instructors from two major military academies honed their IHL-teaching skills at a train-the-trainer workshop; two others attended a regional seminar in Belarus, on improving IHL education in military institutes (see *Moscow*).

A military lawyer from the defence ministry contributed to an ICRC experts' meeting in Canada, on proportionality in the conduct of hostilities (see *Washington*).

Authorities consider aligning judicial reforms with IHL

With judicial reforms ongoing, the ICRC presented its recommendations for aligning criminal law with IHL to the working group revising the criminal code. Engagement with the working group reforming the civil code, which may define the legal status of missing persons, centred on the possibility of amending domestic legislation to incorporate the families' right to know the fate of their missing relatives.

The authorities drew on ICRC expertise in the application of IHL treaties. Defence personnel took part in discussions on the legal aspects of the use of weapons in modern conflicts at a regional conference in the Russian Federation (see *Moscow*). Representatives of the foreign affairs and justice ministries exchanged views on IHL

implementation with their counterparts at a universal meeting of national IHL committees in Geneva, Switzerland.

Fifteen investigators and prosecutors discussed the suppression of war crimes at an ICRC seminar on international criminal law organized with the Academy of Justice.

Academics develop expertise in IHL

Legal professionals, researchers and students deepened their knowledge of IHL through ICRC-provided reference material and IHL-themed events, which in turn fostered domestic expertise. The events included public lectures by international law experts brought in by the ICRC, and a summer IHL course for legal specialists and law students. With the Armenian-Russian (Slavonic) University, UNHCR's Yerevan office and other partners, the ICRC organized the first public international law summer school in Armenia, which acquainted participants with basic IHL. University students supplemented their studies with practical skills gained at a moot-court competition judged by IHL experts from the government, and at similar events abroad. Researchers and experts from 12 countries discussed the challenges of modern armed conflicts from an IHL perspective at a yearly conference organized by the Slavonic University and the ICRC.

The media draw attention to humanitarian issues

Local media used the ICRC's news releases, factsheets, press lines and interviews to give wide coverage to its response to the events in April. They regularly highlighted ICRC activities concerning missing persons and the plight of their families, mine and ERW victims, civilians living along the international border, and detainees; this broadened public awareness and understanding of humanitarian needs linked to the conflict, and the ICRC's mandate. Journalists were briefed on conflict reporting and the ICRC during workshops, to which the National Society contributed. Some supplemented their knowledge with field visits to Tavush and Syunik, which yielded features on the ICRC's work for border communities and commemorative events for missing persons.

RED CROSS AND RED CRESCENT MOVEMENT

Movement partners work to strengthen joint crisis response

Increased tensions related to the conflict highlighted the need for improved emergency preparedness and response. The International Federation, the Armenian Red Cross, six partner National Societies and the ICRC began drafting a contingency plan to ensure a strong collective Movement response in the event of a crisis in Armenia.

With ICRC financial, material and technical support, the National Society reinforced its ability to train volunteers in first aid, assist border communities and missing persons' families, and run mine-awareness sessions (see *Civilians*); it also held talks and other activities promoting IHL among students and the general public.

The National Society, the Danish Red Cross and the ICRC embarked on a partnership focused on helping the National Society's branch in Tavush expand its capacity to respond to the population's needs, through support for emergency preparedness and the provision of material and human resource assistance.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		1			
Phone calls facilitated between family members		170			
Tracing requests, including cases of missing persons			Women	Girls	Boys
Tracing cases still being handled at the end of the reporting period (people)		407	24		6
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
Documents					
People to whom travel documents were issued		1			
Official documents relayed between family members across borders/front lines		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		2,189	160	9	
			Women	Girls	Boys
Detainees visited and monitored individually		10	2		
Detainees newly registered		2	1		
Number of visits carried out		22			
Number of places of detention visited		7			
RCMs and other means of family contact					
RCMs collected		3			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		8			
Detainees visited by their relatives with ICRC/National Society support		1			
Detainees released and transferred/repatriated by/via the ICRC		1			
People to whom a detention attestation was issued		5			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	459	184	135
	<i>of whom IDPs</i>	10	5	3
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	4,683	1,405	1,873
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Visits carried out by health staff		4		
Places of detention visited by health staff	Structures	3		
Health facilities supported in places of detention visited by health staff	Structures	1		

AZERBAIJAN



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ With National Society and ICRC support, conflict-affected people, including those displaced, met their urgent needs and recovered their livelihoods. Psychosocial-support activities helped them deal with conflict-related trauma.
- ▶ The remains of soldiers killed in the hostilities were transferred across the Line of Contact, with the ICRC acting as a neutral intermediary.
- ▶ Through bilateral dialogue and workshops, the ICRC reminded the sides to the conflict of IHL provisions on the conduct of hostilities, particularly their obligation to protect civilians.
- ▶ In view of a potential re-escalation of the conflict, first-aid training for front-line communities intensified, with support from the National Society; medical professionals took courses in war surgery and emergency-room trauma care.
- ▶ Work to clarify the fate of missing persons moved forward with preparations for the exhumation process: the authorities received training in gravesite mapping, which included assessment visits to alleged burial sites.
- ▶ Initial meetings with the authorities paved the way for closer cooperation in strengthening the provision of health care for detainees.

EXPENDITURE IN KCHF

Protection	1,903
Assistance	6,298
Prevention	732
Cooperation with National Societies	624
General	55
Total	9,612
<i>Of which: Overheads</i>	<i>587</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	89

The ICRC has been working in Azerbaijan since 1992 in relation to the Nagorno-Karabakh armed conflict. It focuses on the issue of missing persons and on detainees held for conflict-related or security reasons, and works to protect and assist communities living along the Line of Contact and the international border with Armenia. It promotes implementation of IHL and its integration into armed and security forces' training and into academic curricula. The ICRC works in partnership with and aims to help the Red Crescent Society of Azerbaijan strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	88
RCMs distributed	70
Phone calls facilitated between family members	249
Tracing cases closed positively (subject located or fate established)	7
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	21,197
Detainees visited and monitored individually	237
Number of visits carried out	89
Number of places of detention visited	35
Restoring family links	
RCMs collected	100
RCMs distributed	89
Phone calls made to families to inform them of the whereabouts of a detained relative	30

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	1,632
Productive inputs	Beneficiaries	3,600
Cash	Beneficiaries	2,002
Services and training	Beneficiaries	1,300
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	5,626
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	9

CONTEXT

Rising tensions between the sides in the Nagorno-Karabakh conflict escalated in April as heavy fighting, involving shelling and artillery fire, erupted along the Line of Contact, causing military and civilian casualties. Thousands of civilians on both sides were temporarily evacuated or displaced. Two high-level meetings took place between the presidents of Azerbaijan and Armenia, under the auspices of the Minsk Group of the Organization for Security and Co-operation in Europe, but brought no major changes in the negotiation process; the risk of renewed hostilities remained high. In December, deadly clashes broke out on the international border between Azerbaijan and Armenia.

Civilians living near the front lines contended with the consequences of the conflict. Crossfire and the increased presence of mines and explosive remnants of war (ERW) threatened their safety, restricting movement, livelihoods and access to basic services. Thousands of families remained without news of relatives who went missing in connection with the conflict in the 1990s.

ICRC ACTION AND RESULTS

The ICRC continued working to alleviate the humanitarian consequences of the Nagorno-Karabakh conflict. It monitored the situation of civilians living near the Line of Contact and the international border between Azerbaijan and Armenia. When necessary, it reminded the sides of their obligations under IHL.

Being the only international humanitarian organization present on both sides of the Line of Contact enabled the ICRC to respond immediately to the upsurge in fighting in April. It provided assistance for the recovery and dignified management of human remains and, as a neutral intermediary, facilitated the handover of the remains of soldiers and their subsequent return to the families. To address the additional needs that arose, the ICRC expanded its activities, supported by a budget extension in July.

The ICRC, in some cases with the Red Crescent Society of Azerbaijan, helped front-line communities protect or restore their livelihoods. Vulnerable households, including the families of missing persons and mine victims, launched income-generating activities with business grants and training. Displaced and returnee households, and those that had lost their breadwinners, property or harvests owing to the conflict, received cash for covering urgent expenses or enrolled in cash-for-work projects, which facilitated their recovery. Monthly allowances helped elderly pensioners in Nagorno-Karabakh meet their basic needs. Communities had better access to water and electricity following infrastructure upgrades, including repairs to facilities damaged in the fighting, undertaken with local water boards.

To boost emergency preparedness, given the potential for a re-escalation of hostilities, the ICRC reinforced houses, constructed protective walls and donated anti-blast film to schools and health facilities, thus reducing civilians' exposure to bullets and shrapnel. Community members learnt life-saving first-aid skills, while military and civilian medical personnel attended war-surgery and emergency-room trauma training. Hospitals in Nagorno-Karabakh received supplies for treating weapon-wounded patients. Psychosocial-support activities for front-line communities, particularly children, strengthened their ability to cope with the precarious security conditions.

Work to clarify the fate of missing persons progressed with the Azerbaijani State Commission on Prisoners of War, Hostages and Missing Persons (CEPOD) and the *de facto* commission in Nagorno-Karabakh. The authorities prepared for eventual exhumations through training in gravesite mapping, which involved assessment visits to alleged burial sites. The Azerbaijani CEPOD contributed information to verify the consolidated list of missing persons submitted by the ICRC in 2015, and engaged with the ICRC on amending existing legislation to protect the rights of missing persons' families. DNA-sample collection proceeded as planned. Relatives of missing persons continued receiving comprehensive support, including through counselling, commemorative events and referrals to appropriate service providers. Peer counsellors previously trained by the ICRC formed their own family-support network and began replicating these activities in some districts.

Detainees, including those held in relation to the conflict, received ICRC visits; delegates monitored their treatment and living conditions and helped them restore family contact. Initial meetings with the authorities laid the groundwork for closer cooperation in improving health care for detainees.

Humanitarian issues arising from the conflict remained central to dialogue with the authorities, weapons bearers, the media and other stakeholders. ICRC presentations and seminars for military personnel emphasized IHL considerations in military operations; Azerbaijani police and internal troops learnt more about international policing standards. Local and international events fostered expertise in IHL among academics.

With ICRC support, the Azerbaijani Red Crescent strengthened its core capacities and assisted conflict-affected households. It intensified training for its first-aid instructors, who in turn trained front-line communities. Movement partners coordinated their activities and mobilized joint efforts in emergency preparedness and response.

CIVILIANS

Dialogue with all sides emphasizes IHL compliance in conduct of hostilities

Through its field presence and contact with community leaders and local authorities, the ICRC monitored the situation along the Line of Contact and the international border between Azerbaijan and Armenia, and respect for IHL by the sides to the conflict. It documented military incidents that affected civilians and their property, including instances where civilians were wounded. Through written and oral representations, it raised these concerns confidentially with the sides concerned and reminded them of IHL provisions on the conduct of hostilities, particularly their obligation to protect civilians. It also reminded them to take precautions to ensure civilians' safety ahead of cultural events or seasonal activities such as harvesting.

Following the April events, the forensic bureau in Nagorno-Karabakh received an autopsy kit, a refrigeration unit and other equipment for managing human remains, and support for expanding its morgue. With the agreement of all stakeholders, the ICRC, in its capacity as a neutral intermediary, facilitated the retrieval, identification and handover, across the Line of Contact, of the remains of soldiers killed in the hostilities, and their subsequent return to the families; all persons reported missing in relation to these events were accounted for.

People separated by the conflict maintained contact through ICRC family-links services. Ethnic Armenians received support for clarifying their legal status in Azerbaijan and applying for identification documents. A civilian who had crossed the international border to Armenia was repatriated under the auspices of the ICRC.

Front-line communities withstand threats to their safety and psychological health

The ICRC continued to help front-line communities cope with the chronic insecurity and its effects on their physical and psychological well-being. It worked with them to identify the risks they faced and implemented projects on the basis of their requests.

In Tovuz district, 81 people reduced their exposure to bullets and shrapnel after the ICRC built protective walls and provided materials for reinforcing parts of their homes that faced military positions. Construction of a collective shelter inside a school, and a safe play area, were ongoing. In Nagorno-Karabakh, the ICRC distributed anti-blast film to six schools and three health facilities to prevent injuries from shattered windows in the event of shelling or shooting. The military hospital in Stepanakert/Khankendi and the *de facto* health ministry received kits for treating weapon-wounded patients.

To prepare for a potential re-escalation of hostilities, community members learnt life-saving skills at first-aid courses conducted by trained volunteers and health-care workers. Medical personnel from hospitals near the front line underwent training in emergency-room trauma care and war surgery.

To help residents, particularly women and children, cope with the psychological toll of constant exposure to conflict, teachers, medical staff and National Society volunteers took train-the-trainer courses in stress management and conducted counselling sessions in various communities. Specially designed summer camps helped children process conflict-related trauma. In Nagorno-Karabakh, such support was provided by ICRC-trained psychologists, with a focus on displaced children and returnees.

Conflict-affected people recover their livelihoods

The ICRC continued to help conflict-affected people establish stable livelihoods and improve their living conditions; some projects were implemented with the National Society. Around 310 households (1,252 people), including families of missing persons and mine/ERW victims, launched income-generating activities with cash grants and business training. Over 1,600 people benefited from productive inputs; notably, ICRC-provided fertilizer, fuel and training restored over 80 hectares of cultivable land for 325 households (1,300 people).

Following the escalation of hostilities, 400 households (1,600 people) received tarpaulins, which allowed them to remain in their damaged homes until they were repaired. Vulnerable households, including those who were displaced or who had lost their breadwinners, houses or livestock to the conflict, received unconditional cash assistance for meeting their immediate needs and resuming normal living conditions after returning to their communities. Over 3,100 households (12,377 people, including returnees) started over with the help of grants for recovering from lost harvests or replacing damaged assets, or provisional income from cash-for-work projects.

Monthly allowances helped alleviate the living conditions of 296 elderly people living alone in Nagorno-Karabakh; planned

home repairs were however postponed, owing to the prevailing situation.

Approximately 7,700 people restored or improved their access to water for drinking and irrigation after the ICRC upgraded water-supply infrastructure and donated equipment and materials for repairing facilities damaged in April. This was complemented by maintenance training for 28 water board operators and promotion of sustainable use of water systems to around 1,000 community members, with National Society support. Rehabilitation of electrical networks improved access to electricity for 720 people in one village. In Nagorno-Karabakh, the ICRC provided the water boards with materials to enable faster repairs in case of damaged pipelines.

Civilians learn to avoid mines and ERW

The ICRC provided support to communities and other local stakeholders to enhance the safety of civilians exposed to weapon-contaminated areas. Communities in 18 front-line villages learnt about the dangers of mines and ERW, and how to protect themselves, through billboards and posters produced by the National Society, the Azerbaijan National Mine Agency and the ICRC.

The National Society and/or the ICRC continued to collect data on mine incidents and the needs of victims' families. Some families received financial assistance (see above).

Work to resolve missing persons' cases moves towards exhumation and identification

More than 4,500 people remained unaccounted for in relation to the Nagorno-Karabakh conflict; over 3,770 of them were registered as missing by the ICRC delegation in Baku, and some 370 by the mission in Stepanakert/Khankendi.

Having submitted an updated list of missing persons to the sides in 2015, the ICRC encouraged them to use it as a common reference for following up cases. The Azerbaijani CEPOD came forward with additional information verifying a number of cases. The ICRC examined the list against public archives and generated analytical reports on incidents of disappearance, with a view to forwarding them to the authorities concerned and facilitating the location of burial sites; three such reports were submitted to the *de facto* CEPOD.

Authorities underwent training in the proper collection and management of gravesite data, which involved assessment visits to alleged burial grounds of missing soldiers and civilians. The ICRC began dialogue with the authorities on establishing procedures for the exhumation, identification and return of human remains. A study tour to Cyprus, for CEPOD members to observe best practices in this regard, was postponed to January 2017.

To facilitate future identification of exhumed remains, the relevant authorities and the ICRC continued collecting buccal swabs from relatives of missing persons, in line with standard operating procedures, which included obtaining the families' informed consent and ensuring confidentiality. Families had access to psychological support throughout the process. Random samples were sent abroad for testing, to ensure quality control for long-term preservation. An ICRC geneticist assessed local capacities for DNA profiling.

The ICRC continued to review and hand over ante-mortem data to the CEPODs; this included questionnaires filled out by the families

concerned, together with relevant documents and photographs. The information was entered into centralized ante/post-mortem databases for use in the identification process.

Families of missing persons form their own support network

Families coped with the uncertainty surrounding the fate of their missing relatives, and its socio-economic repercussions, with the help of a comprehensive support programme run by the ICRC with the National Society and/or other partners.

Around 1,200 relatives of missing persons drew psychological support from commemoration events, peer-group sessions or individual home visits. Over 200 people were referred to the appropriate channels for psychosocial, medical and/or legal assistance. Some received material support according to their specific needs. Peer counsellors previously trained by the ICRC organized themselves into a support network and began replicating these activities in 30 districts, reaching over 300 people. Thirty families in Nagorno-Karabakh paid tribute to their missing relatives through a memory book produced with ICRC support.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 21,000 detainees, including those held in relation to the conflict, were visited by the ICRC in accordance with its standard procedures. Delegates checked on their treatment and living conditions and shared the findings confidentially with the authorities concerned.

Detainees exchanged news with their families through RCMs; foreign detainees phoned their families or notified their embassies or UNHCR of their circumstances with ICRC support. In Nagorno-Karabakh, detainees received ICRC-organized family visits. Material assistance – clothing, hygiene parcels and books – helped ease conditions for vulnerable detainees.

The ICRC followed up four newly released inmates and one former POW undergoing psychiatric treatment in Stepanakert/ Khankendi, to assess their situation and provide appropriate support.

Authorities and the ICRC initiate cooperation in strengthening health care in prisons

Dialogue with the authorities, particularly the justice ministry's medical department, laid the groundwork for closer cooperation in improving health care for detainees. A first meeting with the health ministry discussed the need to strengthen interministerial

cooperation in this regard, particularly between the health and justice ministries. A workshop for prison managers, organized by the justice ministry and the ICRC, included a session on psychological care for detainees. Azerbaijani authorities continued to share their expertise in controlling TB in prisons through an annual workshop for penitentiary health officials from high-burden countries; participants also learnt about medical ethics in places of detention.

The clinic of the main prison in Nagorno-Karabakh purchased medical items for detainees with ICRC financial support.

ACTORS OF INFLUENCE

Stakeholders increase their understanding of and acceptance for IHL and ICRC

The humanitarian consequences of the Nagorno-Karabakh conflict and the ICRC's response were at the core of discussions with the authorities, military personnel, diplomats and international organizations. Regular contact kept stakeholders informed of the ICRC's activities and contributed to securing acceptance for its mandate and access to conflict-affected people. The ICRC gave briefings on these topics to members of the diplomatic community and military attachés. Round-table meetings provided opportunities for discussions with representatives of 15 front-line districts, who relayed their communities' concerns and expressed their needs in terms of ICRC support.

Local media used ICRC news releases, factsheets, press lines and interviews to cover its work, notably its response to the events in April; this broadened public awareness and understanding of humanitarian issues linked to the conflict. Bilateral meetings gave journalists a fuller understanding of the ICRC's role as a guardian of IHL; two journalists from Nagorno-Karabakh attended a media workshop in Armenia.

Armed forces familiarize themselves with IHL considerations in military operations

Military cadets learnt about the ICRC's work during briefings at their institutes. At a five-day IHL course, 30 defence ministry officials deepened their knowledge of IHL and its implementation during military operations; two high-ranking officers participated in advanced courses in San Remo, Italy, and Lucerne, Switzerland (see *International Law and Policy*), with ICRC support. The defence ministry's legal department and the ICRC made progress in integrating IHL into unit-level training; a jointly drafted IHL manual for troops was submitted to the educational department for review.

PEOPLE DEPRIVED OF THEIR FREEDOM	Related to the Nagorno-Karabakh conflict	Not related to the Nagorno-Karabakh conflict
ICRC visits		
Detainees visited	4	21,193
<i>of whom women</i>		1,338
<i>of whom minors</i>		85
Detainees visited and monitored individually	4	233
<i>of whom women</i>		1
Detainees newly registered	1	88
Number of visits carried out	20	69
Number of places of detention visited	3	32
Restoring family links		
RCMs collected	72	28
RCMs distributed	73	16
Phone calls made to families to inform them of the whereabouts of a detained relative	9	21
Detainees visited by their relatives with ICRC/National Society support		12
People to whom a detention attestation was issued	1	

Through workshops, nearly 60 police officers and internal troops and 14 police-station investigators learnt more about international policing standards, IHL and the ICRC's work for detainees.

In Nagorno-Karabakh, 800 military personnel and 150 cadets enhanced their understanding of basic IHL principles and the ICRC's mandate during dissemination sessions supported by ICRC-produced handbooks on codes of conduct for combatants. Posters displaying key IHL messages, including protected emblems, were provided for the military's training rooms. Because of the April escalation, two workshops for commanders, on incorporating IHL in military planning and decision-making, were cancelled, as potential participants were not available.

Academics gain practical knowledge at IHL events

Students broadened their knowledge of IHL by attending ICRC guest lectures at universities and participating in an IHL summer camp in Belarus (see *Moscow*) and an IHL competition abroad. Students from Nagorno-Karabakh attended IHL events in Armenia. Donations of IHL reference materials, including electronic versions for the Justice Academy's library, gave students, lecturers and researchers opportunities to pursue related studies or enrich their knowledge.

The adoption of national measures protecting the rights of missing persons' families remained under discussion; the authorities and the ICRC continued jointly exploring the possibility of introducing changes to existing legislation, based on ICRC recommendations submitted last year. Five government representatives participated in regional IHL events (see *Moscow* and *Tashkent*). Eighteen judges discussed the enforcement of IHL and the suppression of war crimes at a training seminar organized with the Justice Academy.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Crescent Society of Azerbaijan continued to receive support for strengthening its tracing, communication, emergency preparedness and response, fundraising and mine-victim assistance activities (see *Civilians*). It worked with ICRC teams, surveying the needs of conflict-affected households and monitoring the results of ICRC support. With rising tensions in the region, it expanded its first-aid capacities, intensifying training for its trainers and for community members in front-line villages. It worked with the ICRC to develop policy guidelines and update a manual on first aid.

National Society staff underwent training on the Movement, the Fundamental Principles and basic IHL, enabling them to raise awareness of these topics. Training with the British Red Cross and material support helped boost the National Society's fundraising capacity.

Movement components maintained coordination to increase the relevance and scope of humanitarian activities for vulnerable groups. Coordination meetings were held to mobilize joint efforts in emergency preparedness and response, and to strengthen the National Society through partnerships with other actors.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		88			
RCMs distributed		70			
Phone calls facilitated between family members		249			
Reunifications, transfers and repatriations					
Human remains transferred or repatriated		32			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		54	6	1	1
Tracing cases closed positively (subject located or fate established)		7			
Tracing cases still being handled at the end of the reporting period (people)		4,151	320	22	71
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Documents					
People to whom travel documents were issued		2			
Official documents relayed between family members across borders/front lines		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		21,197	1,338	85	
			Women	Girls	Boys
Detainees visited and monitored individually		237	1		
Detainees newly registered		89			
Number of visits carried out		89			
Number of places of detention visited		35			
RCMs and other means of family contact					
RCMs collected		100			
RCMs distributed		89			
Phone calls made to families to inform them of the whereabouts of a detained relative		30			
Detainees visited by their relatives with ICRC/National Society support		12			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	1,632	651	320
	<i>of whom IDPs</i>	10	3	
Productive inputs	Beneficiaries	1,636	655	587
Cash	Beneficiaries	14,105	4,689	2,726
	<i>of whom IDPs</i>	1,375	573	556
Services and training	Beneficiaries	1,300	520	520
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	9,608	3,747	3,075
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	49		
Cash	Beneficiaries	1		
Health				
Visits carried out by health staff		10		
Places of detention visited by health staff	Structures	12		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	9		



The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Owing to the efforts of the two ICRC-supported coordination mechanisms dealing with missing-persons cases related to past conflicts, the remains of some 40 people were identified and handed over to their families.
- ▶ Missing persons' families obtained psychosocial, legal and/or administrative support from ICRC-backed NGOs. The NGOs prepared to take the lead in providing such support, as the ICRC concluded its assistance to them in November.
- ▶ Detainees in Georgia proper and South Ossetia received ICRC visits conducted in line with the organization's standard procedures. The ICRC pursued talks with the *de facto* Abkhaz authorities regarding visits to detainees in Abkhazia.
- ▶ People travelled across administrative boundary lines to obtain medical treatment or reunite with family members. The ICRC acted as a neutral intermediary to facilitate their passage, in coordination with the pertinent authorities.
- ▶ The Georgian armed forces continued to take the lead in training their troops in IHL, and in incorporating IHL in their doctrine, training and sanctions system; the ICRC provided technical assistance.
- ▶ With financial and technical support from the ICRC and other Movement partners, the Red Cross Society of Georgia continued to strengthen its ability to provide humanitarian aid to vulnerable people.

EXPENDITURE IN KCHF

Protection	2,105
Assistance	4,250
Prevention	854
Cooperation with National Societies	301
General	90
Total	7,601
<i>Of which: Overheads</i>	<i>464</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
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PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	137

The ICRC has been present in Georgia proper and in South Ossetia since 1992. Acting as a neutral intermediary, it contributes to efforts to clarify the fate and whereabouts of missing persons, including by offering its forensic expertise to the actors concerned. It supports the families of missing persons and works to protect and assist vulnerable groups in conflict-affected regions. It visits detainees in Georgia proper and in South Ossetia. It promotes the national implementation of IHL and its integration into armed and security forces' doctrine, training and sanctions and into academic curricula. The ICRC helps the Red Cross Society of Georgia strengthen its capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	309
RCMs distributed	272
Tracing cases closed positively (subject located or fate established)	48
People reunited with their families	9
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	10,222
Detainees visited and monitored individually	80
Number of visits carried out	43
Number of places of detention visited	17
Restoring family links	
RCMs collected	95
RCMs distributed	65

ASSISTANCE	2016 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	500	670
Essential household items	Beneficiaries	500	620
Productive inputs ¹	Beneficiaries	400	1,065
Cash	Beneficiaries	2,600	2,665
Services and training ¹	Beneficiaries		700
Physical rehabilitation			
Patients receiving services	Patients		15

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Civilians continued to feel the effects of past conflicts. Some 2,500 people remained unaccounted for. The demarcation of the Abkhaz and South Ossetian administrative boundary lines continued to disrupt livelihoods and hamper the movement of people.

Peace negotiations (the “Geneva International Discussions”) continued between representatives of Abkhazia, Georgia proper, the Russian Federation and South Ossetia; the European Union (EU), the Organization for Security and Co-operation in Europe (OSCE) and the UN served as mediators. Monthly meetings of the Incident Prevention and Response Mechanism (IPRM), facilitated jointly by the EU Monitoring Mission and the OSCE, enabled Georgian and South Ossetian participants to exchange views on humanitarian and security-related matters. IPRM meetings between Abkhaz and Georgian participants resumed in May, after four years.

Implementation of “alliance and integration agreements” between Abkhazia and the Russian Federation, and between South Ossetia and the Russian Federation, was under way.

Georgia continued to contribute troops to UN and other peace-support operations abroad.

People in Georgia’s Pankisi Gorge reported relatives as missing in relation to past conflicts in the Russian Federation.

ICRC ACTION AND RESULTS

The ICRC continued to assist people coping with the consequences of past conflicts. Dialogue with the Georgian authorities and the *de facto* Abkhaz and South Ossetian authorities emphasized their obligation to facilitate people’s access to humanitarian aid and essential services. The ICRC remained the only international organization conducting humanitarian activities in South Ossetia.

People travelled across the South Ossetian administrative boundary to obtain medical treatment or rejoin family members; the ICRC facilitated their passage, in coordination with the pertinent authorities.

The ICRC-chaired coordination mechanism with Abkhaz and Georgian participants, dealing with missing-persons cases linked to the 1992–1993 conflict, continued its work. The remains of 41 people were identified and handed over to their families. The ICRC maintained its financial and technical support for exhumations and forensic analysis.

Georgian, Russian and South Ossetian participants in the ICRC-chaired coordination mechanism dealing with missing-persons cases linked to the conflicts in the 1990s and 2008, and other consequences of the conflicts, resumed discussions; they had last met in 2013. The remains of one person were identified and handed over to his family.

Under the ICRC’s accompaniment programme, local NGOs provided psychosocial, legal and/or administrative assistance to the families of missing persons. These partner NGOs prepared to take the lead in aiding families, as the ICRC concluded the programme in November. Through training from the ICRC’s partner NGOs and other local providers, regional committees of missing persons’ families, established in 2015, improved their ability to help their

members support each other and raise public awareness of their concerns.

Detainees in Georgia proper and South Ossetia continued to receive visits conducted in accordance with standard ICRC procedures. Following these visits, the ICRC communicated its findings and, where necessary, recommendations for improving detainees’ living conditions, confidentially to the detaining authorities. The ICRC pursued discussions with the *de facto* Abkhaz authorities regarding visits to people detained in Abkhazia. Detainees in Abkhazia, Georgia proper and South Ossetia reconnected with their relatives through ICRC family-links services.

In Abkhazia and Georgia proper, missing persons’ families, victims of mines and explosive remnants of war (ERW), and people affected by the demarcation of the administrative boundaries worked towards economic self-sufficiency by starting or expanding income-generating activities with ICRC cash grants. In November, the ICRC concluded its livelihood assistance programme in Abkhazia and Georgia proper, while continuing to monitor the households assisted. It also completed its monitoring of households in South Ossetia that had received similar support in 2015.

Destitute people in Abkhazia and South Ossetia met their immediate needs with ICRC-provided food, household and hygiene items and/or cash.

The Georgian authorities continued to work towards incorporating IHL in domestic legislation. With the ICRC’s encouragement, they began the process of creating a State commission on missing persons. Draft laws on the status of the National Society and the use of the red cross emblem, prepared with the ICRC’s technical assistance, were submitted by the justice ministry to the parliament.

The ICRC’s dialogue with the *de facto* South Ossetian authorities focused on their responsibilities under IHL and other applicable norms, and on the ICRC’s role as a neutral intermediary.

With the ICRC’s technical assistance, the Georgian armed forces continued to incorporate IHL in their decision-making, and to take the lead in training officers and troops in IHL.

The Red Cross Society of Georgia continued to strengthen its ability to deliver humanitarian services, with support from the ICRC and other Movement partners.

CIVILIANS

People obtain medical care and rejoin their families across boundary lines

Dialogue with the Georgian authorities and the *de facto* Abkhaz and South Ossetian authorities, including local and regional authorities, emphasized the humanitarian concerns of people living along the administrative boundary lines – particularly regarding their economic situation, their access to essential services, including health care, and their ability to restore or maintain contact with relatives.

In all, 217 people crossed the South Ossetian administrative boundary line to obtain medical care and 8 people were reunited with their families; the ICRC acted as a neutral intermediary to facilitate their passage, in coordination with the pertinent authorities. The ICRC transferred the remains of 17 persons across the boundary line and facilitated the handover of the remains of 10 others to their relatives.

The ICRC facilitated the reunion of one family across the Abkhaz administrative boundary.

RCMs were exchanged and official documents relayed across both boundary lines.

The Georgian Red Cross hired a family-links specialist, who visited its branches to provide technical support and monitoring and, with the ICRC's help, organized a workshop for five branches on restoring family links during emergencies. With ICRC support, the National Society reached an agreement with a government agency to share information about people being sought by their relatives.

Two people in Georgia, who were formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba, received several family visits facilitated by the ICRC.

Families of the missing receive answers on the fate and whereabouts of their relatives

Abkhaz and Georgian participants in the ICRC-chaired coordination mechanism dealing with missing-persons cases linked to the 1992–1993 conflict, and the mechanism's forensic working group, continued their work. The remains of 41 persons were identified and handed over to their families. The ICRC provided financial and technical support for exhumations, which took place at several sites, and for the forensic analysis of the remains recovered. Local actors, some of them ICRC-trained, continued to collect ante-mortem data and DNA samples from missing persons' relatives, for use in identifying remains. The ICRC continued to register cases of missing persons and to work on broadening awareness of the issue.

Georgian, Russian and South Ossetian participants in the ICRC-chaired coordination mechanism dealing with missing-persons cases linked to the conflicts in the 1990s and 2008, and other consequences of the conflicts, held two meetings in 2016; they had last met in November 2013. Excavations for 2017 were among the matters discussed. Owing to the coordination mechanism's work, the remains of one person were identified and handed over to his family in South Ossetia. Agreements were reached between the Georgian authorities and the ICRC, on the collection of ante-mortem data from missing persons' relatives; between a South Ossetian NGO and the ICRC, also on such data collection; and between the *de facto* South Ossetian authorities and the ICRC, on procedures for collecting DNA samples. Efforts to identify possible gravesite locations continued, with financial and technical assistance from the ICRC.

The ICRC provided the Georgian authorities and Abkhaz and South Ossetian *de facto* authorities with technical guidance for managing ante-mortem and post-mortem data associated with missing-persons cases. It made preparations to discuss, with the Georgian armed forces, measures to prevent disappearances during armed conflict.

Missing persons' families benefit from psychosocial support

In Georgia proper, some 210 families obtained psychosocial, legal and/or administrative support, and learnt more about the process of recovering and identifying their relatives' remains, through an accompaniment programme run by local partners – including NGOs, lawyers and a psychiatrist – with financial and technical assistance from the ICRC. Thirty-five families received individual support during and after emotionally difficult events, such as the identification and handover of their relatives' remains and the

subsequent reburial ceremonies; some families also benefited from ICRC economic assistance (see below). The families of people who had gone missing during past conflicts in the Russian Federation (see *Context*) also began to receive support. The ICRC's partner NGOs prepared to take the lead in providing aid to families, as the ICRC concluded the accompaniment programme in November.

Regional committees of missing persons' families, formed in five places in Georgia proper in 2015, strove to become more capable of helping their members support each other and of raising public awareness of their concerns. The committees' members learnt communication, negotiation and team-building skills through training provided by the ICRC's partner NGOs and other local providers. The Tbilisi committee organized a commemorative event in May, with support from the city authorities and the ICRC. More than 800 missing persons' families marked the International Day of the Disappeared with events in seven places.

Missing persons' families in Georgia proper learnt more about the programmes and services available to them through a booklet published by the ICRC, prepared with help from lawyers involved in the accompaniment programme.

An ICRC-supported working group of academics – formed with a view to helping increase public awareness of the plight of missing persons' families, and to promoting the study of the families' psychosocial needs – held its first meeting in May and its first regional meeting, with Armenian and Georgian participants, in December. Graduate students at a university in Georgia proper learnt more about ambiguous loss and the needs of missing persons' relatives from an ICRC lecture.

Conflict-affected people rebuild their livelihoods

Missing persons' families, mine/ERW victims and other conflict-affected people in Georgia proper (550 households/2,000 people) and Abkhazia (20 households/80 people) worked towards economic self-sufficiency by starting or expanding income-generating activities with ICRC cash grants. In Georgia proper, this assistance was supplemented by business training, provided with help from Georgian Red Cross volunteers.

Some 140 households (470 people) in Georgia proper, who had lost access to farmland or markets following the demarcation of the South Ossetian administrative boundary, started new livelihood activities – such as beekeeping, raising sheep, growing fruit or vegetables, or running fruit-storage facilities – through ICRC community projects that involved both cash grants and business training. In South Ossetia, 40 vulnerable households (160 people) were given vegetable seedlings to help them cover their losses after strong hailstorms.

The ICRC concluded its livelihood assistance programme in Abkhazia and Georgia proper in November; it continued, however, to monitor the projects of the households assisted. At the end of the year, it completed its monitoring of households in South Ossetia that had received similar support in 2015. The *de facto* South Ossetian authorities received a final donation of agricultural and veterinary equipment, and several horses for transport, for the benefit of local farming households.

Vulnerable people meet their basic needs

In South Ossetia, some 600 destitute people (220 households) were able to eat at least three meals a day with the help of ICRC-provided

food parcels; they also received household and hygiene essentials. Similar assistance was given through weekly home visits to seven elderly persons living alone and with limited mobility. A home for elderly people and an orphanage also received food, benefiting some 40 people in all; some 80 households (160 people) were given firewood to see them through winter. The *de facto* authorities worked to strengthen social services for vulnerable groups; they assessed local capacities jointly with the ICRC.

In remote areas of Abkhazia, some 60 vulnerable people, most of them destitute and elderly, received food and, in some cases, cash, to help them meet their immediate needs.

In South Ossetia, 19 disabled persons accessed physical rehabilitation services and/or obtained assistive devices with ICRC financial assistance. The ICRC donated medicines and medical supplies and equipment to the Tskhinvali/Tskhinval hospital.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits and reconnect with their families

Some 10,200 detainees, at 15 facilities in Georgia proper and 2 in South Ossetia, were visited in accordance with standard ICRC procedures. After these visits, the ICRC communicated its findings and, where necessary, its recommendations for improving detention conditions confidentially to the detaining authorities. The ICRC pursued discussions with the *de facto* Abkhaz authorities regarding visits to people detained in Abkhazia.

Detainees in Abkhazia, Georgia proper and South Ossetia maintained contact with their families through RCMs. Five detainees in Georgia proper and one in South Ossetia received family visits; the ICRC, acting as a neutral intermediary, had facilitated their relatives' passage across administrative boundary lines. Several detainees benefited from parcels sent by their relatives, who lived across the administrative boundaries and were unable to travel; the ICRC also facilitated these deliveries.

With the ICRC's assistance, 21 foreign detainees in Georgia proper, including asylum seekers and stateless persons, notified their embassies or consulates, and/or the UNHCR, of their detention. The detaining authorities were reminded of the need to uphold the principle of *non-refoulement*.

ICRC support enabled a Georgian penitentiary official to attend a conference on prison management in Bucharest, Romania.

Sixty detainees at two places of detention in South Ossetia had better living conditions following the ICRC's provision of hygiene and household items.

ACTORS OF INFLUENCE

Georgian authorities take steps to implement IHL

The Georgian authorities continued to work towards integrating IHL into domestic legislation, with the ICRC's technical assistance. The justice ministry and the ICRC discussed pledges made by Georgia at the 32nd International Conference, and Georgia's position on the ratification of various IHL-related instruments.

The Georgian authorities and the ICRC continued to discuss humanitarian concerns related to national legislation on data protection, for instance, at an ICRC-organized round-table for representatives from various ministries.

The national IHL committee continued to receive ICRC support, notably for participating in the fourth universal meeting of such committees (see *International law and policy*).

With the ICRC's encouragement, the Georgian authorities began the process of establishing a State commission on missing persons.

With encouragement from the Georgian Red Cross and the ICRC, the justice ministry submitted draft laws to the parliament on the status of the National Society and the use of the red cross emblem. The drafts incorporated amendments suggested by other ministries concerned and technical comments from the ICRC.

Discussions with the *de facto* South Ossetian authorities focused on their responsibilities under IHL and other applicable norms – particularly in relation to the issue of missing persons – and on the ICRC's role as a neutral intermediary. The ICRC continued to offer them its expertise for drafting a law on missing persons.

Military officers and troops deployed abroad learn more about IHL

The Georgian armed forces continued, with the aid of ICRC expertise, to incorporate IHL in their doctrine, training and sanctions system; for instance, they reviewed their field manuals' compliance with IHL. They continued to take the lead in providing IHL training to their troops. A newly formed monitoring group on IHL training conducted five training sessions – which it later evaluated with the ICRC – for more than 200 officers. The ICRC sponsored the attendance of a senior officer of the Georgian military at an advanced IHL workshop in Lucerne, Switzerland (see *International law and policy*). An ICRC train-the-trainer workshop helped 20 senior officers strengthen their ability to teach IHL. Troops bound for Afghanistan and the Central African Republic received pre-deployment IHL training from the ICRC. The ICRC discussed with the *de facto* Abkhaz authorities the possibility of conducting IHL dissemination sessions for military and security forces in Abkhazia.

Local media draw attention to humanitarian activities

The media helped increase awareness of the ICRC's work. In Georgia proper, the handover of the remains of people who had previously been reported as missing in relation to the 1992–1993 conflict, and the ICRC's activities for missing persons' families (see *Civilians*), were given coverage in newspapers and online. In Abkhazia, an ICRC-organized football match for mine/ERW victims was featured on television. An ICRC film shown on television and a radio interview with an ICRC representative helped people in South Ossetia learn more about the hazardousness of mines/ERW; a photo exhibit that toured four rural districts helped broaden awareness of the issue of missing persons.

The Georgian Red Cross promoted its humanitarian role through such means as public events marking World Red Cross and Red Crescent Day (8 May) and International Day for Disaster Risk Reduction.

Students strengthen their grasp of IHL

University students in Georgia proper participated in national and international competitions, including one organized by the Georgian justice ministry and the ICRC. Students had better access to information on IHL at universities in Kutaisi and Zugdidi, to which the ICRC donated publications.

In Abkhazia, university students attended ICRC sessions on IHL and participated in an ICRC-sponsored competition. Discussions with a South Ossetian university, on IHL instruction, continued.

With ICRC support, three Georgian researchers served as judges for a moot court competition in the Netherlands, organized by the International Criminal Court in The Hague.

RED CROSS AND RED CRESCENT MOVEMENT

The Georgia Red Cross worked to strengthen its emergency response mechanisms with financial and technical assistance from the ICRC and other Movement partners. It developed a contingency plan and tools for assessing emergency needs, extended its network of first-aiders from 8 to 11 branches and organized a simulation exercise, for several National Societies, on the Safer Access Framework.

The Georgia Red Cross signed a coordination agreement with the International Federation and the ICRC that focused on the development of its organizational capacities, and on emergency preparedness and response. Movement partners reinforced their cooperation through periodic meetings.

Representatives from the National Society's headquarters and from 27 branches discussed fundraising and other organizational priorities at an ICRC-funded meeting in October. The ICRC also helped the National Society assess its capacities in financial management.

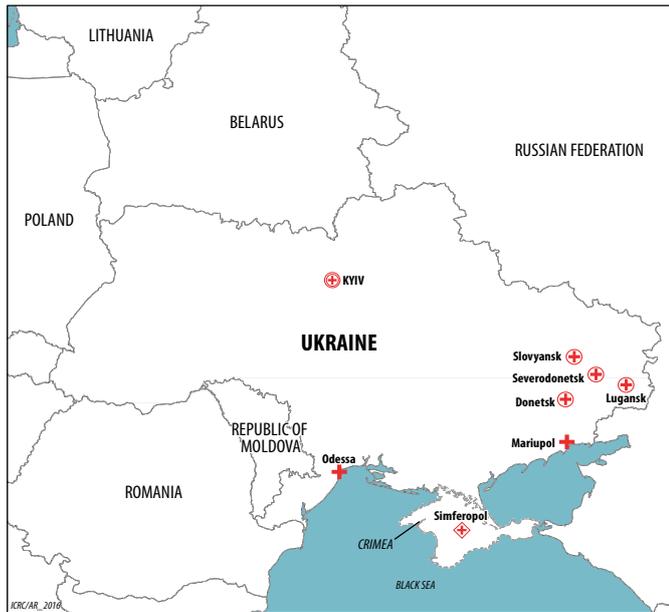
The National Society drew on ICRC expertise to sustain its lobbying for the revision of draft laws governing its status and the use of the red cross emblem (see *Actors of influence*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		309			
RCMs distributed		272			
Reunifications, transfers and repatriations					
People reunited with their families		9			
People transferred or repatriated		910			
Human remains transferred or repatriated		17			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		269	48	4	5
Tracing cases closed positively (subject located or fate established)		48			
Tracing cases still being handled at the end of the reporting period (people)		2,588	409	41	20
Documents					
Official documents relayed between family members across borders/front lines		33			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		10,222	428	33	
			Women	Girls	Boys
Detainees visited and monitored individually		80	8		2
Detainees newly registered		37			
Number of visits carried out		43			
Number of places of detention visited		17			
RCMs and other means of family contact					
RCMs collected		95			
RCMs distributed		65			
Detainees visited by their relatives with ICRC/National Society support		6			
People to whom a detention attestation was issued		5			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	670	222	327
	<i>of whom IDPs</i>	1		
Essential household items	Beneficiaries	620	206	316
	<i>of whom IDPs</i>	1		
Productive inputs ¹	Beneficiaries	1,065	534	102
Cash	Beneficiaries	2,665	1,208	572
	<i>of whom IDPs</i>	1,096	535	251
Services and training ¹	Beneficiaries	700		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	60		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

UKRAINE



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KEY RESULTS/CONSTRAINTS IN 2016

- ▶ With ICRC assistance, people in front-line communities implemented safety measures at schools, learnt safer practices in relation to mines, were trained in administering first aid, and learnt to provide psychosocial support.
- ▶ People on both sides of the front line met their basic needs with ICRC-provided food, household and hygiene items, and/or cash. Water networks resumed or continued services, with financial and material assistance from the ICRC.
- ▶ The ICRC engaged the authorities and the armed opposition in bilateral discussions on establishing a coordination mechanism to address the issue of missing persons. Draft laws on missing persons were submitted to the parliament.
- ▶ People being detained by the authorities received ICRC visits on an ad hoc basis. The ICRC pursued discussions with the armed opposition regarding access to people being held in relation to the conflict.
- ▶ With ICRC material assistance, hospitals and clinics on both sides of the front line treated people with weapon-related injuries and chronic illnesses. Doctors enhanced their war-surgery and trauma-management skills in ICRC courses.
- ▶ With ICRC technical assistance, the armed forces reviewed operational documents to ensure compliance with IHL. The armed opposition established an IHL training facility; the ICRC provided teaching materials.

EXPENDITURE IN KCHF

Protection	5,930
Assistance	32,946
Prevention	2,906
Cooperation with National Societies	1,779
General	215
Total	43,775
<i>Of which: Overheads</i>	<i>2,666</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	68%
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PERSONNEL

Mobile staff	92
Resident staff (daily workers not included)	313

In 2014, the ICRC expanded its presence in Ukraine to help protect and assist conflict-affected people in the eastern part of the country. It responds to emergency needs, particularly in terms of providing basic relief, facilitating access to medical care and other essential services, and restoring family links. The ICRC seeks access to all persons deprived of their freedom. In dialogue with all parties to the conflict, it supports efforts to clarify the fate of missing persons and encourages compliance with IHL. The ICRC supports the Ukrainian Red Cross Society in improving its emergency preparedness and delivery of humanitarian assistance.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	28
RCMs distributed	13
Phone calls facilitated between family members	965
Tracing cases closed positively (subject located or fate established)	123
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	26,770
Detainees visited and monitored individually	573
Number of visits carried out	93
Number of places of detention visited	47
Restoring family links	
RCMs collected	2
Phone calls made to families to inform them of the whereabouts of a detained relative	345

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 72,000	195,396
Essential household items	Beneficiaries 72,000	214,484
Productive inputs	Beneficiaries 8,000	13,392
Cash	Beneficiaries 20,000	25,991
Vouchers	Beneficiaries	215
Services and training	Beneficiaries	2,007
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 1,615,000	1,492,000
Health		
Health centres supported	Structures 15	28
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	77
Water and habitat		
Water and habitat activities	Number of beds 1,500	700
Physical rehabilitation		
Projects supported	Projects 2	1
Patients receiving services ¹	Patients 600	

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

The situation in eastern Ukraine continued to deteriorate despite a ceasefire in September. According to UN and government estimates, 1.7 million people had been displaced within Ukraine, 1.1 million had fled abroad, 22,500 had been wounded and 9,600 killed since the armed conflict began in 2014. The remains of some 1,000 people were still unidentified; many others remained unaccounted for.

Disruption of basic services, including health care, was widespread. Access to utilities was uncertain: mines and explosive remnants of war (ERW), and the need for security guarantees from the parties to the conflict, hampered efforts to repair damaged infrastructure; water supply in the Lugansk region was cut off for over a week in October, after pumping stations lost electricity owing to unpaid bills. Many people were unemployed, as farms had been destroyed and factories had lost access to raw materials; in some areas, markets and/or the banking system no longer functioned.

Following government directives issued in 2014 and 2015, State funding remained unavailable to people and public institutions in non-government-controlled areas, and the passage of people and goods across the front line remained restricted to certain crossing points. Civilians passing through these crossing points, to visit family members or for other purposes, often had to queue for hours, risking injury from gunfire, shelling, mines and/or ERW.

ICRC ACTION AND RESULTS

The ICRC continued to address the humanitarian needs of people affected by the Ukraine crisis. It focused on the most vulnerable communities near the front line, which separated government- from non-government-controlled areas. The ICRC engaged the parties to the conflict in dialogue to remind them of their obligation to protect people not or no longer taking part in the fighting, to ensure these people's access to essential services, including health care, and to comply with IHL in the conduct of hostilities. The ICRC was one of only three humanitarian organizations working in non-government-controlled areas of eastern Ukraine.

The ICRC continued to gather information on the situation of civilians and to make confidential representations to the pertinent parties about alleged violations of IHL. Discussions with the parties enabled the ICRC to broaden its access to conflict-affected people.

People in front-line communities strengthened their resilience to the conflict's effects, with ICRC support. Schools implemented various safety measures; community members learnt about mine or ERW risks and were trained in first aid. Community workers received psychosocial support and learnt to provide such support to others. ICRC-provided warning signs and latrines helped reduce mine or ERW risks for civilians at six front-line crossing points; during the winter, people used ICRC-built shelters at one crossing point.

The ICRC engaged the authorities and the armed opposition in bilateral discussions on establishing a coordination mechanism to address the issue of persons missing in connection with the conflict; no meetings among the parties took place. The Ukrainian authorities submitted draft laws on missing persons to the parliament.

Bilateral dialogue with the authorities and with the armed opposition emphasized the necessity of strengthening systems and procedures for managing human remains. Forensic teams on both

sides of the front line worked more effectively with ICRC training and material assistance.

Following an assessment, the ICRC launched an accompaniment programme to help the families of missing persons meet their various needs. Families began to receive cash assistance and/or psychosocial support.

Conflict-affected people met their most pressing needs with ICRC-supplied food, household and hygiene items, and/or cash. ICRC-donated fuel, blankets and warm clothing helped people cope with the harsh winter. Some households began working towards economic recovery, producing food with ICRC-provided seed, tools and/or poultry, or accessing jobs, services and markets using ICRC-funded transportation.

Discussions with the authorities, on formalizing the ICRC's access to detainees under their supervision, continued. Meanwhile, detainees received ICRC visits on an ad hoc basis. Following its visits, the ICRC shared confidential feedback and, where necessary, recommendations to improve detainees' living conditions, with the authorities. The ICRC pursued discussions with the armed opposition about access to people being held in relation to the conflict.

ICRC-donated supplies helped health facilities on both sides of the front line treat people with injuries and chronic illnesses. With ICRC assistance, an orthopaedic centre produced prostheses/orthoses, and a physiotherapy centre resumed operations.

With the ICRC's encouragement, government directives that had the effect of impeding humanitarian access were amended, and draft laws concerning mines/ERW and governing the provision of humanitarian aid were submitted to the parliament.

With ICRC technical assistance, the armed forces reviewed their operational documents to ensure compliance with IHL. The armed opposition established an IHL training facility; the ICRC provided teaching materials.

The Ukrainian Red Cross Society continued, with Movement partners' support, to boost its capacities in delivering humanitarian services. The ICRC covered running costs for the local Red Cross branches in the Donetsk and Lugansk regions, enabling them to continue their activities.

CIVILIANS

The ICRC continued to gather information on the situation of civilians, including allegations of IHL violations, and to make confidential representations to the parties concerned. Dialogue with the parties to the conflict emphasized their obligation to protect people not or no longer taking part in the fighting, ensure that these people had access to humanitarian aid, including health care (see *Wounded and sick*), and comply with IHL in the conduct of hostilities. Representations to the authorities and to the armed opposition drew their attention to the humanitarian consequences of restricting people's free movement. Discussions with the pertinent parties helped the ICRC broaden its access to civilians.

Front-line communities deal with threats to their safety and well-being

Front-line schools implemented various risk-reduction measures, drawing on ICRC advice formulated with input from administrators,

teachers, students and parents. Classrooms were fitted with ICRC-donated materials to protect schoolchildren from injury in the event of shelling. ICRC repairs to infrastructure damaged by hostilities enabled schools to resume or continue classes; school basements were equipped to serve as emergency shelters. Some 20,000 students at 51 schools and kindergartens benefited from these measures.

Around 180 teachers, health and social workers, and local Red Cross volunteers received psychosocial support during ICRC-led sessions, and learnt to provide such support to other community members. Specially trained volunteers made home visits to households needing additional mental-health support.

Regular discussions, telephone hotlines and text-messaging systems enabled people to make their needs known to the ICRC; the ICRC used this information to make its services more accessible. Conflict-affected people used social media to ask questions about the ICRC's mandate and work, and request specific assistance.

Missing persons' families receive some assistance

While most people were able to stay in touch or reunite with family members on their own, some needed help to contact or locate their relatives. The Ukrainian Red Cross and the ICRC carried out a television, radio and billboard campaign to inform people of the Movement's family-links services; 155 new tracing cases were opened after the campaign. The National Society maintained regular coordination with Movement partners and, with their support, developed its capacities in restoring family links.

After interviewing missing persons' families across the country, the ICRC launched an accompaniment programme to help them meet their psychosocial and other needs. Under the programme, 12 families received home visits from psychologists; 27 particularly vulnerable families (77 people) in the Donetsk region began, in December, to receive monthly cash assistance.

Two alternative draft laws addressing the issue of missing persons, prepared with technical assistance from the ICRC, were submitted by the authorities to the parliament.

The ICRC engaged the authorities and the armed opposition in bilateral discussions to establish a coordination mechanism for addressing the issue of persons missing in connection with the conflict. However, no meetings among the parties took place.

In dialogue with the authorities, the ICRC emphasized the necessity of improving current methods of managing human remains and of reinforcing coordination between government agencies. Discussions with the armed forces stressed the importance of preventing the disappearance of people during armed conflict and other situations of violence, and of managing human remains in line with IHL. The ICRC also engaged the armed opposition in dialogue on these subjects.

At ICRC-organized workshops, forensic experts discussed the exhumation and identification of human remains in accordance with IHL and best practices. ICRC support enabled forensic professionals from government-controlled areas, and from non-government-controlled areas in the Donetsk region, to attend international events. Through ICRC sessions, forensic specialists in government-controlled areas learnt to communicate more effectively with missing persons' families.

Some 20 morgues in conflict-affected areas, and government teams recovering human remains, received ICRC material assistance. Infrastructure repairs, carried out or funded by the ICRC, helped forensic facilities in the Donetsk region operate more effectively.

The ICRC facilitated the transfer of human remains on one occasion, and provided technical and material assistance for the recovery of 14 people's remains from the front line.

People on both sides of the front line meet their immediate needs

Some 800,000 people in the Donetsk region had an uninterrupted supply of water through networks using ICRC-provided equipment and materials. Around 600,000 people in the Lugansk region regained access to water after the ICRC paid the regional water network's electricity bill for two months. People in both regions also benefited from repairs to water infrastructure and/or donations of water-treatment chemicals. Some 42,000 people's homes were repaired with ICRC-supplied construction materials.

Around 188,100 people (94,800 households) in communities and IDP centres in the Donetsk and Lugansk regions, on both sides of the front line, and 7,200 people in 34 public institutions in non-government-controlled areas – such as hospitals, psychiatric facilities, orphanages and homes for the elderly – received food on a monthly or quarterly basis. Some 202,100 people (97,500 households) in communities and IDP centres, and 12,300 people at 121 public institutions, benefited from ICRC-supplied hygiene and household items; five IDP centres received refrigerators, washing machines and/or stoves. Fuel vouchers helped defray expenses for some 70 households (210 people).

In government-controlled areas with functioning markets, some 5,800 households (11,600 people) living near the front line, and around 6,700 displaced households (14,200 people), obtained essential supplies, including fuel and warm clothing, with monthly cash assistance from the ICRC.

Vulnerable households began working towards economic recovery through ICRC-supported projects. Some 5,400 households (13,300 people) produced food with ICRC-donated seed, tools and/or poultry. ICRC-funded transportation helped some 670 households (2,000 people) obtain access to jobs, markets and services.

The ICRC also helped people cope with harsh winter conditions. Some 47,600 people received blankets; 1,100 households (2,400 people) were supplied with coal or wood briquettes; and 1,400 households (2,600 people) running poultry farms were given chicken feed and plastic sheeting to help them protect their livelihood assets. A total of 20,500 people were provided with hot beverages while queuing at front-line crossing points.

Ukrainian Red Cross personnel assisted in aid distributions and, through ICRC training, developed their ability to assess beneficiaries' economic needs.

Civilians are less at risk from mines or ERW

People waiting to cross the front line were less at risk from mines or ERW after the ICRC donated warning signs and installed latrines at six crossing points. During the winter, people waiting at one crossing point, on both sides of the front line, made use of shelters built by the ICRC and manned by local Red Cross volunteers.

Some 15,200 civilians, including people living near the front line and workers involved in repairing key infrastructure, learnt safer practices in relation to mines or ERW through information sessions conducted by ICRC-trained National Society personnel. On several occasions, the ICRC facilitated coordination between teams clearing mines or ERW and the communities affected; plans to promote coordination between the National Society and the pertinent authorities were postponed, owing to other operational priorities.

The ICRC trained and equipped demining teams in government-controlled areas. Teams on both sides of the front line marked weapon-contaminated areas with ICRC-supplied materials.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits and reconnect with relatives

Discussions with the authorities, on formalizing the ICRC's access to detainees under their supervision, continued. Meanwhile, detainees received ICRC visits on an ad hoc basis. Following its visits, the ICRC shared confidential feedback and, where necessary, recommendations to improve detainees' living conditions, with the authorities.

With the ICRC's encouragement, the authorities drafted an amendment to the national law on pre-trial detention. The amendment, which would allow the ICRC to visit people being held in all places of detention under the authorities' supervision, was being reviewed by various ministries.

The ICRC pursued discussions with the armed opposition about access to people being held in relation to the conflict.

Detainees held in government-controlled areas reconnected with their families through oral messages relayed by the ICRC. Two families visited detained relatives with the ICRC's financial assistance.

On five occasions, the ICRC participated as a neutral intermediary in the release and transfer of people held by the parties to the conflict; in all, 37 people were released and transferred.

Migrants detained in facilities under the authorities' supervision received visits from the Ukrainian Red Cross and made use of its family-links services. National Society activities for migrants were being reviewed by the National Society and the ICRC.

Penitentiary authorities act to improve detainees' living conditions with ICRC assistance

At an ICRC workshop, representatives from the national penitentiary health services and from 10 detention facilities strengthened their ability to deliver health care to detainees. Seven places of detention in eastern Ukraine received medical equipment, and various types of assistive devices for disabled detainees.

Thirty-five detention facilities in both government- and non-government-controlled areas were provided with hygiene items, benefiting some 27,000 detainees; around 6,700 inmates at 14 places of detention received food. Household items for detainees' common use were donated to 16 detention facilities in government-controlled areas.

Following their release and transfer, 24 vulnerable detainees received ad hoc cash assistance.

WOUNDED AND SICK

Patients on both sides of the front line receive treatment

The ICRC made confidential representations to the pertinent parties about allegations of violence or undue restrictions affecting patients and medical personnel and facilities.

Hospitals and clinics on both sides of the front line treated people with injuries and chronic illnesses using ICRC-donated supplies, including medicines and vaccines. In non-government-controlled areas of the Donetsk and Lugansk regions, blood banks and haemodialysis centres used supplies provided regularly by the ICRC to treat patients, and some 12,000 diabetic patients benefited from ICRC-donated insulin. Fifteen health facilities resumed or continued operations following ICRC repair works.

Some 100 surgeons attended ICRC seminars on war surgery; 58 doctors expanded their capacities in trauma management through ICRC courses. People in front-line communities, military personnel and members of the armed opposition received first-aid training.

An orthopaedic centre in the city of Donetsk produced prostheses and orthoses using ICRC-provided materials. ICRC funding helped the centre broaden awareness of disabled people's needs, and the services available to them, through a public event. Assistive devices were donated to the centre and the city authorities, and, in the Lugansk region, to 10 local Red Cross branches.

ACTORS OF INFLUENCE

The authorities take steps to facilitate access to humanitarian aid

With the ICRC's encouragement, government directives that had the effect of impeding humanitarian access were amended, and draft laws concerning mines/ERW and governing the provision of humanitarian aid were submitted to the parliament.

The ICRC continued to advocate Ukraine's ratification of the Arms Trade Treaty, the Convention on Cluster Munitions, the Rome Statute and the Second Protocol to the Hague Convention on Cultural Property. It supported the participation of representatives of the national IHL committee in the fourth universal meeting of such committees (see *International law and policy*) and helped the committee exchange experiences with its German counterpart. The Ukrainian Red Cross and the ICRC continued discussions with the defence, health and justice ministries on strengthening respect for the red cross emblem. The draft of an IHL handbook, to be published by the Ukrainian parliament and the ICRC, was under review by parliamentary committees and research institutions.

The ICRC sponsored law students' participation in moot court competitions and an IHL course abroad. It donated publications on IHL and international criminal law to several university libraries, and participated in various academic events on IHL-related issues.

National and international media used ICRC news releases and briefings to highlight humanitarian concerns – such as the issue of missing persons and the risks posed by mines/ERW – and the ICRC's activities in Ukraine. The authorities and other parties concerned were kept informed of these activities.

Military and police forces learn more about IHL and other applicable norms

Aided by the ICRC, the armed forces reviewed their operational documents to ensure compliance with IHL. They revised their IHL

manual to incorporate ICRC recommendations – provided at the defence ministry's request – on soldiers' identification, made with a view to preventing disappearances.

More than 800 commanders, legal advisers and other military officers strengthened their grasp of IHL at ICRC training sessions. ICRC support enabled two military legal advisers to attend a course in San Remo, Italy. The military and the ICRC discussed the establishment of an IHL study centre at the National Defence University of Ukraine in Kyiv.

With ICRC assistance, the armed forces began to prepare training materials to enable military legal advisers to take on the task of IHL instruction. Some 100,000 military personnel received pocket-sized IHL guides, developed by the defence ministry and the ICRC.

The armed opposition established an IHL training facility in the Donetsk region. The ICRC provided teaching materials for the facility, and 20,000 pocket-sized IHL guides.

The ICRC conducted training in IHL and international policing standards for State security forces, border guards and the National Guard of Ukraine, focusing on front-line personnel with both military and law-enforcement duties.

RED CROSS AND RED CRESCENT MOVEMENT

The Ukrainian Red Cross strengthens its ability to provide humanitarian aid

With financial and technical support from Movement partners, the Ukrainian Red Cross continued to enhance its organizational and operational capacities. It issued a new code of conduct for staff and volunteers, and developed new recruitment and volunteer-management procedures. It revised its statutes in line with recommendations from the Joint Statutes Commission of the International Federation and the ICRC, and registered the revised statutes with the justice ministry. With ICRC funding and guidance, the National Society worked to overcome a reputational crisis and had its activities audited.

ICRC assistance also enabled the Ukrainian Red Cross to hire people to run its first-aid, volunteer-management and information-management activities. National Society emergency response teams – a total of 21 teams across the country, consisting of some 450 volunteers – received ICRC training, incorporating the Safer Access Framework, and financial assistance.

National Society personnel were trained in internal and external communication, including communication during emergencies and the use of social media, by the International Federation, the Danish Red Cross and the ICRC.

With ICRC funding and material assistance, the local Red Cross branches in non-government-controlled areas of the Donetsk and Lugansk regions continued to deliver humanitarian services to conflict-affected people. The ICRC covered the salaries of some 110 personnel and 100 nurses at these branches.

Ukrainian Red Cross officials met with representatives of the Red Cross Society of Belarus, the Russian Red Cross Society and the ICRC in Minsk, Belarus, in January (see *Moscow*); the Russian Red Cross and the Ukrainian Red Cross signed an agreement to coordinate their activities.

Movement partners active in eastern Ukraine benefited from periodic ICRC security assessments. Weekly meetings helped them coordinate their work.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		28			
RCMs distributed		13			
Phone calls facilitated between family members		965			
Reunifications, transfers and repatriations					
Human remains transferred or repatriated		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		331	40	1	5
<i>including people for whom tracing requests were registered by another delegation</i>		24			
Tracing cases closed positively (subject located or fate established)		123			
<i>including people for whom tracing requests were registered by another delegation</i>		6			
Tracing cases still being handled at the end of the reporting period (people)		611	35		4
<i>including people for whom tracing requests were registered by another delegation</i>		46			
Documents					
People to whom travel documents were issued		32			
Official documents relayed between family members across borders/front lines		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		26,770	1,321	145	
			Women	Girls	Boys
Detainees visited and monitored individually		573	53		1
Detainees newly registered		284	23		
Number of visits carried out		93			
Number of places of detention visited		47			
RCMs and other means of family contact					
RCMs collected		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		345			
Detainees visited by their relatives with ICRC/National Society support		2			
People to whom a detention attestation was issued		3			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	195,396	84,579	33,945
	<i>of whom IDPs</i>	18,201	7,658	3,404
Essential household items	Beneficiaries	214,484	91,126	40,010
	<i>of whom IDPs</i>	20,121	8,457	3,752
Productive inputs	Beneficiaries	13,392	5,943	2,252
	<i>of whom IDPs</i>	620	257	123
Cash	Beneficiaries	25,991	11,029	5,344
	<i>of whom IDPs</i>	14,907	5,991	3,406
Vouchers	Beneficiaries	215	91	38
	<i>of whom IDPs</i>	10	5	1
Services and training	Beneficiaries	2,007	1,004	101
	<i>of whom IDPs</i>	401	201	20
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,492,000	746,000	447,600
Health				
Health centres supported	Structures	28		
Average catchment population		592,099		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	6,705	888	
Essential household items	Beneficiaries	27,038	3,191	117
Cash	Beneficiaries	24	5	
Health				
Visits carried out by health staff		13		
Places of detention visited by health staff	Structures	7		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	77		
First aid				
First-aid posts supported	Structures	30		
Water and habitat				
Water and habitat activities	Number of beds	700		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services ¹	Patients			

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

MOSCOW (regional)

COVERING: Belarus, Republic of Moldova, Russian Federation



ICRC regional delegation ICRC sub-delegation ICRC mission ICRC office

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Dialogue with the Russian authorities and the ICRC focused on the importance of humanitarian action around the world, particularly in relation to the armed conflict in the Syrian Arab Republic and the Ukraine crisis.
- ▶ People displaced by the Ukraine crisis to Belarus, Crimea and south-western Russia met their basic needs with essential supplies or vouchers provided by the ICRC, with help from the pertinent National Societies or the local authorities.
- ▶ Migrants, including asylum seekers and refugees, in St Petersburg obtained legal consultations and other aid from the Russian Red Cross, which received ICRC funding. Several minors were accommodated at a National Society shelter.
- ▶ In Chechnya, families of missing persons received psychosocial support from the Russian Red Cross and the ICRC. With ICRC funding, a Russian NGO processed DNA samples from missing persons' relatives.
- ▶ People held in connection with the situation in the northern Caucasus, and migrants detained in facilities across Belarus, restored or maintained contact with their relatives through National Society and/or ICRC family-links services.
- ▶ The national authorities, the Collective Security Treaty Organization and the Commonwealth of Independent States kept up discussions with the ICRC on integrating IHL provisions into military doctrine, training and operations.

EXPENDITURE IN KCHF

Protection	2,932
Assistance	6,263
Prevention	3,164
Cooperation with National Societies	1,541
General	114
Total	14,013
<i>Of which: Overheads</i>	<i>855</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	134

Opened in 1992, the Moscow delegation combines operational functions in the Russian Federation with regional functions. It supports families of missing persons and, with the Russian Red Cross Society, works to protect and assist vulnerable conflict- and violence-affected populations, including people displaced by the Ukraine crisis. It helps build the capacities of the region's National Societies, particularly in the fields of emergency preparedness and restoring family links. In the countries covered, it promotes implementation of IHL and other norms relevant to the use of force, and fosters understanding of the ICRC's mandate and work.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	14
RCMs distributed	7
Phone calls facilitated between family members	7
Tracing cases closed positively (subject located or fate established)	11
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs collected	7
RCMs distributed	15

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	36,000
Essential household items	Beneficiaries	36,000
Vouchers	Beneficiaries	4,500
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	35
Physical rehabilitation		
Patients receiving services	Patients	10

CONTEXT

The Russian Federation maintained its influence in the region, notably through the Commonwealth of Independent States (CIS) and its Interparliamentary Assembly (IPA CIS) and the Collective Security Treaty Organization (CSTO). It continued to play a prominent role in international affairs, particularly as a permanent member of the UN Security Council. The Russian Federation was also a member of the Normandy Quartet, along with France, Germany and Ukraine, and took part in the work being done by the Trilateral Contact Group on Ukraine – comprising representatives from the Russian Federation, Ukraine and the Organization for Security and Co-operation in Europe – and its sub-groups, to settle the conflict in eastern Ukraine (see *Ukraine*).

People who had fled the Ukraine crisis – according to official sources, more than 1 million to the Russian Federation and 160,000 to Belarus – remained unable to return, owing, among other reasons, to the volatility of the situation in eastern Ukraine. The status of Crimea remained the subject of a political and territorial dispute between the Russian Federation and Ukraine.

The republics of the northern Caucasus continued to struggle with the consequences of past conflicts, including the issue of missing persons.

The Russian Federation continued its military operations in support of the government in the Syrian Arab Republic (hereafter Syria; see *Syrian Arab Republic*). It also contributed to international political and diplomatic efforts that led to a new ceasefire agreement at the end of the year.

The Republic of Moldova (hereafter Moldova) contributed peace-support troops to the NATO-led Kosovo Force.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Moscow maintained its dialogue with civilian and military authorities on the importance of humanitarian action around the world; this included high-level discussions in Moscow between the Russian authorities and senior ICRC officials, including the ICRC's president. In Aleppo and Damascus (Syria), Geneva (Switzerland) and Moscow (Russian Federation), the Russian authorities and the ICRC discussed humanitarian issues related to the conflict in Syria.

The ICRC maintained its visibility in the region as a neutral, impartial and independent humanitarian organization, notably through media coverage of its activities, and events with civil-society organizations. In March, the delegation inaugurated the Moscow Humanitarium, a centre for communication and research on humanitarian issues.

The ICRC continued to help people displaced by the Ukraine crisis meet their immediate needs. In south-western Russia and Crimea, it provided people with food and other essentials monthly with the help of the local Red Cross branches or the local authorities; some beneficiaries assisted in aid distributions. In Belarus, displaced people obtained basic supplies using vouchers distributed on a monthly basis by the Red Cross Society of Belarus, with ICRC funding and technical support.

People in the Russian Federation got in touch with family members in Ukraine, including detainees, through RCMs and

phone services. People with relatives missing in connection with the Ukraine crisis availed themselves of National Society and ICRC tracing services.

Migrants across the region, including asylum seekers and refugees, benefited from various forms of National Society and ICRC assistance. In St Petersburg, thousands of them obtained legal consultations and other aid at a centre run by the Russian Red Cross Society with ICRC support. In Belarus, detained migrants reconnected with their families using phone services run by the Belarusian Red Cross, with ICRC funding.

The ICRC continued to scale down its activities in the northern Caucasus, closing its office in Daghestan and downsizing its sub-delegation in Chechnya. Nevertheless, vulnerable people benefited from some aid. For instance, missing persons' families received psychosocial support from the Russian Red Cross, which the ICRC continued to provide with funding and technical guidance.

People detained in connection with past conflicts in the northern Caucasus, in facilities far from their homes, reconnected with their relatives through ICRC-facilitated family visits and/or parcel deliveries.

Doctors from Crimea strengthened their skills through advanced training, funded by the ICRC, at Russian universities or clinics. Hospitals in Crimea and Rostov Oblast were provided with reference materials on war surgery.

Dialogue with the region's armed forces, the CSTO and the CIS – on integrating IHL provisions into military decision-making – continued. The CSTO and the ICRC held their second annual staff talks, involving headquarters-level discussions on, *inter alia*, humanitarian matters and ICRC operations in contexts of common concern.

The ICRC continued to promote IHL implementation in the region, working with the IPA CIS on a set of model regulations, derived from IHL, for CIS Member States. The IPA CIS adopted a set of recommendations, drafted with the ICRC, on implementing legal frameworks related to the goals of the Health Care in Danger project.

The Belarusian Red Cross, the Red Cross Society of Moldova and the Russian Red Cross remained the ICRC's main partners in delivering humanitarian services in the region. They continued to develop their organizational and operational capacities with ICRC assistance.

CIVILIANS

Displaced people meet their most pressing needs

People displaced by the Ukraine crisis received various forms of ICRC assistance. Some 15,600 people (7,600 households) in south-western Russia, and around 18,800 people (9,500 households) in Crimea, were supplied monthly with food and household and hygiene items. They also received additional food for the holidays, and households with school-going children were provided with school supplies.

About 2,400 vulnerable people (800 households) in Krasnodar Krai and the Republic of Adygea eased their living conditions with the help of a one-time distribution of blankets, cooking

utensils and other essentials. On two occasions, some 750 people (280 households) who had fled the armed conflict in Syria, and had resettled in the Republic of Adygea, received food and hygiene items.

All assistance was distributed by the local Red Cross branches in Crimea, Krasnodar Krai and the Republic of Adygea, and by the local authorities in Rostov Oblast. Some of the beneficiaries participated in the aid distributions as Red Cross volunteers.

In Belarus, some 3,600 people (1,500 households) displaced from Ukraine obtained essential supplies with vouchers distributed on a monthly basis by the Belarusian Red Cross, with ICRC funding and technical support.

In Daghestan, around 900 vulnerable people (270 households) displaced by natural disasters, or by the Ukraine crisis, met their basic needs with the help of a one-time distribution of food and hygiene items.

A primary-health-care programme proposed by the ICRC, for people displaced to Crimea by the Ukraine crisis, was awaiting the authorities' approval.

Vulnerable people in the northern Caucasus receive psychosocial support

In Chechnya, some 270 families of missing persons benefited from psychosocial support provided by the Russian Red Cross, which received funding and technical guidance from the ICRC. Beneficiaries subsequently reported an improvement in their emotional well-being.

Vulnerable children in North Ossetia participated in recreational activities at an ICRC-supported centre, run by the Russian Red Cross. The Danish Red Cross and the ICRC carried out an assessment of the centre to evaluate the effectiveness of its services and determine how the Russian Red Cross could run it autonomously in the future. The assessment's findings were to be discussed with the parties concerned.

The ICRC discussed the issue of missing persons with a Russian NGO working on the matter, and participated in some of the NGO's events. The NGO processed DNA samples from 50 relatives of missing persons, with ICRC funding.

Having completed, in 2015, an ICRC-supported multi-year project to collect data on the needs of people injured by mines and explosive remnants of war, the Russian Red Cross branch in Chechnya prepared a report to present its findings to the authorities. Plans to support weapon-clearance activities in the countries covered were delayed by other operational priorities, particularly in connection with the escalation of the Nagorno-Karabakh conflict (see *Armenia and Azerbaijan*).

People reconnect with relatives in Ukraine

People in the Russian Federation used RCMs and phone services to get in touch with relatives in Ukraine, including detainees. Relatives of people who had gone missing in relation to the Ukraine crisis availed themselves of National Society and ICRC tracing services.

The National Societies of Belarus, Moldova and the Russian Federation continued to develop their capacities in providing family-links services, with financial and technical assistance

from the ICRC. For example, in St Petersburg, Russian Red Cross personnel working with migrants, including asylum seekers and refugees (see below), learnt more about restoring family links for people separated by conflict, migration or disaster through ICRC training. Personnel from 15 other branches received similar training conducted by the Russian Red Cross headquarters and the ICRC. In June, the ICRC organized a regional meeting for family-links specialists from the Belarusian Red Cross and the Russian Red Cross.

Vulnerable migrants obtain legal and other aid

Some 11,000 migrants, including people displaced from Ukraine, accessed legal consultations at a Russian Red Cross centre in St Petersburg; around 3,000 similar consultations were provided through a National Society hotline. Particularly vulnerable individuals were provided with food, clothing and/or hygiene items; some 20 people, including 9 minors, were accommodated at a National Society shelter. These activities were carried out with ICRC financial support.

ICRC-issued travel documents enabled fifteen people to travel to third countries for resettlement.

PEOPLE DEPRIVED OF THEIR FREEDOM

People detained far from their homes receive visits from their relatives

Detainees held in relation to past conflicts in the northern Caucasus, in penal colonies across the Russian Federation, benefited from ICRC-facilitated family visits and/or parcel deliveries. Some 420 detainees were visited by relatives; 52 detainees received parcels of food and/or household and hygiene items from their families.

Several detainees got in touch with their relatives through RCMs.

Detained migrants restore or maintain contact with their families

More than 400 migrants detained in facilities across Belarus were visited by the Belarusian Red Cross, which received financial and technical support from the ICRC. They reconnected with their relatives through ICRC-funded phone services run by the National Society. Particularly vulnerable migrants met their basic needs with the help of food, clothing and hygiene items provided by the National Society, with the ICRC's financial assistance.

WOUNDED AND SICK

Doctors boost their skills through ICRC-supported training

A total of 28 doctors from Crimea, including 2 displaced by the Ukraine crisis, reinforced their skills through advanced training at Russian universities or clinics; the ICRC covered their training fees and/or travel costs.

ICRC-supported repairs to medical equipment helped four health facilities in Crimea restore their diagnostic capacities. Reference materials on war surgery were given to 60 hospitals in Crimea and Rostov Oblast; a medical school in Crimea received computers. Communications equipment donated by the ICRC strengthened the ability of five emergency-response teams in Crimea and the northern Caucasus to respond to urgent needs.

The ICRC remained ready to facilitate access to prosthetic/orthotic services for people displaced by the Ukraine crisis, but received no requests for such assistance.

ACTORS OF INFLUENCE

High-level dialogue emphasizes humanitarian concerns

The ICRC's discussions with the Russian authorities – for example, during visits to Moscow of the ICRC's president, director-general and other senior personnel – highlighted the importance of humanitarian action worldwide. The ICRC sought the authorities' support for its work, particularly in relation to the armed conflict in Syria and the Ukraine crisis.

In Aleppo, Damascus, Geneva and Moscow, the Russian authorities and the ICRC discussed humanitarian issues related to the conflict in Syria. This facilitated, *inter alia*, the evacuation of some 35,000 people from eastern Aleppo in December.

The Belarusian authorities and the ICRC began discussions towards a headquarters agreement.

Contact with the authorities in Chechnya and Daghestan resumed.

Media and civil society raise public awareness of humanitarian issues

The ICRC maintained its visibility as a neutral, impartial and independent humanitarian organization through media coverage of its work, including its activities for people affected by the Ukraine crisis. For instance, interviews with ICRC officials visiting Moscow (see above) helped increase public awareness of humanitarian concerns. Two associations of Russian journalists and the ICRC began work on an online IHL course for media personnel assigned to conflict areas.

In March, the Moscow delegation inaugurated the Moscow Humanitarium, a centre for communication and research on humanitarian issues. The centre offered over 1,500 books on IHL, many of them in Russian, for researchers' use and hosted several round-tables with academics and think-tanks on various IHL topics.

During his visit to Moscow, the ICRC's president participated in a panel discussion at an international scholars' club on the humanitarian challenges posed by hybrid warfare. At a conference of Russian scholars and policy experts on migration, ICRC representatives drew attention to the humanitarian needs and vulnerabilities of migrants, including asylum seekers and refugees.

National and regional authorities discuss the incorporation of IHL in military training

The ICRC kept up its dialogue with the region's armed forces, the CSTO and the CIS on integrating IHL provisions into military doctrine, training and operations. Military officials from CIS Member States and representatives of the CSTO and CIS Counter-terrorist Centre discussed the incorporation of IHL in military education at a seminar organized by the Belarusian defence ministry, the CIS Council of Defence Ministers and the ICRC.

The Russian Federation's central military administration engaged in discussions with the ICRC on humanitarian matters in connection with the armed conflict in Syria.

The Russian Ground Forces, with ICRC technical assistance, continued to conduct advanced IHL training for senior officers. At a seminar organized by the Russian defence ministry and the ICRC, military psychologists discussed the prevention of IHL violations through the provision of psychological support during

military operations. The Russian armed forces' legal service integrated IHL-related modules into workshops for military legal advisers.

Following an agreement with the Moldovan army, the ICRC began assisting in IHL training for Moldovan peacekeeping troops bound for Kosovo. In Belarus, plans to help military academics draft recommendations for integrating IHL into military decision-making were cancelled, as some requirements for such drafting were not in place.

With ICRC support, senior Belarusian, Moldovan and Russian military officers participated in an advanced IHL course in San Remo.

The CSTO and the ICRC held their second annual staff talks in June, involving headquarters-level interaction between the two organizations. Discussions covered, *inter alia*, humanitarian matters and ICRC operations in contexts of common concern. In August, the ICRC participated in a CSTO peace-support exercise in Belarus.

At a round-table organized by the diplomatic academy of the Russian foreign-affairs ministry and the ICRC, Russian government representatives discussed legal issues related to the use of private military and security companies in armed conflict. Russian experts participated in an ICRC project to update the commentaries on the 1949 Geneva Conventions and their 1977 Additional Protocols.

Regional body adopts recommendations for domestic law to protect health care during armed conflict

Discussions with the IPA CIS, on IHL implementation in CIS Member States, continued. These included a meeting between the IPA CIS's secretary-general and the ICRC's president. In October, the IPA CIS and the ICRC held a conference for CIS Member States on the humanitarian impact of the use of nuclear and conventional explosive weapons.

The IPA CIS adopted recommendations, drafted with the ICRC, on implementing legal frameworks related to the goals of the Health Care in Danger project, and transmitted these to CIS Member States' parliaments. It worked with the ICRC on a set of model regulations, derived from IHL, for CIS Member States' armed forces.

Academics contribute to IHL development

The national IHL committees of Belarus and Moldova, and observers from the Russian Federation, participated in the fourth universal meeting of such committees in Geneva, Switzerland (see *International law and policy*), with ICRC support.

A draft law on the National Society and the use of the red cross emblem, submitted in 2015, remained under consideration by the Russian parliament.

Belarusian, Moldovan and Russian students participated in regional and international IHL events, with ICRC support.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies strengthen their organizational and operational capacities

With ICRC assistance, and using the Safer Access Framework, the region's National Societies continued to develop their

emergency response capacities. Russian Red Cross branches in the northern Caucasus bolstered their emergency preparedness with ICRC-funded simulation exercises, some of which were conducted with local authorities. Belarusian Red Cross trainers conducted first-aid training, facilitated by the ICRC, for the Moldovan Red Cross and the St Petersburg branch of the Russian Red Cross. Staff from Russian Red Cross branches in the northern Caucasus learnt more about volunteer management through ICRC-funded training.

In Crimea, the local Red Cross branches, with ICRC support, provided first-aid training to some 2,200 volunteers, social workers and local authorities. Branch personnel enhanced their external-communication capacities through ICRC training.

Belarusian Red Cross and Russian Red Cross officials met with Ukrainian Red Cross Society representatives and the ICRC in Minsk, Belarus, in January; the Russian Red Cross and the Ukrainian Red Cross signed an agreement to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		14			
RCMs distributed		7			
Phone calls facilitated between family members		7			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		39	1		
<i>including people for whom tracing requests were registered by another delegation</i>		8			
Tracing cases closed positively (subject located or fate established)		11			
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases still being handled at the end of the reporting period (people)		2,512	89	12	75
<i>including people for whom tracing requests were registered by another delegation</i>		21			
Documents					
People to whom travel documents were issued		15			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
RCMs and other means of family contact					
RCMs collected		7			
RCMs distributed		15			
Detainees visited by their relatives with ICRC/National Society support		424			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	36,027	15,275	13,470
Essential household items	Beneficiaries	38,427	16,235	14,430
Vouchers	Beneficiaries	3,649	1,715	1,095

PARIS (regional)

COVERING: Denmark, France, Germany, Greece, Italy, Monaco, Netherlands, Norway, Spain, Sweden (with specialized services for other countries)



Formalized in 2000, the Paris office merged with the Europe regional delegation in 2015. It engages in dialogue on IHL and humanitarian concerns with the authorities, military and academic circles and third-country representatives, raising awareness of the ICRC's mandate and mobilizing political and financial support for its activities. It visits people held by international tribunals and follows up on former internees of the US internment facility at Guantanamo Bay Naval Station, Cuba. With National Societies, it helps migrants restore family links, visits those detained and offers guidance on human-remains management. It partners National Societies in their international activities and IHL promotion.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Migrants, including asylum seekers and refugees, sought contact with their families through the Movement's family-links services; National Societies expanded or strengthened their delivery of these services, with ICRC support.
- ▶ With ICRC financial, material and technical assistance, Greek forensic authorities, and coastguards from six islands, developed their ability to recover and identify human remains, following shipwrecks in the Mediterranean.
- ▶ Migrants held in Greece and people remanded or convicted by international criminal tribunals were visited and/or given material aid. ICRC-provided internet access helped minors in two centres maintain contact with their families.
- ▶ National IHL committees in the region and from other countries discussed how to strengthen protection for civilians during armed conflict, at a meeting organized by the Swiss authorities, the Swiss Red Cross and the ICRC.
- ▶ The French Armed Forces consolidated and expanded their knowledge of IHL and the ICRC's activities as they deepened their dialogue with the organization at both institutional and field levels.

PROTECTION

Total

CIVILIANS (residents, IDPs, returnees, etc.)

Restoring family links

Phone calls facilitated between family members	18,735
Tracing cases closed positively (subject located or fate established)	8

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)

ICRC visits

Detainees visited	14,508
Detainees visited and monitored individually	37
Number of visits carried out	83
Number of places of detention visited	30

Restoring family links

RCMs collected	5
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	13

EXPENDITURE IN KCHF

Protection	4,230
Assistance	495
Prevention	2,183
Cooperation with National Societies	691
General	37
Total	7,635
<i>Of which: Overheads</i>	<i>466</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
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PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	24

CONTEXT

Migrants, including asylum seekers and refugees, crossed the Mediterranean Sea towards Europe, and arrived mainly in Cyprus, Greece, Italy, Malta and Spain. To manage the influx, the European Union (EU) strengthened internal mechanisms for resettlement and secured its borders. The closure of Greece's border with the former Yugoslav Republic of Macedonia, and the implementation of the EU–Turkey agreement to resettle migrants, led to a decrease in new arrivals, but left some 62,000 migrants stranded in Greece. This in turn increased the number of reception centres across the country, with some of them turned into closed facilities.

Owing to recent attacks and arrests made in connection with violent extremism in the region, security remained high on the agenda of European countries.

As a permanent member of the UN Security Council, France played a major role in international affairs. Alone or as part of international coalitions, France was involved in diplomatic or military initiatives in various contexts overseas. The Hague, Netherlands, continued hosting the International Criminal Court (ICC) and the branch of the UN Mechanism for International Criminal Tribunals (MICT) which carried out tasks inherited from the International Criminal Tribunal for the former Yugoslavia (ICTY).

The Council of Europe continued promoting human rights and the rule of law.

ICRC ACTION AND RESULTS

Following the closure of Europe's eastern land borders and the implementation of the EU–Turkey agreement, the ICRC scaled up its response to the evolving needs of migrants, especially those stranded in Greece.¹ In March, it opened a mission in Athens, Greece, to expand its operational capacity to help migrants. It also reopened its mission in Budapest, Hungary, to increase coordination with the International Federation, particularly in relation to the needs of migrants.

With ICRC technical, financial and material support, National Societies – notably in Greece and Italy – bolstered their family-links services for migrants. For instance, migrants sought to contact their relatives through a photo campaign run by Movement partners across Europe or through family-links service points in ports or reception centres. In light of the frequency of shipwrecks in the Mediterranean, the ICRC developed physical description data forms, which supplemented tracing requests collected by the Movement with additional information necessary for identifying bodies or human remains. ICRC technical and material support helped Greek forensic authorities to conduct recovery operations after shipwrecks. The national authorities in Greece, Italy and Malta – together with the National Societies concerned and the ICRC – took steps to standardize forensic procedures and establish a centralized database for ante- and post-mortem data.

The ICRC increased its visits to some 14,000 migrants held in Greece and shared its findings and recommendations with the authorities. Detained migrants eased their conditions, partly through ICRC-distributed hygiene and other essential items;

unaccompanied or separated minors regularly contacted their families through video calls, using ICRC-provided equipment. With training conducted by the police and the ICRC, directors enhanced their knowledge of managing detention places.

The Paris delegation remained a crucial element of the ICRC's humanitarian diplomacy network, through which the organization sought support for its operations worldwide, broadened understanding of its mandate and promoted IHL. National authorities, regional organizations and the ICRC maintained dialogue to further IHL implementation and advance treaty participation. States drew on the ICRC's reading of the humanitarian situation in conflicts abroad and on the implementation of IHL, including sanctions for violations.

In France, meetings with the president, and regular interactions with officials from the defence, foreign affairs and justice ministries, as well as the operational and strategic commands of the armed forces, tackled humanitarian issues in contexts of diplomatic and military interest to the country. Military officers consolidated their knowledge of the ICRC's mandate and activities through dialogue at strategic, operational and tactical levels in both France and the field. With ICRC support, the defence ministry and the armed forces promoted IHL in military academies and its incorporation in military doctrine, training and operations.

Members of civil society discussed IHL and humanitarian affairs at events organized by the ICRC. French-language audiovisual materials produced by the ICRC and disseminated through television, radio and online media helped broaden awareness of such matters among French-speaking audiences throughout the world. The ICRC also partnered other organizations, such as the Organisation internationale de la Francophonie, in promoting IHL and other matters of common concern; the French translation of the ICRC's commentaries on the 1949 Geneva Conventions got under way.

The ICRC visited people convicted by the ICTY and serving their sentences in Europe, and people remanded by the MICT and the ICC in The Hague. Detaining authorities drew on ICRC findings and recommendations to ensure that their policies complied with internationally recognized standards and best practices. The ICRC followed up the situation of people resettled in Europe after their release from the US internment facility at Guantanamo Bay Naval Station in Cuba.

CIVILIANS

As migrants, including refugees and asylum seekers, continued to arrive or remained stranded in the region (see *Context*), the ICRC allocated more resources to help National Societies working along migration routes to bolster their family-links services for migrants and their response to such emergencies as shipwrecks.

Separated migrants in Greece and southern Italy contact their relatives

With ICRC technical and financial support, the Italian Red Cross continued running service stations – equipped with phone-charging posts and internet – at ports and reception centres in southern Italy; newly arrived migrants used these stations to contact their families. With ICRC financial backing, technical advice and staff training, the Hellenic Red Cross coped with the increased demand for family-links services; it helped over 10,000 people to phone their families. The Malta Red Cross Society

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/4B8C6FDD15D73187C125802700228E2B/\\$File/UpD_Paris%20BudgetExt_REX2016_362_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/4B8C6FDD15D73187C125802700228E2B/$File/UpD_Paris%20BudgetExt_REX2016_362_Final.pdf)

bolstered its emergency-preparedness by pre-positioning materials and training its volunteers to provide family-links services and psychosocial care. With ICRC technical support, the Cyprus Red Cross Society reinforced its family-links services to cope with new arrivals of migrants.

Through the Trace the Face campaign run by 28 European National Societies with ICRC support, people sought to reconnect with their families by having photos of themselves or their relatives published on the ICRC's family-links website (familylinks.icrc.org) or on posters displayed in public spaces, such as reception and transit centres, in several European countries. To supplement this, a multilingual social media page – containing search matches for missing people and safety tips to prevent separation – was launched.

At the sixth conference on migration held in Barcelona, Spain, National Societies and other stakeholders in the Mediterranean region and the ICRC exchanged expertise in restoring family links and in forensic work.

Authorities in Greece improve their management of human remains, following shipwrecks

In light of the frequency of shipwrecks in the Mediterranean, the ICRC developed physical description data forms to supplement tracing requests – collected by the Movement in countries of origin, transit and destination – with additional information necessary for identifying bodies or human remains. National Societies in Greece and Italy employed these forms; other National Societies in the region trained in using them.

In Greece, forensic authorities, and 181 coastguards from six islands, conducted recovery operations following shipwrecks, with the ICRC's technical assistance – including training for the coastguards – and year-round provision of equipment: 2,500 surgical masks, 6,000 gloves, body bags, and computers and other electronic devices. Through the Hellenic National Society's services backed by ICRC financial support, families opened tracing requests for relatives who disappeared in 19 shipwrecks; 85 cases were ongoing, and 8 positively closed. With ICRC assistance, some families covered their expenses for identifying or burying deceased relatives. Workers in cemeteries for migrants learnt how to manage unidentified human remains.

In Italy, the University of Milan's Medico-Legal Institute continued coordinating with the authorities and the ICRC to identify the remains of migrants who had perished off the coast of Lampedusa in 2013.

Drawing on ICRC expertise, the authorities in the region took steps to standardize procedures for managing and identifying human remains, to facilitate the process of providing answers to the families concerned. To this end, they were urged also to establish a centralized database for ante- and post-mortem information in accordance with data protection laws. In Greece, at a round-table organized by the police and the ICRC, high-level government officials, police personnel, forensic experts, coastguards and the president of the National Society discussed the need for a legal framework to establish such a database.

In Italy, the national authorities, the National Society and the ICRC drafted an agreement to share forensic information. In Malta, a similar agreement between the national authorities and the National Society was being prepared.

Former Guantanamo Bay internees are followed up

The ICRC continued following up the situation of people resettled in Europe after their release from the Guantanamo Bay internment facility. It urged the authorities concerned to support the integration of these people in their respective host countries. One former internee spent time with his family at an ICRC-organized visit. Efforts to organize family visits for other former internees continued, despite difficulties caused by tightening security rules across Europe or obstacles in the families' countries of origin.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited 12 people detained or held on remand under the authority of the MICT and the ICC in The Hague, and eight people convicted by the ICTY and serving their sentences in four European countries. The ICRC shared with the detaining authorities its findings and recommendations to help them ensure that their detention policies complied with internationally recognized standards and best practices; recommendations aimed as much as possible to benefit the wider detainee population in the places visited.

At an ICRC workshop, officials from 12 European penitentiary administrations, the ICC, the MICT, the Council of Europe and WHO exchanged best practices in managing the needs of elderly detainees.

Migrants held in Greece restore contact with their families

In Greece, the ICRC visited more than 14,000 migrants in 23 places of detention – including police stations and pre-removal and closed reception centres – and checked on their treatment and living conditions. Following visits, the ICRC shared its findings and recommendations with the local and central authorities, particularly the police and the Alternate Minister of Immigration Policy. At training sessions organized by the police and the ICRC, the directors of all pre-removal centres and their deputies learnt more about managing their centres and providing family-links, health and hygiene services.

Migrants phoned their relatives or opened tracing requests through the Hellenic Red Cross or the ICRC. Unaccompanied or separated minors held in two reception centres regularly contacted their families through video calls made with ICRC-provided equipment. A total of 3,700 migrants – including 200 unaccompanied minors – and other vulnerable groups, eased their conditions, partly with ICRC-distributed phone cards, hygiene kits, clothing and recreational items.

With ICRC technical input, staff from the Finnish Red Cross and the Swedish Red Cross discussed, at a workshop, topics such as needs analysis and standard visiting procedures, in view of designing their own activities for detained migrants, particularly unaccompanied minors. Following this, representatives from 16 European National Societies and the International Federation discussed, among other things, ways to reinforce their technical support to one another and to coordinate their approaches in immigration and detention, at a workshop organized for the first time by the Norwegian Red Cross, the Swedish National Society and the ICRC. The Cyprus Red Cross Society and the Maltese Red Cross also received ad hoc technical or financial support in developing their activities for detained migrants.

After reopening its mission in Budapest, the ICRC initiated dialogue with the interior ministry, and visited five detention places in Hungary to assess detainees' treatment and living conditions,

with a view to starting regular visits according to the organization's standard procedures. With technical and financial support from the International Federation and the ICRC, the Hungarian Red Cross developed its family-links activities for detained migrants.

ACTORS OF INFLUENCE

At bilateral meetings, forums and other events, the ICRC's dialogue with the authorities in the region – including regional organizations such as the EU and the Council of Europe – sought to keep IHL and humanitarian issues on their agenda, and secure support for the organization's activities worldwide, including the Health Care in Danger project and strengthening the response to sexual violence. The French presidency and the defence, foreign affairs and justice ministries exchanged views with the ICRC on the humanitarian situation in contexts of military interest to France – such as the Central African Republic, Mali and the Lake Chad region – and on topics such as the fight against “terrorism”, multinational forces and cyber warfare.

Through the data protection committee of the Council of Europe, the ICRC elaborated its views on EU data-protection reforms, particularly the potential consequences for its working procedures.

National IHL committees in the region discuss the protection of civilians during armed conflict

European National Societies and the ICRC maintained dialogue with the national authorities and regional organizations to promote support for IHL and advance treaty participation. Discussions with the national authorities and National Societies – notably, in Denmark, Finland, Iceland, Italy, Slovakia and Sweden – highlighted topics on IHL implementation, such as the Strengthening IHL process, the outcomes of the 32nd International Conference and sanctions on war crimes. European national IHL committees and other IHL-implementing bodies and their counterparts from other countries discussed how to strengthen protection for civilians during armed conflict, at a meeting in Switzerland organized for the fourth time by the Swiss authorities, the Swiss Red Cross and the ICRC (see *International law and policy*).

Greece ratified the Arms Trade Treaty, Additional Protocol III, the Kampala amendments to the Rome Statute, and other IHL treaties were yet to be ratified by some European States.

The ICRC continued working with the Clinique de droit international pénal et humanitaire (Canada) on the French translation of its commentaries on the 1949 Geneva Conventions.

At seminars and competitions organized by National Societies and academic institutions, with the ICRC's help, academics discussed IHL and humanitarian issues. As part of the partnership between the government of Monaco and the Paris Institute of Political Studies to raise awareness of international development issues, students of Sciences Po Mediterranean in Menton, France, learnt more about IHL, during ICRC-led sessions.

The Organisation internationale de la Francophonie and the ICRC continued implementing their partnership on IHL dissemination projects, such as organizing a seminar on improving respect for IHL, for magistrates from French-speaking African countries (see *Abidjan*). The French selection of the *International Review of the Red Cross* emphasized topics, such as the issue of sexual violence, the deployment of multinational forces and cultivating respect for the law.

French forces consolidate their knowledge of ICRC activities

The French Armed Forces (FAF) deepened their dialogue with the ICRC at strategic, operational and tactical levels; two of its high-level officials visited the ICRC's headquarters in Geneva, Switzerland. Its command units involved in planning and carrying out external operations held discussions with the ICRC on the conduct of hostilities, with a view to incorporating IHL in their operational guidelines and military doctrine. At the FAF War College's invitation, the ICRC attended its final graduation exercise as an observer.

The ICRC contributed its expertise to the annual training session for the legal advisers of the defence ministry.

Using materials from its website, the ICRC prepared a monthly newsletter for interlocutors in the FAF.

The media highlight humanitarian needs in the region and beyond

Audiovisual content produced by the ICRC, and disseminated through television and radio programmes and online platforms,

PEOPLE DEPRIVED OF THEIR FREEDOM	Denmark	Estonia	Germany	Greece	Italy	ICC/ICTY
ICRC visits						
Detainees visited	2	3	2	14,488	1	12
<i>of whom women</i>				327		
<i>of whom minors</i>				1,062		
Detainees visited and monitored individually	2	3	2	17	1	12
<i>of whom women</i>				1		
<i>of whom girls</i>				1		
<i>of whom boys</i>				6		
Detainees newly registered				17		
<i>of whom women</i>				1		
<i>of whom girls</i>				1		
<i>of whom boys</i>				6		
Number of visits carried out	1	1	2	76	1	2
Number of places of detention visited	1	1	2	23	1	2
Restoring family links						
RCMs collected				5		
RCMs distributed				2		
Phone calls made to families to inform them of the whereabouts of a detained relative				13		
People to whom a detention attestation was issued	1					

broadened awareness of IHL, humanitarian issues and the ICRC's mandate and work among French-speaking audiences. Such efforts included the "5 à 7 du CICR" interactive debate series on the delegation's blog, a forum for members of civil society to discuss contemporary humanitarian issues. Press activities emphasized humanitarian needs in the Syrian Arab Republic (hereafter Syria) and Yemen; documentaries and a video campaign highlighted the plight of migrants in Europe, including those in other countries whose relatives went missing in Europe. The sixth ICRC-sponsored Visa d'Or award for humanitarian photojournalism went to a photojournalist who covered the demobilization of child soldiers in Colombia (see *Colombia*).

RED CROSS AND RED CRESCENT MOVEMENT

The International Federation and the ICRC worked closely to coordinate support for National Societies' response to the needs of migrants in Europe, including detained migrants (see *People deprived of their freedom*); they focused on Greece, Italy and Malta (see *Civilians*). They also ensured a coherent response in countries affected by armed conflict and other violence, such as Armenia, South Sudan and Syria, among others.

With ICRC technical assistance, the French Red Cross reinforced the application of the Safer Access Framework to its first-aid and ambulance services, and to its branch in Mayotte, to strengthen its emergency-response capacities, particularly during situations of violence (see *Context*).

The efforts of the Hellenic Red Cross to stabilize its organizational structure continued to be hindered by legal challenges to the new statutes approved by its general assembly in April 2015. The Italian Red Cross continued the process of transitioning from a "public entity" to a "voluntary association". In the meantime, the ICRC continued to support the operations of both National Societies (see *Civilians*).

The region's National Societies – notably in France, Norway, Spain and Sweden – and the ICRC reinforced their partnerships and drew on each other's areas of expertise to consolidate their efforts to address humanitarian issues of common interest. The Danish Red Cross and the German Red Cross concluded multi-year partnership agreements with the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact					
Phone calls facilitated between family members		18,735			
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered		89	20	13	19
<i>including people for whom tracing requests were registered by another delegation</i>		14			
Tracing cases closed positively (subject located or fate established)		8			
Tracing cases still being handled at the end of the reporting period (people)		85	20	13	20
<i>including people for whom tracing requests were registered by another delegation</i>		14			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					
Detainees visited		14,508	327	1,062	
RCMs and other means of family contact					
Detainees visited and monitored individually		37	1	1	6
Detainees newly registered		17	1	1	6
Number of visits carried out		83			
Number of places of detention visited		30			
RCMs and other means of family contact					
RCMs collected		5			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		13			
People to whom a detention attestation was issued		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Visits carried out by health staff		21		
Places of detention visited by health staff	Structures	15		

TASHKENT (regional)

COVERING: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan



ICRC/AR_2016
 ICRC regional delegation ICRC mission ICRC office/presence
 *Map shows structures supporting ICRC operations in Afghanistan

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ In Kyrgyzstan, detainees at nine police stations – including four new sites receiving support – improved their access to primary health care through a project implemented by the health and internal affairs ministries with the ICRC.
- ▶ Doctors and medical specialists from across the region expanded their capacities in emergency trauma care and weapon-wound surgery at courses organized by the ICRC with the pertinent National Societies and authorities.
- ▶ In Tajikistan, more than 300 families of missing persons met some of their needs through an ICRC-supported programme run by a local NGO and the Red Crescent Society of Tajikistan; a similar project was begun in Kyrgyzstan.
- ▶ Military officers sought to incorporate IHL in their training and operations with ICRC guidance. The Tajik authorities incorporated ICRC recommendations concerning families of the missing in draft civil and criminal codes.
- ▶ Clerics and scholars from Kazakhstan, Kyrgyzstan, Tajikistan and other countries discussed IHL and Islam at a regional conference organized by the ICRC and the Center for Islamic Studies under the president of Tajikistan.
- ▶ First-aid instructors from National Societies in the region, having strengthened their emergency response capacities with ICRC training, conducted training sessions for local communities, other organizations and companies.

EXPENDITURE IN KCHF

Protection	3,107
Assistance	6,833
Prevention	2,168
Cooperation with National Societies	1,307
General	122
Total	13,537
<i>Of which: Overheads</i>	<i>826</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	28
Resident staff (daily workers not included)	184

The ICRC has been present in Central Asia since 1992. In Kyrgyzstan and Tajikistan, it works to protect and assist vulnerable people suffering the consequences of conflict and other violence, in cooperation with the National Societies. In Kyrgyzstan, it helps the authorities improve detainees' treatment and conditions, especially with regard to health-care access. The ICRC assists the region's National Societies in building their capacities, particularly in emergency preparedness, restoring family links and promoting IHL. Regionwide, it supports the implementation of IHL and other norms relevant to the use of force, and fosters understanding of the ICRC's mandate and work.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **MEDIUM**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	26
RCMs distributed	37
Phone calls facilitated between family members	931
Tracing cases closed positively (subject located or fate established)	17
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	9,721
Detainees visited and monitored individually	392
Number of visits carried out	144
Number of places of detention visited	59
Restoring family links	
RCMs collected	32
RCMs distributed	20
Phone calls made to families to inform them of the whereabouts of a detained relative	74

ASSISTANCE

	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items ¹ Beneficiaries		6,509
Cash Beneficiaries	1,155	1,541

WOUNDED AND SICK

Water and habitat			
Water and habitat activities	Number of beds	1,200	880

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

The five Central Asian countries faced economic and security challenges in varying degrees; they also had to cope with an influx of people who had returned home because of economic and political difficulties in the countries to which they had migrated.

Cross-border criminal activities, competition for natural resources, and issues related to border demarcation were the main sources of tensions in the region, and occasionally led to violence.

Geopolitical issues of interest in the region included the fight against “terrorism”, the shifting power dynamics in international affairs, economic hardship and the use of water and energy resources. Central Asian countries remained engaged with multilateral bodies such as the Collective Security Treaty Organization (CSTO), Commonwealth of Independent States (CIS), the Eurasian Economic Union, NATO and the Shanghai Cooperation Organization (SCO).

In Kyrgyzstan and Tajikistan, many families remained without news of relatives who went missing in relation to past conflict, other situations of violence and migration. Communities along Tajikistan’s borders with Afghanistan and Uzbekistan were at risk from mines and explosive remnants of war (ERW).

ICRC ACTION AND RESULTS

In Central Asia, the ICRC continued to prioritize: assisting the authorities to address the needs of detainees and people affected by past conflict, other situations of violence and migration; helping expand local emergency response capacities; and promoting IHL and its implementation.

In Kyrgyzstan, the ICRC visited detainees held by the internal affairs ministry, the State Committee for National Security (GKNB) and the State Service for the Execution of Punishments (GSIN). Following these visits, ICRC delegates confidentially shared feedback with the authorities, with a view to helping them improve detainees’ treatment and living conditions. The ICRC conveyed to the GSIN the findings and recommendations from its comprehensive assessment of the health needs of detainees. It continued to provide technical guidance to the GSIN and the health ministry for controlling TB among detainees in two facilities. The GSIN also received advice for managing facilities for detainees serving life sentences. The ICRC extended a primary-health-care project for detainees to four more police stations.

Dialogue with the Turkmen authorities, on visits to detainees in accordance with standard ICRC procedures, continued. In Tajikistan, discussions with the authorities continued to explore the possibility of resuming ICRC visits to detainees.

The importance of clarifying the fate of missing individuals remained a subject of discussion between the ICRC and the Tajik authorities. People with relatives still unaccounted for in Kyrgyzstan and Tajikistan submitted tracing requests to the ICRC or the National Society concerned. An ICRC-supported accompaniment programme, carried out by a local NGO and the Red Crescent Society of Tajikistan, enabled families of missing people in Tajikistan to obtain psychosocial support and referrals to service providers for their other needs. A similar project was begun in Kyrgyzstan.

In Tajikistan, officials concerned with the management of human remains bolstered their capacities through training facilitated

by the ICRC. In Kyrgyzstan and Tajikistan, dialogue with the pertinent authorities – on standardizing protocols and procedures for managing human remains – got under way.

Mine-affected households in Tajikistan used ICRC cash grants to cover physical rehabilitation costs or start income-generating activities.

With the help of various forms of support from the ICRC, National Societies in the region strengthened their emergency preparedness and their ability to carry out – in line with the Safer Access Framework – family-links, psychosocial support and first-aid activities. First-aid instructors from the National Societies, having strengthened their capacities through ICRC training, conducted commercial training sessions for other organizations and for companies. Doctors and medical specialists across the region advanced their skills through courses on emergency trauma care or weapon-wound surgery organized by the ICRC with the National Societies, the authorities and other local partners.

The ICRC continued to seek engagement with the authorities, the armed forces and security forces, and other pertinent actors throughout the region, with a view to fostering acceptance for IHL and other applicable norms, and promoting their domestic implementation. The ICRC and the Center for Islamic Studies under the president of Tajikistan organized a regional conference on humanitarian work and the principles of IHL and Islam for clerics and scholars. The organization supported the participation of government officials from Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan in IHL conferences abroad. In Tajikistan, the National Center of Legislation incorporated ICRC recommendations concerning missing persons and their families in draft civil and criminal codes. Military officers across the region pursued efforts, with ICRC assistance, to incorporate IHL in their training and operations.

CIVILIANS

Its presence in the field enabled the ICRC to monitor the situation of residents of violence-prone areas in Kyrgyzstan, especially along the country’s borders with Tajikistan and Uzbekistan. The organization maintained its dialogue with the authorities concerned, with a view to following up cases or making representations, if necessary.

Migrants at retention centres in Kazakhstan maintain contact with relatives

In Kazakhstan, Kyrgyzstan and Tajikistan, members of families dispersed by migration, detention or other circumstances maintained contact through RCMs and phone calls facilitated by the National Societies and the ICRC. They included 917 migrants at retention centres in Kazakhstan, some 580 of whom eased their situation with the help of hygiene items from the Kazakh Red Crescent Society and the ICRC. The National Society and the ICRC visited more retention centres in Kazakhstan than in the past.

Volunteers and members of the national disaster-response team in Kyrgyzstan strengthened their capacities in restoring family links during emergencies through workshops facilitated by the National Society and the ICRC. To broaden awareness of family-links services among the general public, the Kyrgyzstan Red Crescent produced posters and a TV spot, and the National Societies in Kyrgyzstan and Tajikistan organized round-tables for local authorities, all with ICRC support. The Red Crescent Society of Tajikistan, together with the ICRC, produced a video for migrants and their

families, urging them to keep each other's contact information safe in order to prevent loss of contact.

In Tajikistan, officials concerned with the management of human remains bolstered their capacities through ICRC-facilitated training. In Kyrgyzstan and Tajikistan, dialogue with the pertinent authorities, on standardizing protocols and procedures for managing human remains, began.

The ICRC continued – through a National Society social-integration project that it supported – to monitor the situation of four people resettled in Kazakhstan after their release from the US internment facility at Guantanamo Bay Naval Station in Cuba. For instance, ICRC doctors assessed their health needs. However, the project did not conclude in December, as planned, because the individuals had to be resettled again; the ICRC maintained its financial support for their stay in Kazakhstan.

Families of missing persons in Kyrgyzstan and Tajikistan obtain support for meeting their needs

In Tajikistan, more than 300 families with missing relatives obtained psychosocial support – including individual counselling, and referrals to service providers for their economic, legal and administrative needs – through an ICRC-supported accompaniment programme implemented with a local NGO and the Red Crescent Society of Tajikistan. The ICRC began working with the National Society to expand the reach of the project. Some relatives of missing people participated in ceremonies commemorating the International Day of the Disappeared, which relieved some of their distress. In Tajikistan, a video produced by the ICRC, explaining the issue of missing persons and the accompaniment programme, broadened the general public's awareness in this regard. A similar accompaniment project was begun in Kyrgyzstan. The ICRC reminded the Kyrgyz authorities to keep the families of missing persons, including those who went missing in connection with the June 2010 events, informed of developments in the search for their relatives.

The ICRC submitted a list of 78 missing migrants, originally from Tajikistan, to senior prison authorities in Kyrgyzstan for record-checking, to determine whether they were in detention. The Kyrgyz prison authorities did not find any of the migrants on the list. Other people with relatives still unaccounted for in Kyrgyzstan and Tajikistan lodged tracing requests with the ICRC and/or the National Society concerned. The ICRC continued to engage the Tajik authorities in dialogue on the importance of clarifying the fate of missing persons.

Around 200 mine-affected households in three central districts and provinces in Tajikistan used ICRC cash grants to cover physical rehabilitation costs or start entrepreneurial activities that increased their income by at least 15%. The Tajikistan Mine Action Centre, the National Society and the ICRC assessed and documented the needs of 169 victims of mines and ERW. The programme for mine-affected households in Tajikistan concluded at the end of the year; efforts to provide similar assistance for mine victims in Kyrgyzstan were no longer pursued. People in mine-affected communities in Tajikistan learnt more about mitigating the risks to their safety at education sessions organized by the National Society with the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Kyrgyzstan receive ICRC visits

A total of 9,721 detainees in facilities under the authority of the internal affairs ministry, the GKNB and the GSIN received ICRC visits, conducted according to the organization's standard procedures; 392 potentially vulnerable inmates – security detainees, people serving life sentences, women, minors and foreigners – were monitored individually. After these visits, the ICRC conveyed its findings confidentially to the authorities, to help them improve detainees' treatment and living conditions.

Discussions with the Kyrgyz authorities, on formalizing the ICRC's access to all detainees, continued.

Tajik and Turkmen authorities maintain dialogue with the ICRC on visits to detainees

The Turkmen authorities and the ICRC continued to discuss the possibility of ICRC visits to detainees in Turkmenistan, in line with a cooperation plan agreed upon in 2015.

During a round-table in Tajikistan – part of the ongoing dialogue with the Tajik authorities on the possibility of resuming visits to detainees – senior officials learnt more about the ICRC's activities in places of detention.

Inmates reconnect with families

In Kyrgyzstan, 208 detainees received ICRC-sponsored family visits. A total of 74 detainees in Tajikistan and 60 in Uzbekistan also reconnected with relatives, who had their transportation and accommodation costs covered by the ICRC.

CIVILIANS	Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan
Red Cross messages (RCMs)				
RCMs collected	6	14	4	2
RCMs distributed	9	25	3	
Phone calls facilitated between family members	917		14	
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		26	335	2
<i>of whom women</i>		7	7	1
<i>of whom minors at the time of disappearance - girls</i>		1		
<i>of whom minors at the time of disappearance - boys</i>			15	
People located (tracing cases closed positively)		14	3	
Tracing cases still being handled at the end of the reporting period (people)		104	505	2
<i>of whom women</i>		21	7	1
<i>of whom minors at the time of disappearance - girls</i>		9		
<i>of whom minors at the time of disappearance - boys</i>		9	23	
Documents				
People to whom travel documents were issued		9	3	

Kyrgyz authorities learn more about managing facilities for detainees serving life sentences

The Kyrgyz authorities continued to work with the ICRC to improve detainees' treatment and living conditions: for instance, the ICRC provided technical support for the G SIN to develop its training centre. The G SIN, with ICRC assistance, drafted a plan for managing a new facility for detainees serving life sentences. As preparation for the plan's implementation, penitentiary personnel attended a training session facilitated by the ICRC. During a study trip to Georgia, Kyrgyz detention authorities familiarized themselves with best practices in managing facilities for detainees serving life sentences.

The G SIN drew on ICRC recommendations – based on a comprehensive assessment of the health needs of detainees – to improve access to primary-health-care services for detainees under its jurisdiction. The G SIN and the ICRC organized a series of meetings to discuss measures for implementing health-related reforms in prisons.

Newly arrived detainees in more places of detention undergo TB screening

With ICRC support, the G SIN and the health ministry continued to tackle TB among detainees. In Penal Institution 31 and at a pre-trial detention centre, 177 TB-affected detainees completed treatment, and 227 others started it. Thousands of detainees, including the newest arrivals, underwent screening for TB. These detainees included people held in the places of detention where the ICRC launched a TB-screening exercise in February.

The staff at the two facilities mentioned above continued to bolster their services with the help of daily on-site guidance from the ICRC for managing TB. Maintenance teams supported by the ICRC oversaw the functioning of equipment and infrastructure at the two facilities. With material and technical aid from the ICRC, the penitentiary authorities maintained an electronic database for monitoring and evaluating the prison TB-management programme in Kyrgyzstan. Working groups responsible for the different aspects of TB management continued to receive ICRC technical assistance. The national TB laboratory in Bishkek and the inter-provincial laboratory in Osh – both providers of diagnostic services to the prison sector – bolstered their capacities with training, supplies and equipment from the ICRC.

A primary-health-care project for detainees in Kyrgyzstan extends to four more police stations

Detainees at nine police stations in Kyrgyzstan, including four that began receiving support in 2016, had better access to primary health care owing to a pilot project based on a 2013 agreement between the health and internal affairs ministries and the ICRC. The project covered about 70% of all those detained in police stations. Under the project, health staff at stations previously renovated by the ICRC continued, with ICRC advice and training, to develop their skills in diagnosing and treating common diseases.

A total of 1,398 detainees benefited from the ICRC's renovation of common facilities in ten places of detention. The ICRC also made improvements to one section of a facility for detainees serving life sentences. Around 4,800 inmates eased their situation with the help of ICRC-donated hygiene, recreational and educational items.

WOUNDED AND SICK

People in areas prone to violence and/or disasters expanded their first-aid skills at seminars organized by the National Societies in the region and the ICRC (see *Red Cross and Red Crescent Movement*).

Doctors and medical specialists in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan strengthened their capacities in emergency trauma care through courses organized by the ICRC with the National Societies, the authorities and other local partners across the region. ICRC-facilitated seminars in Kazakhstan and Tajikistan enabled a total of 40 surgeons to become more adept at weapon-wound surgery. Participants in all of these courses learnt more about the protection and respect due to patients and medical workers, in line with the goals of the Health Care in Danger project. The ICRC discussed with certain medical universities in the region the incorporation of emergency trauma care in their curricula.

In Tajikistan, the health services unit of the justice ministry and a provincial hospital bolstered their services with the help of ICRC-donated medical consumables. The ICRC upgraded basic infrastructure at a few health facilities in Kyrgyzstan and Tajikistan – in remote regions or in areas prone to violence and/or disasters.

ACTORS OF INFLUENCE

The ICRC kept up its efforts to engage the authorities, the armed forces and security forces, and other stakeholders throughout the region, with a view to fostering acceptance for IHL and other applicable norms, and promoting their domestic implementation.

Military training centre in Kazakhstan continues to run IHL course for peacekeepers

More than 600 military officers in Kyrgyzstan and 150 in Tajikistan learnt more about IHL and the ICRC's work at briefing sessions organized by the pertinent National Society and the ICRC.

Military officers across the region pursued efforts to incorporate IHL in their training and operations, with support from the ICRC. For instance, senior officers from Kazakhstan and Turkmenistan attended an international workshop on the rules governing military operations (see *International law and policy*). A NATO military training centre in Kazakhstan continued to run a mandatory IHL course for peacekeepers.

The ICRC engaged the Tashkent-based Regional Anti-Terrorist Structure of the SCO in dialogue on humanitarian issues, and attended an SCO military exercise in Kyrgyzstan as an observer.

In Kyrgyzstan, 75 police officers discussed international policing standards during an ICRC-organized event.

Tajik authorities incorporate ICRC advice on missing persons' families in draft civil and criminal codes

Officials from Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan strengthened their grasp of IHL by participating in conferences abroad, with ICRC support (see, for example, *Moscow*).

The ICRC continued to pursue the implementation of a cooperation agreement with the government of Turkmenistan on addressing humanitarian issues. Efforts in this regard included an ongoing compatibility study of the country's criminal code with IHL and an analysis of the extent to which IHL had been incorporated in domestic legislation.

In Tajikistan, the National Center of Legislation incorporated ICRC recommendations concerning missing persons and their families in draft civil and criminal codes, which were pending government approval.

Dialogue between the Kazakh government and the ICRC covered cooperation in addressing issues related to nuclear weapons. Pertinent experts guided by the ICRC, carried out a comparative study of legislation in Kazakhstan and international treaties on nuclear weapons, with a view to communicating the findings to the authorities. No progress was made in developing a law on the proper use of the emblems protected under IHL. Discussions on formalizing the ICRC's legal status in Kazakhstan continued.

In Kyrgyzstan, the health ministry, aided by the ICRC, initiated the process of acceding to Additional Protocol III. The pertinent authorities incorporated, in the country's revised penal code, the ICRC and the defence ministry's views on punishment for the commission of war crimes and crimes against humanity.

Clerics and scholars discuss IHL and Islam at a regional conference in Tajikistan

In Kyrgyzstan and Tajikistan, traditional and religious leaders regularly exchanged views with the ICRC on the similarities between IHL and Islam and on issues concerning missing persons and their families. With ICRC assistance, a representative of the committee for religious affairs in Tajikistan participated in a regional conference on IHL and Islam (see *Iran, Islamic Republic of*). Around 100 clerics and scholars from Kazakhstan, Kyrgyzstan, Tajikistan and other countries attended a regional conference in Dushanbe, Tajikistan, on humanitarian work and the principles of IHL and Islam; the conference was organized by the ICRC and the Center for Islamic Studies under the president of Tajikistan. The Tajik media covered the conference.

Journalists and other representatives of the media in Kyrgyzstan and Tajikistan, who attended ICRC-organized briefing sessions, reported on humanitarian issues and the ICRC's activities.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region enhanced their emergency preparedness and their ability to carry out – in line with the Safer Access Framework – family-links, psychosocial support and first-aid activities, with the help of various forms of support from the ICRC. Notably, the five National Societies appointed persons at headquarters or branch level who could train others to provide psychosocial support.

The National Societies and the ICRC carried out various joint initiatives, such as first-aid courses for communities in areas prone to violence and/or disasters. National Society personnel in Kazakhstan and Uzbekistan attended train-the-trainer sessions on first aid; in Uzbekistan, an ICRC-trained trainer from the Red Crescent Society of Kyrgyzstan conducted these sessions. First-aid instructors from the National Societies in the region, having strengthened their capacities through ICRC training, conducted commercial training sessions for other organizations and companies.

The National Societies continued, with ICRC support, to conduct public communication activities to promote the Movement's work. For example, in Kazakhstan, the National Society developed an online learning platform on the Movement and IHL.

The National Societies in Kazakhstan, Kyrgyzstan and Tajikistan began drafting or revising their legal bases with the ICRC's help.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		26			
RCMs distributed		37			
Phone calls facilitated between family members		931			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		363	15	1	15
Tracing cases closed positively (subject located or fate established)		17			
Tracing cases still being handled at the end of the reporting period (people)		611	29	9	32
Documents					
People to whom travel documents were issued		12			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		9,721	520	107	
			Women	Girls	Boys
Detainees visited and monitored individually		392	23		5
Detainees newly registered		139	13		4
Number of visits carried out		144			
Number of places of detention visited		59			
RCMs and other means of family contact					
RCMs collected		32			
RCMs distributed		20			
Phone calls made to families to inform them of the whereabouts of a detained relative		74			
Detainees visited by their relatives with ICRC/National Society support		342			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items ¹	Beneficiaries	6,509	2,789	759
Cash	Beneficiaries	1,541	384	780
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	4,849	708	73
Cash	Beneficiaries	39	2	12
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,498		
Health				
Visits carried out by health staff		84		
Places of detention visited by health staff	Structures	28		
Health facilities supported in places of detention visited by health staff	Structures	11		
WOUNDED AND SICK				
Water and habitat				
Water and habitat activities	Number of beds	880		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

WESTERN BALKANS (regional)

COVERING: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Kosovo*, former Yugoslav Republic of Macedonia, Montenegro, Romania, Serbia, Slovenia

* UN Security Council Resolution 1244



ICRC/AR_2016
 ◻ ICRC regional delegation ◻ ICRC delegation ◻ ICRC mission *UN Security Council Resolution 1244

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Progress in ascertaining the fate of people missing in relation to past conflicts remained slow, owing to the lack of new information and the difficulty of identifying human remains already recovered.
- ▶ Missing persons' families obtained psychosocial, legal and/or administrative support from family associations and the pertinent National Societies and Red Cross units, all of which continued to receive ICRC assistance.
- ▶ Some 90 people held for security-related reasons in Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, Kosovo and Serbia received ICRC visits to monitor their treatment and living conditions.
- ▶ The countries of the Western Balkans continued working to advance IHL implementation. With the ICRC's encouragement, Montenegro ratified Protocol V to the Convention on Certain Conventional Weapons.
- ▶ The region's National Societies and Red Cross units continued to develop their capacity to provide humanitarian assistance, particularly family-links services for migrants, including asylum seekers and refugees.

EXPENDITURE IN KCHF

Protection	2,989
Assistance	246
Prevention	416
Cooperation with National Societies	610
General	72
Total	4,333
<i>Of which: Overheads</i>	<i>264</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	43

The ICRC has been working in the Western Balkans since the early 1990s. The organization strives to respond to the needs remaining from past armed conflicts in the region. In particular, it seeks to help clarify the fate of missing persons and to address the needs of their families. Throughout the region, the ICRC visits detainees and works with the authorities and civil society to promote IHL and other humanitarian norms. It supports the development of the National Societies, particularly in strengthening their capacities to respond to emergencies, address the specific humanitarian needs of migrants, and help dispersed families reconnect.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
Tracing cases closed positively (subject located or fate established)	166
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	7,798
Detainees visited and monitored individually	96
Number of visits carried out	33
Number of places of detention visited	23

CONTEXT

The Western Balkan countries continued to deal with problems inherited from past conflicts, particularly the thousands of unresolved cases of missing persons. War-crimes proceedings were in progress in Bosnia and Herzegovina (hereafter Bosnia-Herzegovina), Croatia, Kosovo, Montenegro and Serbia.

The number of migrants passing through the region, including asylum seekers and refugees from conflict-affected countries, dropped significantly after March, when several Western Balkan countries adopted more restrictive border policies. It eventually rose again somewhat, as more people attempted illegal border crossings.

National authorities in the region took legislative and security-related measures in response to a reported increase in recruitment by groups involved in armed conflicts outside the region.

The countries in the Western Balkans were at different stages in their pursuit of membership in the European Union (EU).

Mines and explosive remnants of war (ERW) remained a threat in parts of Bosnia-Herzegovina.

ICRC ACTION AND RESULTS

The ICRC continued to support the efforts of the authorities in the region to ascertain the fate of persons missing in connection with past conflicts and, with the pertinent National Societies and Red Cross units, to ensure their families' access to psychosocial and other assistance. Progress remained slow owing to a lack of new information on gravesites, and the difficulty of processing the information available and identifying human remains already recovered.

During the year, 145 cases of persons missing in relation to past conflicts in Bosnia-Herzegovina, 54 in Croatia and 14 in Kosovo were resolved. At the end of 2016, a total of 10,121 cases in Bosnia-Herzegovina, Croatia and Kosovo were being dealt with.

The ICRC maintained its support, throughout the region, for mechanisms of missing persons. Acting as a neutral intermediary, it continued to chair the Kosovo-Serbia Working Group on Missing Persons. The group held three meetings, including a public session in Belgrade, Serbia, in March; the Sub-Working Group on Forensic Issues also met several times. In Bosnia-Herzegovina, the ICRC took part in the work of a coordination group, set up in early 2016 and made up of national and international actors working on the issue of missing persons. No meetings of the Croatia-Serbia Working Group on Missing Persons, in which the ICRC had served as an observer, took place.

The ICRC continued to analyse information on possible gravesite locations obtained from national and international archives related to the Kosovo conflict, and to submit reports on this information to the EU Rule of Law Mission in Kosovo (EULEX Kosovo) for further processing. It also began to search for information in relation to the Bosnia-Herzegovina conflict in international archives. An agreement was signed with the Missing Persons Institute (MPI) in Bosnia-Herzegovina to share information from international sources, in accordance with international principles of data protection.

Missing persons' families in Bosnia-Herzegovina, Kosovo and Serbia obtained psychosocial, legal and/or administrative support

from their associations and the pertinent National Societies or Red Cross units, all of which continued to receive financial and technical assistance from the ICRC. These local partners also provided the families with psychosocial support and, when necessary, first aid during psychologically distressing events.

The National Societies along the Western Balkan migration route helped thousands of migrants, including asylum seekers and refugees, get in touch with relatives, rejoin their families and/or avoid family separation. The ICRC provided financial, material and technical assistance to the National Societies, which coordinated their activities through the Movement's family-links network and the ICRC-supported regional information centre for restoring family links.

In Bosnia-Herzegovina, the ICRC continued to provide financial support for the National Society's risk-education activities in areas contaminated with mines/ERW.

Some 90 people detained in Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia, Kosovo and Serbia, on charges related to "terrorism," received visits conducted in accordance with standard ICRC procedures. Following these visits, findings and, where necessary, recommendations to improve conditions of detention were communicated confidentially to the authorities.

National Societies and the ICRC continued to engage the national authorities in discussions on the domestic implementation of IHL-related instruments, and to build support for humanitarian principles and action. With the ICRC's encouragement, Montenegro ratified Protocol V of the Convention on Certain Conventional Weapons. Bosnia-Herzegovina and Montenegro took steps towards establishing national IHL committees; the ICRC offered technical assistance. Government officials and representatives of National Societies gathered at an ICRC-organized conference in Sarajevo, Bosnia-Herzegovina, to discuss the current situation regarding the use of the emblems protected under IHL.

In Bosnia-Herzegovina, the ICRC contributed to a preparatory course on UN peacekeeping operations, organized by the Peace Support Operations Training Centre, for experienced military officers.

The region's National Societies and Red Cross units continued, with various forms of ICRC assistance, to develop their capacity to deliver humanitarian services.

CIVILIANS

Efforts to clarify the fate of persons missing in relation to past conflicts continued. Progress remained slow owing to the lack of new information on gravesites, and the difficulty of processing information currently available and identifying human remains already recovered. The national authorities were urged to provide more information, support the institutions involved in the exhumation and identification processes, and enact legislation protecting the rights of the missing and their families. The ICRC also urged the EU and other key international actors to remind the national authorities of the importance of fulfilling their obligation to provide answers to the families concerned.

An updated list of persons still being sought in the region was available on the ICRC's family-links website (familylinks.icrc.org).

Local actors continue working to resolve missing-persons cases Bosnia and Herzegovina conflict 1992-1995

Over the course of the year, 145 cases of persons missing in connection with the Bosnia-Herzegovina conflict were resolved; two people were found alive. At the end of December, 6,796 cases were still being dealt with.

ICRC financial support enabled five people to travel to identify their relatives' remains.

The ICRC participated in the activities of a coordination group, established in early 2016 and made up of national and international actors – the MPI, the State Prosecutor's Office, the Mechanism for International Tribunals and the International Commission on Missing Persons, with support from the embassy of the United States of America – working on the issue of missing persons. The group held meetings to share information on cases and discuss means of supplementing the information already available to the authorities.

Having handed over all cases to the MPI by mid-2016, the ICRC signed an agreement with it to share information from international sources, in accordance with international principles of data protection. The ICRC analysed documents from international archives to obtain information that might help resolve missing-persons cases, and sent reports on such information to the MPI.

The Red Cross Society of Bosnia and Herzegovina continued to assume more responsibility for following up on cases and maintaining contact with missing persons' families. By the end of December, it had taken over follow-up for some 4,700 cases from the ICRC; around 2,100 cases were yet to be handed over.

Kosovo conflict 1999

In 2016, 14 cases of persons missing in relation to the Kosovo conflict were resolved; two persons were found alive, and six new cases were opened. At the end of December, 1,660 cases in connection with the conflict were being dealt with.

Working within the framework of the ICRC-chaired Working Group on Missing Persons, the authorities assessed two sites in Kosovo and one in Serbia; no remains were found. To help resolve more cases, the ICRC continued to analyse documents obtained from national and international archives and to send reports to the Department of Forensic Medicine of EULEX Kosovo for further processing.

The working group held three meetings in 2016, including a public session in Belgrade in March. Representatives of the international community, associations of missing persons' families, the

Red Cross of Serbia and the Red Cross units in Kosovo attended the public session as observers. Technical matters were discussed during three meetings of the Sub-Working Group on Forensic Issues.

The ICRC urged the Kosovar authorities to resume working on a central register of missing persons; such work had been suspended in late 2014, owing to a lack of funds.

Under a law on forensic medicine, adopted in March, an Institute of Forensic Medicine was established and given the task of managing human remains in connection with missing-persons cases. At the end of the year, the justice ministry created a working group – with representatives from various government agencies and international actors working on the issue of missing persons – to draft a strategy for the institute.

In both Bosnia-Herzegovina and Kosovo, ICRC-funded training helped forensic specialists expand their capacities in the recovering and analysing human remains.

Croatia conflicts 1991-1995

The Croatian Red Cross reported that, in 2016, 54 cases of persons missing in connection with the conflict in Croatia were resolved and 18 new cases opened. At the end of December, 1,665 cases were being dealt with. No meetings of the Croatia-Serbia Working Group on Missing Persons took place.

With the ICRC's financial assistance, 31 people travelled from Serbia to Croatia to identify their relatives' remains.

Missing persons' relatives lend each other support

In Bosnia-Herzegovina, Croatia, Kosovo and Serbia, some 2,400 relatives of missing persons were given psychosocial, legal and/or administrative support by family associations and the pertinent National Societies or Red Cross units, all of which continued to receive financial and technical assistance from the ICRC. These local partners provided psychosocial support and, when necessary, first aid at psychologically distressing events – for instance, during the identification of remains or at reburial ceremonies.

In Bosnia-Herzegovina, Kosovo and Serbia, families claimed social benefits and addressed other legal or administrative concerns using documents attesting to the disappearance of their relatives; these documents were issued by the ICRC and distributed by the pertinent National Societies or Red Cross units.

A regional group of 18 family associations from Bosnia-Herzegovina, Croatia, Kosovo and Serbia received ICRC funding as it prepared to assist missing persons' families.

	Bosnia and Herzegovina	Croatia	Kosovo
Red Cross messages (RCMs)			
Names published on the ICRC family-links website	7,051		1,668
Tracing requests, including cases of missing persons¹			
People for whom a tracing request was newly registered			12
<i>of whom women</i>			4
Tracing cases closed positively (subject located or fate established)	145		21
Tracing cases still being handled at the end of the reporting period (people)	6,796	17	1,679
<i>of whom women</i>	982	3	247
<i>of whom minors at the time of disappearance - girls</i>	83		22
<i>of whom minors at the time of disappearance - boys</i>	269		85

1. Not including cases of persons missing in relation to the Croatia conflicts 1991–1995, dealt with by the Croatian Red Cross and the Red Cross of Serbia

Migrants reconnect or reunite with relatives

National Societies along the Western Balkan migration route helped thousands of migrants – including asylum seekers and refugees – restore or maintain contact with their relatives, rejoin their families and/or avoid family separation.

The ICRC-supported regional information centre for family-links services helped the National Societies coordinate their work. To help ensure a concerted response by all Movement partners, the ICRC organized training for National Societies along the migration route, and gave them financial, technical and material assistance. Data sharing, questions about the use of tools, and other technical matters were discussed through the Movement's family-links network.

The Bulgarian Red Cross and the ICRC visited three migrant centres in Bulgaria to assess the migrants' humanitarian needs and offer them family-links services. In the former Yugoslav Republic of Macedonia, the National Society and the ICRC made a similar visit to one migrant centre. The ICRC provided these National Societies with technical assistance and training.

In Albania, Bosnia-Herzegovina, Kosovo and Montenegro – countries less affected by the influx of migrants – the National Societies or Red Cross units and the ICRC worked to incorporate the provision of family-links services in national contingency plans. The ICRC also began discussions with the region's National Societies on incorporating responses to migrants' protection-related concerns in their activities. In Kosovo, with a view to strengthening family-links services for migrants, the Red Cross units and the ICRC discussed their plight with national and international agencies.

An annual conference of European National Societies on restoring family links was held in Sarajevo in April; it was organized by the National Society of Bosnia-Herzegovina and the ICRC. Concerns related to family-links services for migrants, including the issue of people missing at sea, were discussed at the conference. The National Societies of Bulgaria, Croatia and the former Yugoslav Republic of Macedonia attended a workshop on humanitarian issues related to migration, organized by the Norwegian Red Cross, the Swedish Red Cross and the ICRC.

Former internees are assisted by the ICRC

The ICRC checked on the situation of five people formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba, and resettled in Bosnia-Herzegovina, Montenegro and

Serbia. ICRC assistance enabled one person to rejoin his family and another to receive a family visit. One person was provided with ad hoc financial aid.

People learn more about mine risks

In Bosnia-Herzegovina, through educational activities organized by the National Society with ICRC funding, some 25,000 school-children and 1,000 adults living in weapon-contaminated areas learnt more about protecting themselves from mines/ERW.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held for security-related reasons receive ICRC visits

In Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia, Kosovo and Serbia, a total of 96 people detained on charges related to "terrorism" were visited in accordance with standard ICRC procedures and their treatment and living conditions monitored. Following its visits, the ICRC communicated its findings and, where necessary, recommendations for improving conditions of detention confidentially to the authorities.

ICRC-issued attestations of detention helped people previously detained in connection with past conflicts to deal with legal or administrative matters.

ACTORS OF INFLUENCE

Dialogue with national authorities focuses on the plight of migrants

With the pertinent National Societies and Red Cross units, the ICRC maintained its dialogue on humanitarian concerns with the region's national authorities, emphasizing the humanitarian needs of migrants, including asylum seekers and refugees (see *Civilians*). An ICRC-produced bulletin – featuring the National Societies' work to prevent family separation among migrants, and the means and methods used by the Movement family-links network – facilitated the National Societies' dialogue with the authorities.

The plight of migrants was one of the main themes of an IHL round-table in Serbia for government officials and university professors and students, organized by the Serbian Red Cross with ICRC assistance. In Albania, during a NATO training session for the armed forces, which focused on means of supporting the civilian authorities in the event of an influx of migrants, ICRC representatives emphasized humanitarian concerns related to migration. ICRC support enabled a professor from the University of Belgrade to attend a course on migration law in San Remo.

	Bosnia and Herzegovina	Former Yugoslav Republic of Macedonia	Kosovo	Serbia
ICRC visits				
Detainees visited	1,876	3,000	596	2,326
<i>of whom women</i>	51	92	42	
<i>of whom minors</i>	10	1	57	
Detainees visited and monitored individually	17	31	42	6
<i>of whom women</i>			1	
<i>of whom boys</i>		1	1	
Detainees newly registered	7	11	32	1
<i>of whom women</i>			1	
<i>of whom boys</i>		1	1	
Number of visits carried out	14	6	11	2
Number of places of detention visited	9	6	6	2
Restoring family links				
People to whom a detention attestation was issued	129		25	1

Western Balkan countries maintain efforts to implement IHL

The region's National Societies and the ICRC continued to engage the national authorities in discussions on the domestic implementation of IHL-related instruments, and to build support for humanitarian principles and action among key actors.

In October, representatives of the region's national authorities and National Societies gathered at an ICRC-organized conference in Sarajevo, where they discussed the current situation regarding the use of the emblems protected under IHL. Participants shared good practices and discussed further steps in this regard. Subsequently, in Bosnia-Herzegovina, the national authorities and the National Society drafted amendments to the law on the use and protection of the emblem; in Serbia, the University of Belgrade and the National Society began to review existing national standards for the use of the emblem, with a view to making recommendations to the authorities. The ICRC provided technical assistance in both cases.

The region's national IHL committees continued to receive technical guidance from the ICRC and, with its support, participated in the fourth universal meeting of such committees (see *International law and policy*). Bosnia-Herzegovina and Montenegro took steps to establish national IHL committees; the ICRC offered technical advice. With the ICRC's encouragement, Montenegro ratified Protocol V to the Convention on Certain Conventional Weapons.

Slovenia's IHL coordination group worked to complete a military manual and a plan of action to implement its pledges at the 32nd International Conference. Romania expressed interest in ensuring its compliance with IHL by instituting, with technical advice from the ICRC, means for voluntary reporting on national compliance.

In Bosnia-Herzegovina, under an agreement with the defence ministry, the ICRC contributed to a course on UN peacekeeping operations, organized by the Peace Support Operations Training Centre, for experienced military officers. The ICRC also provided technical assistance to an inter-ministerial working group drafting an initial report on the country's implementation of the Convention on Enforced Disappearance.

The parliaments of Bosnia-Herzegovina and Serbia ratified an agreement, signed by their governments in 2015, to cooperate in resolving missing-persons cases.

The ICRC continued to encourage officials concerned with war-crimes proceedings to help address the issue of missing persons.

People are kept informed of developments in connection with missing persons

The public session of the Working Group on Missing Persons (see *Civilians*) in relation to the Kosovo conflict enabled the public to learn more about the reasons for the relative lack of progress in resolving missing-persons cases related to the past conflict. Various ICRC-supported activities in the region – for instance, a weekly blog and a month-long social-media campaign in Bosnia-Herzegovina, a video broadcast on national television in Kosovo, and the regionwide release, via television and social media, of an animated video marking the International Day of the Disappeared – helped broaden public awareness of the plight of missing persons' families.

Key parties were kept informed, through newsletters and factsheets, of the ICRC's humanitarian activities in Bosnia-Herzegovina, Kosovo and Serbia, particularly in connection with the issue of missing persons.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies and Red Cross units continued, with various forms of ICRC support, to strengthen their ability to deliver humanitarian services (see *Civilians*) and promote IHL (see *Actors of influence*).

The Red Cross units in Kosovo received equipment for providing family-links services during emergencies. Using the Safer Access Framework, and with ICRC funding and technical guidance, the National Societies of Bosnia-Herzegovina and Serbia, and one Red Cross unit in Kosovo, assessed their ability to work in uncertain security conditions, and drafted plans for strengthening acceptance for their activities in such circumstances. With the ICRC's technical assistance, the National Society of Bosnia-Herzegovina developed its capacities in fundraising and strengthening its legal base. It kept up its efforts to broaden awareness of the threat of mines and ERW in the communities affected (see *Civilians*), and publicized these efforts.

The Bulgarian Red Cross drew up plans to strengthen IHL promotion and, with ICRC support, trained volunteers in IHL dissemination. The Serbian Red Cross held an IHL workshop, funded by the ICRC, for students from nine universities. The two Red Cross units in Kosovo gave presentations on IHL and the Movement's work to more than 5,000 national and local officials and young people. With financial and technical assistance from the ICRC, one of the Red Cross units produced audiovisual materials for these presentations.

With ICRC support, the National Societies – particularly in Croatia and Serbia – carried out activities to increase migrants' awareness of safety-related issues. With assistance from the ICRC, including its delegations in Afghanistan, the Islamic Republic of Iran and Pakistan, the National Societies produced communication materials in Dari, Farsi, Pashto and Urdu for their work with migrants.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact					
Names published on the ICRC family-links website		8,719			
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered		12	Women 4	Girls	Boys
Tracing cases closed positively (subject located or fate established)		166			
Tracing cases still being handled at the end of the reporting period (people)		8,492	1,232	105	354
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					
Detainees visited		7,798	Women 185	Minors 68	
			Women	Girls	Boys
Detainees visited and monitored individually		96	1		2
Detainees newly registered		51	1		2
Number of visits carried out		33			
Number of places of detention visited		23			
RCMs and other means of family contact					
People to whom a detention attestation was issued		155			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Visits carried out by health staff		3		
Places of detention visited by health staff	Structures	3		

BRUSSELS

COVERING: Institutions of the European Union, NATO, the NATO Parliamentary Assembly and specific armed forces in Western Europe and Belgium

The ICRC has been working in Brussels since 1999, building strong institutional and operational relations with European Union institutions, NATO, the NATO Parliamentary Assembly, specific armed forces based in Western Europe, and Belgium. It aims to make the ICRC's mandate better known, to mobilize political, diplomatic and financial support for its activities and to ensure that relevant military decision-makers in Western Europe view the ICRC as the main reference point for neutral and independent humanitarian action, as well as for IHL.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ European Union (EU) institutions continued to be engaged by the ICRC in dialogue, including at high level, helping ensure that they gave due consideration to humanitarian perspectives and IHL in their policies and programmes.
- ▶ NATO considered ICRC input on IHL, notably for its: lessons-learned process on Afghanistan; implementation of a new protection-of-civilians policy; and establishment of new training standards to help ensure safe health-care access.
- ▶ Dialogue with influential actors – which complemented ICRC operations in areas where EU and NATO missions were also ongoing – helped increase support for the ICRC's neutral, impartial and independent humanitarian action.
- ▶ Coordination between the Red Cross EU Office and the ICRC ensured the coherence of Movement-wide humanitarian diplomacy with European institutions, particularly on the Movement's response to the needs of migrants.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	49
Assistance	-
Prevention	2,837
Cooperation with National Societies	206
General	19
Total	3,112
<i>Of which: Overheads</i>	<i>190</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	102%
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PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	17

CONTEXT

The European Union (EU) maintained its involvement in crisis management and conflict resolution worldwide and remained a major humanitarian donor. It expressed concern about the conflicts in such countries as Afghanistan, the Central African Republic, Iraq, Libya, the Syrian Arab Republic (hereafter Syria) and Ukraine, and about regionalized conflicts in the Horn of Africa and the Sahel region. Seventeen missions, under the EU Common Security and Defence Policy, were ongoing at year-end.

EU Member States and institutions continued to develop the EU's Common Foreign and Security Policy, particularly by refining the positioning of the European External Action Service (EEAS). The Political and Security Committee of the EEAS remained a key body in this regard.

The rotating biannual presidency, held in 2016 by the Netherlands and Slovakia, chaired some working groups of the EU Council, including the Working Group on Humanitarian Aid and Food Aid (COHAFA) and the Working Group on Public International Law (COJUR). The European Commission's (EC) Directorate-General for Humanitarian Aid and Civil Protection (ECHO) remained the primary EU body handling humanitarian affairs.

EU Member States faced different political, economic and social challenges, some linked to: large migrant influxes into Europe; the decision of voters in the United Kingdom of Great Britain and Northern Ireland to leave the EU; and regionwide security.

NATO continued to build its crisis-response capacities and strengthen cooperation with various international partners. Notably, it sustained its support for local security actors in Afghanistan, in line with its Resolute Support Mission, launched in 2015.

Belgium remained committed to supporting humanitarian action and the development and promotion of IHL.

ICRC ACTION AND RESULTS

In 2016, the ICRC's Brussels delegation continued to cultivate relations with EU institutions and NATO, particularly in terms of crisis management and conflict prevention, helping ensure that humanitarian perspectives and IHL were given due consideration in the policies and programmes of these bodies. It highlighted specific issues towards complementing European initiatives that had bearing on people affected by armed conflict and other humanitarian emergencies.

Dialogue with EU institutions – notably, the EU presidency, the EU Council, the EC, including ECHO, and the EEAS – covered the situation in conflict-affected countries and the ICRC's work there, and other matters of humanitarian concern, such as: sexual violence in armed conflict; the goals of the Health Care in Danger project; the plight of migrants, including asylum seekers and refugees; and the potential implications of EU data-protection reforms on humanitarian activities.

The ICRC maintained its dialogue with NATO headquarters, and with NATO's two strategic commands: Allied Command Operations (ACO) in Mons, Belgium, and Allied Command Transformation (ACT) in Norfolk, Virginia, United States of America (hereafter United States). Discussions covered the situation in conflict-stricken countries of common interest, notably Afghanistan, regarding which

NATO's lessons-learned process continued; and the implementation of the 2012 agreement between the strategic commands and the ICRC, particularly in terms of training. NATO's focal point for its policy on the protection of civilians considered ICRC input towards the implementation of such policy. The NATO Standardization Office established new training standards to help ensure safe health-care access, based on recommendations from a past workshop on the Health Care in Danger project. The ICRC contributed to the planning of a major NATO training exercise. Officers and troops received briefings on IHL and the ICRC's activities.

In parallel, the ICRC's networking with other humanitarian actors fostered exchanges on shared concerns and helped strengthen coordination. Its contact with academic circles – including the College of Europe and the Network on Humanitarian Assistance (NOHA), a consortium of European universities – think-tanks, journalists and other key actors, through such means as public events, broadened awareness of IHL and humanitarian issues.

The ICRC sustained its regular dialogue with the Belgian authorities on IHL-related matters.

Periodic contact with the Red Cross EU Office ensured the coherence of Movement-wide humanitarian diplomacy, particularly in underscoring the strictly humanitarian nature of the Movement's family-links activities for migrants. The ICRC maintained cooperation with the Belgian Red Cross on promoting humanitarian issues and IHL.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Belgium, no detainees were serving sentences handed down by the UN Mechanism for International Criminal Tribunals or the International Criminal Court; the ICRC, however, remained ready to visit any such detainees transferred to the country by these courts.

ACTORS OF INFLUENCE

To promote humanitarian perspectives and IHL, and to reinforce support for the ICRC – especially its specifically neutral and independent status, and its position as a main reference on IHL-related matters – the organization sustained its dialogue with EU institutions, NATO, the NATO Parliamentary Assembly, the Belgian authorities and Europe-based armed forces. In parallel, the ICRC's networking with other humanitarian actors fostered exchanges on shared concerns and helped strengthen coordination. Its contact with academic circles, think-tanks, journalists and other key parties broadened awareness of humanitarian concerns.

EU institutions are engaged on policies and programmes pertinent to humanitarian affairs

The ICRC maintained dialogue with the EU Council, the EC, the EU presidency and the EEAS, including through: the ICRC president's bilateral discussions with the presidents of the European Council and the European Parliament, the commissioner for humanitarian aid and crisis management, the commissioner for budget and human resources, and the commissioner for international cooperation; periodic meetings with COHAFA; and participation in an EEAS-led crisis-management exercise.

These interactions covered, *inter alia*: the humanitarian situation and ICRC operations in conflict-stricken countries (see *Context*); the ICRC's mandate and working procedures; sexual violence in armed conflict; the goals of the Health Care in Danger project; the plight of migrants, including asylum seekers and refugees;

the potential implications of EU data-protection reforms on humanitarian activities; and the need to uphold IHL in relation to counter-terrorism policy, particularly given a new EU directive in this regard. ECHO and the ICRC discussed topics of mutual interest, notably during their annual strategic dialogue. COJUR was briefed on the progress of the Strengthening IHL process.

During one of its biannual sessions, the NATO Parliamentary Assembly drew on contributions from the ICRC, particularly on the need to uphold principled humanitarian action amid growing security challenges.

As necessary, the ICRC's Brussels delegation engaged with the Council of Europe and the Organization for Security and Co-operation in Europe, in support of dialogue led by ICRC headquarters.

NATO considers ICRC input on IHL

The ICRC and various NATO bodies – notably, the North Atlantic Council, which was briefed by the ICRC president – sustained their exchanges on IHL-related strategic and operational issues. These included: the situation in conflict-affected countries of common interest, notably Afghanistan (see *Context*), regarding which NATO's lessons-learnt process continued, and to which the ICRC contributed a report; and the implementation of the 2012 memorandum of understanding between NATO's strategic commands and the ICRC (see below).

Headquarters-level discussions at the 11th annual NATO-ICRC staff talks covered: NATO's defence capacity-building initiatives; migration; and the protection of civilians. The focal point for NATO's protection-of-civilians policy formulated an action plan towards its implementation, taking into account the ICRC's input. The NATO Standardization Office established new training standards to help ensure safe health-care access, based on recommendations from a past workshop on the Health Care in Danger project.

NATO's strategic commands and the ICRC cultivated their relationship through, for instance, round-tables on subjects of mutual concern. The ICRC joined reviews of Trident Juncture 15, a major training exercise held in 2015, where it had directly engaged participants on IHL-related issues, and provided input for planning the edition held in 2016. Units undergoing the NATO Response Force certification process interacted with the ICRC during training events. ACO and ACT officers shared their IHL expertise at a workshop in Lucerne, Switzerland (see *International law and policy*). ACT continued to use ICRC-produced tools in its e-learning courses. ACO, ACT and the ICRC completed the annual plan defining the ICRC's involvement in the strategic commands' 2017 training and educational programmes.

While taking courses at the NATO School or other institutions, NATO officers and troops continued to receive briefings on IHL and ICRC activities. NATO officers departing for Afghanistan participated in mission-specific predeployment training. Contact was maintained with NATO Special Operations Headquarters and Europe-based forces of the United States.

Belgian authorities maintain regular dialogue on IHL-related matters

In their regular dialogue, the Belgian authorities – including representatives of the development cooperation, foreign affairs and justice ministries and of the national IHL committee – and the ICRC covered such topics as: the Strengthening IHL process;

measures to address sexual violence and violence affecting health care during armed conflict; and the ICRC's activities. Diplomats strengthened their grasp of IHL during an ICRC-facilitated session.

Key actors broaden awareness of humanitarian concerns

Representatives from the EU, NATO, other international organizations, and universities shared insight into: legal issues linked to “terrorism”, during an annual IHL colloquium organized with the College of Europe; and the protection of migrants, during a conference hosted with the EU Institute for Security Studies. Humanitarian professionals and other pertinent parties joined an introductory IHL course run by NOHA, the Belgian Red Cross and the ICRC. Post-graduate students advanced their knowledge of IHL during seminars delivered with the College of Europe, with Swiss government backing. Law students demonstrated their competence in IHL at moot court competitions held by the National Society, with ICRC support.

Pursuant to its 2014 agreement with ECHO on joint communication, the ICRC: produced a short animated film, on its efforts to tackle sexual violence; and, with the National Society, launched a public-information campaign on the protection afforded by IHL to conflict-affected people.

RED CROSS AND RED CRESCENT MOVEMENT

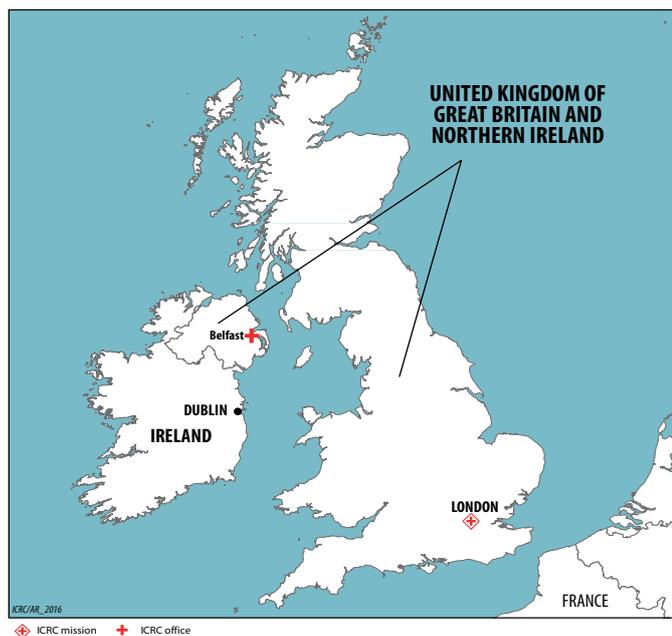
Coordination with the Red Cross EU Office ensured the coherence of Movement-wide humanitarian diplomacy with European institutions, particularly in underscoring the strictly humanitarian nature of the Movement's response to the needs of migrants (see also *Paris*). The Office helped to monitor progress in implementing pledges made by EU Member States and National Societies at the 32nd International Conference.

The Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants and the European Legal Support Group drew on the ICRC's expertise.

The Belgian Red Cross and the ICRC sustained cooperation on promoting humanitarian issues and IHL (see *Actors of influence*).

LONDON

COVERING: Ireland, United Kingdom of Great Britain and Northern Ireland



Set up in 2003, the London mission focuses on pursuing humanitarian diplomacy and facilitating ICRC operations in the field. Through contact with the British government, armed forces, members of parliament, think-tanks, the media and international NGOs, it seeks to secure broad support for IHL and ICRC and Movement operations. It has similar contact with the Irish authorities and is developing its cooperation with the armed forces. The mission operates in partnership with the British Red Cross on a range of common areas, while cooperation with the Irish Red Cross is concentrated on IHL and issues related to Movement coordination.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The ICRC visited people held in relation to past or current violence in Northern Ireland and, for the first time, security detainees in England, to monitor their well-being; discussions on expanding visits to the latter were under way.
- ▶ With the ICRC's help, community-based organizations in Northern Ireland provided psychosocial and other support to people affected by violence; some obtained government accreditation for their mediation programmes.
- ▶ Following an exploratory visit by the ICRC to the Falkland/Malvinas islands¹, Argentina and the UK agreed to let the ICRC lead efforts to identify the remains of more than 120 Argentine soldiers buried there; this was set for 2017.
- ▶ Dialogue with the Irish and UK authorities continued, notably through bilateral, high-level discussions and technical advice from the ICRC on legal and policy issues; both countries sustained their support for the ICRC's activities.
- ▶ The British Red Cross and the ICRC continued to strengthen cooperation in addressing the needs of vulnerable people in the UK and elsewhere. Partnership with the Irish Red Cross focused on IHL research and protection activities.

1. The designations employed in this document do not imply official endorsement nor the expression of any opinion whatsoever on the part of the ICRC concerning the legal status of any territory, or concerning the delimitation of its frontiers or boundaries. Whenever a disputed territory is given different names by the parties concerned, the ICRC uses those names together, in alphabetical order.

EXPENDITURE IN KCHF

Protection	2,091
Assistance	-
Prevention	1,334
Cooperation with National Societies	354
General	37
Total	3,815
<i>Of which: Overheads</i>	<i>233</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	5
Resident staff (daily workers not included)	16

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION

	Total
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	2,912
Detainees visited and monitored individually	60
Number of visits carried out	17
Number of places of detention visited	5
Restoring family links	
RCMs collected	1

CONTEXT

The United Kingdom of Great Britain and Northern Ireland (hereafter the UK) remained influential internationally, as a permanent member of the UN Security Council and of NATO. The UK continued to participate in coalition operations overseas, including by training and equipping the armed forces of other countries. It carried out air strikes in Iraq and in the Syrian Arab Republic (hereafter Syria), and maintained a military presence – reduced from past years – in Afghanistan. The UK government regarded the threat of international “terrorism” in the UK as “severe”, and that of “terrorism” from Northern Ireland as “substantial”.

Paramilitary violence persisted in some communities in Northern Ireland. The authorities continued to implement the Fresh Start Agreement, a plan for political reconciliation that involved, among other things, welfare reform and enhanced law enforcement in dealing with paramilitary violence.

Ireland and the UK agreed to accept 2,600 and 20,000 refugees from Syria, respectively, over the next five years. Both countries contributed financially to humanitarian work overseas.

In a referendum in June, the UK voted to leave the European Union; the Cabinet was reshuffled afterwards. Northern Ireland held National Assembly elections in May.

ICRC ACTION AND RESULTS

The ICRC continued to strengthen its position as a key source of reference on IHL and humanitarian issues. Through interaction with the authorities, civil society and the wider public, it promoted the development of informed positions on humanitarian issues; encouraged policy- and decision-making that took humanitarian considerations into account; and enlisted support for the Movement. It pursued activities to address humanitarian needs created by armed conflicts and other situations of violence, including in Northern Ireland.

Through bilateral meetings, high-level visits and briefings, ICRC representatives kept government ministries, parliamentary committees and other influential bodies in Ireland and the UK updated on the humanitarian situation and ICRC activities worldwide. Both governments maintained their support for ICRC activities.

Dialogue with the UK armed forces continued to focus on operational and legal matters and policy. At training sessions facilitated by the ICRC, military personnel discussed IHL and the goals of the Health Care in Danger project, among other humanitarian issues.

In Northern Ireland, paramilitary groups were urged to respect humanitarian principles at all times and support the ICRC’s activities. The authorities became more aware of the needs of former detainees, former combatants and victims of violence, including sexual violence, through the joint efforts of pertinent NGOs and the ICRC. With ICRC support, community-based organizations enhanced their counselling and other services for victims of paramilitary violence; they also learnt more about the consequences of sexual violence and ways to help victims, at events organized or supported by the ICRC. The ICRC also provided technical and financial support to 11 of these organizations that were working to mitigate the effects of the violence.

The ICRC’s president visited Dublin to meet with senior government officials, including the Irish president, and to consolidate dialogue between Ireland and the ICRC, particularly on IHL-related treaties. The Irish Defence Forces hosted a course for ICRC delegates on responding to emergencies arising from the use of chemical, biological, radiological and nuclear weapons.

For the first time, the ICRC was able to visit security and other detainees at two prisons in England. These visits, conducted according to standard ICRC procedures, allowed it to talk to individual detainees and prison staff bilaterally and confidentially, and deepen its understanding of the situation of detainees. The ICRC also visited detainees held at three prisons in Northern Ireland. It relayed to the authorities its findings on the treatment and living conditions of the detainees, through confidential reports. Health authorities and the ICRC signed a plan of action to strengthen health-care provision in places of detention.

The British Red Cross and the ICRC focused their partnership on assisting people affected by conflict and other violence, including in Northern Ireland; they reviewed their partnership as part of discussions to establish a new three-year agreement. Cooperation with the Irish Red Cross Society continued, mainly in IHL research and the humanitarian response to migration.

CIVILIANS

Dialogue and other forms of interaction continued between the ICRC and the pertinent authorities, paramilitary groups, members of civil society, academics and others (see *Actors of influence*), to broaden awareness of the humanitarian needs arising from the violence in Northern Ireland and from past conflict; the needs of former detainees, former combatants, and victims of violence were emphasized.

Personnel from community-based organizations learnt more about the consequences of sexual violence and ways to help victims, through events organized or supported by the ICRC. These included a symposium – organized with the University of Ulster – that tackled the results of an ICRC-commissioned study on conflict-related sexual violence.

People facing threats of paramilitary violence receive assistance from community-based organizations

Eleven community-based organizations kept up their efforts, with ICRC support, to mitigate violence and its effects on vulnerable people in Northern Ireland. Focus group discussions with violence-affected community members helped ensure that activities were tailored to people’s humanitarian needs; the British Red Cross took part in some of these discussions to promote its programmes, with a view to reaching more people in need.

Thus, with financial and technical assistance from the ICRC, which also served as a neutral intermediary when necessary, these organizations provided various forms of support, including: diversionary programmes for young people likely to become involved in violence; psychological support and counselling for former detainees; and mediation services benefiting some 180 individuals, and their families, targeted by paramilitary groups. The mediation programmes of some of these organizations obtained government accreditation, partly with the ICRC’s support. Based on an independent evaluation and an assessment it conducted in 2016, the ICRC discussed, with local organizations, plans to expand its support in areas where needs were found to be insufficiently addressed.

Some families who received physical threats or were expelled from their communities covered their transport and short-term accommodation expenses with ICRC financial assistance. To help prevent similar incidents, the ICRC also engaged local groups and civic institutions in discussions on alternatives to prevailing methods of resolving community disputes, including the punitive measures in use.

Of the 17 people officially known as “the disappeared”, who had gone missing during past conflict, six were still unaccounted for. The ICRC continued discussions with the pertinent parties, including relatives of the missing people, to expedite the exchange of any information that could help to clarify their fate.

Following an assessment mission by the ICRC to the Falkland/Malvinas islands, Argentina and the UK agreed to let the ICRC lead efforts to identify the remains of more than 120 Argentine soldiers buried there (see *Brasilia*); this was scheduled for 2017.

PEOPLE DEPRIVED OF THEIR FREEDOM

The concerns of people detained, including in relation to past conflict and current violence in Northern Ireland, and in relation to “terrorism”, remained central to the ICRC’s discussions with the relevant authorities in Belfast and London.

Detainees at two high-security prisons in England receive ICRC visits for the first time

As part of a pilot programme agreed upon by the authorities and the ICRC, detainees at two high-security prisons in England – with a combined population of about 1,400, including those detained in relation to “terrorism” – were visited in accordance with standard ICRC procedures; the ICRC met with 60 of them individually. The purpose of the visits was to identify what the ICRC could contribute to authorities’ efforts to comply with domestic and international laws and standards, and to ease detainees’ living conditions and treatment, if necessary. Bilaterally and confidentially, ICRC delegates spoke with detainees and prison staff, and relayed their findings to the detaining authorities. Discussions with the justice ministry were under way to expand the programme to other prisons in England and Wales.

In Northern Ireland, detainees at three prisons – Hydebank Wood and Maghaberry, and the women’s prison at Ash House – also received ICRC visits; among them were people belonging to different communities and groups, who were held in separate parts of Maghaberry prison. Based on these visits, the ICRC shared confidential reports on humanitarian issues to the authorities concerned, and discussed its recommendations with prison officials. Health authorities and the ICRC signed a plan of action on joint initiatives to strengthen health care for detainees, particularly through staff training and other forms of technical support.

In all, over 2,900 detainees were visited in the UK.

ACTORS OF INFLUENCE

Bilateral meetings, and high-level visits from ICRC officials, including the president, kept authorities and parliamentarians in Ireland and the UK updated on humanitarian needs, operational challenges and ICRC activities worldwide, including in Northern Ireland (see *Civilians* and *People deprived of their freedom*). These efforts provided opportunities to relay key messages on humanitarian issues to government ministers, and fostered support for ICRC activities, from the UK’s Department for International Development and from Irish Aid.

The UK’s defence ministry draws on ICRC advice on policy issues, including compliance with IHL

During meetings and discussions with UK government and military officials, the ICRC emphasized the need for decision- and policy-making that took humanitarian principles into account, and that supported neutral, impartial and independent humanitarian action. It continued to develop its dialogue with the Ministry of Defence and the Foreign and Commonwealth Office – for example, on legal and policy issues in connection with the UK’s engagement overseas, including detention and the use of force, and compliance with IHL.

Dialogue continued with the UK military on operational matters. Military personnel discussed IHL, the goals of the Health Care in Danger project and other humanitarian issues, and the ICRC’s activities during sessions organized by the Defence Academy and other military training institutes, and by the office of the provost marshal; these sessions were facilitated by the ICRC.

In Northern Ireland, the ICRC sustained its dialogue with relevant stakeholders, to encourage them to help mitigate the impact of violence and address its consequences, and to foster support for the ICRC’s activities (see *Civilians*).

Efforts were pursued to strengthen cooperation with Ireland in areas of mutual concern; at the government’s invitation, the ICRC’s president visited Dublin in November to meet with senior officials, including the Irish president. Through this visit, the ICRC also sought to strengthen its dialogue with Ireland, particularly on implementing the Arms Trade Treaty and other IHL-related treaties, and on recruiting Irish nationals for the ICRC’s activities. The Irish Defence Forces hosted a course for ICRC delegates on responding to emergencies arising from the use of chemical, biological, radiological and nuclear weapons.

Academics, members of civil society and other actors discuss humanitarian issues at ICRC events

Policy-makers, academics, representatives of NGOs and think-tanks, and other influential actors exchanged views on various humanitarian issues at events organized or attended by the ICRC. These occasions also helped to strengthen the ICRC’s relations with these parties and to identify opportunities for cooperation.

The British Red Cross, the University of London’s School of Oriental and African Studies, the University of Exeter, the Arts and Humanities Research Council, and the ICRC hosted a conference in London on developing a comprehensive response to internal displacement and forced migration. Policy-makers, academics and humanitarian professionals were part of the conference’s audience, and the ICRC’s director of operations served as a panellist.

Briefings and other interaction with media professionals enabled the ICRC to broaden awareness of IHL and humanitarian principles. Various audiences learnt about the plight of people in countries affected by conflict or other violence, and about the ICRC’s activities, through articles, videos and updates posted on the ICRC’s website and social media platforms.

RED CROSS AND RED CRESCENT MOVEMENT

Partnership with the British Red Cross continued in the UK and abroad, within the framework of an agreement covering 2014–16. Cooperation in matters of operational and institutional priority covered various areas, such as: assistance for people affected by conflict and other violence, including in Northern Ireland;

promotion of IHL and the Movement; support for the Health Care in Danger project; the application of the Safer Access Framework; and information sharing and coordination. The British Red Cross and the ICRC reviewed their partnership, as part of discussions to establish a new three-year agreement.

Regular meetings between the two organizations, including an assessment of their activities in Northern Ireland, helped improve their operational cooperation and effectiveness. The ICRC seconded a fundraising adviser to the British Red Cross, to solicit private-sector support for the ICRC's work.

In February, the ICRC joined European National Societies at a conference in London – organized by the International Federation and hosted by the British Red Cross – that sought to consolidate the Movement's response to the influx of migrants into Europe, mainly through medical and psychosocial care, relief efforts and family-links services.

The ICRC's engagement with the Irish Red Cross continued, largely through regular meetings with its senior officers, including its chairperson. Cooperation between the two focused on IHL research, on addressing migrants' needs, including by restoring family links, and on strengthening joint public-communication activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Tracing requests, including cases of missing persons			Women	Girls	Boys
		1			1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		2,912	54		
			Women	Girls	Boys
Detainees visited and monitored individually		60	2		
Detainees newly registered		18	1		
Number of visits carried out		17			
Number of places of detention visited		5			
RCMs and other means of family contact					
RCMs collected		1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Visits carried out by health staff			10	
Places of detention visited by health staff		Structures	5	

NEAR AND MIDDLE EAST

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The ICRC reminded parties to conflicts to fulfil their obligations under IHL and other norms to respect and protect civilians, including patients and medical workers, and ensure their access to essential services and humanitarian aid.
- ▶ Tens of millions of people, particularly in Iraq, the Syrian Arab Republic (hereafter Syria), and Yemen, met their urgent needs with the help of food, water, essential household items and cash grants provided by the ICRC.
- ▶ In Iraq, Jordan, Lebanon, Syria and Yemen, and in the occupied Palestinian territory, ill or injured people had access to adequate health care, including surgery and psychosocial support, from ICRC-backed first-aid and medical services.
- ▶ Detainees in several contexts received visits from the ICRC, which monitored their treatment and living conditions. Throughout the region, the ICRC sought increased access to people held by different actors, including armed groups.
- ▶ Members of families dispersed by conflict, migration or detention reconnected through the Movement's family-links services. The fate of thousands of people missing in relation to past or current conflicts remained unknown, however.
- ▶ National Societies remained crucial partners for the ICRC, enabling humanitarian aid to reach as many beneficiaries as possible. For instance, relief distributions in Syria were conducted mainly by National Society teams.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	7,859
RCMs distributed	9,738
Phone calls facilitated between family members	18,427
Tracing cases closed positively (subject located or fate established)	1,203
People reunited with their families	7
<i>of whom unaccompanied minors/separated children</i>	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	123,612
Detainees visited and monitored individually	8,053
Number of visits carried out	1,377
Number of places of detention visited	323
Restoring family links	
RCMs collected	7,567
RCMs distributed	3,417
Phone calls made to families to inform them of the whereabouts of a detained relative	21,092

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	14,033,000 11,303,585
Essential household items	Beneficiaries	3,258,000 3,314,518
Productive inputs	Beneficiaries	601,600 446,686
Cash	Beneficiaries	312,050 201,063
Vouchers	Beneficiaries	3,779
Services and training	Beneficiaries	109,617
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	20,675,520 22,630,024
Health		
Health centres supported	Structures	63 68
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	28 180
Water and habitat		
Water and habitat activities	Number of beds	585 7,748
Physical rehabilitation		
Projects supported	Projects	17 22
Patients receiving services	Patients	105,900 116,442

EXPENDITURE IN KCHF	
Protection	52,920
Assistance	349,019
Prevention	28,111
Cooperation with National Societies	16,020
General	1,902
Total	447,971
<i>Of which: Overheads</i>	<i>27,258</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	87%
PERSONNEL	
Mobile staff	477
Resident staff (daily workers not included)	2,404



Syrian Arab Republic, southeast of the city of Aleppo, Jibreem. The ICRC and the Syrian Arab Red Crescent visit collective shelters to assess and monitor humanitarian needs.

In 2016, ICRC operations in the Middle East continued to concentrate on addressing the humanitarian consequences of ongoing armed conflicts and other situations of violence, many protracted and compounded by longstanding tensions. The ICRC's work to protect and assist people affected by the conflict in the Syrian Arab Republic (hereafter Syria), remained one of its largest undertakings: it maintained its region-oriented approach, helping alleviate the plight of people who remained in Syria and those who had fled to such neighbouring countries as Iraq, Jordan and Lebanon. The ICRC also ran large-scale programmes to enable violence-affected people in Iraq and Yemen, and in the occupied Palestinian territory, to meet their needs.

The volatility of the situation in large swaths of the region posed challenges to neutral, impartial and independent humanitarian action. Nevertheless, the ICRC remained committed to carrying out its work, especially where few or no other humanitarian organizations could operate, as in parts of Iraq and Yemen. It engaged in dialogue with influential actors to foster an environment conducive to respect for IHL and to humanitarian action. The ICRC pursued its limited dialogue with the parties to the Syrian conflict; particularly, it reminded them – through bilateral meetings, confidential reports and public statements – to protect civilians and to ensure their access to medical and humanitarian aid. In Egypt, Iraq, Jordan and Lebanon, the ICRC monitored those affected by the Syrian crisis, shared documented allegations of abuse with the parties concerned, and encouraged them to implement corrective and preventive measures. In Iraq and Yemen, it urged actors taking part in the hostilities to fulfil their obligations under IHL and other applicable norms, especially with regard to the protection of civilians. The ICRC prompted the

Israeli authorities to ensure that military operations conformed to IHL and that Palestinians were protected, including from settler violence; the *de facto* authorities and armed groups in the Gaza Strip, occupied Palestinian territory, were reminded to respect IHL principles, particularly distinction. All these interactions contributed to the ICRC's ability to reach vulnerable people. Notably, in Syria, the ICRC and the National Society, acting jointly as a neutral intermediary – in line with agreements reached by the pertinent parties – evacuated tens of thousands of people from eastern Aleppo in December.

The ICRC constantly scrutinized prevailing security conditions and the situation of people in need relative to its ability to operate safely and meaningfully, and adapted its activities accordingly. It focused on aiding the most vulnerable: those who were internally displaced, residing in communities hosting IDPs or migrants – including refugees and asylum seekers – and/or unable to obtain assistance from elsewhere. In Yemen, as it gained access to some areas, the ICRC was able to reach more people than planned with its relief distributions and initiatives to improve local water supplies. When the number of asylum seekers at the Jordan-Syria border surged at the start of the year, the ICRC scaled up its activities to fill the gap in assistance until other humanitarian actors could take over.

Partnerships with the region's National Societies were crucial to reaching as many beneficiaries as possible. For instance, in Syria, relief distributions were conducted mainly by the Syrian Arab Red Crescent. The National Societies conducted their own activities autonomously and effectively, partly thanks to ICRC material, training, and financial assistance.

Several million people, mostly IDPs, met their urgent needs with the help of food and household essentials donated by the ICRC, at times with the National Societies. People in Iraq, Jordan, Syria and Yemen, in particular, benefited from more relief distributions. Hundreds of thousands of people covered their basic expenses with ICRC cash assistance, either provided directly or earned through cash-for-work projects involving improvements to community facilities.

Over 22 million people gained or maintained their access to water and related basic services through various ICRC initiatives. Tens of thousands of newly displaced people in Iraq received bottled water; millions of others benefited from infrastructural repairs in areas that were violence-prone, underserved or hosting large IDP populations. The ICRC's donations of water-treatment chemicals, spare parts and fuel to local water boards mitigated supply interruptions for some 15 million people in Syria and about 3 million people in Yemen. Around 1 million people in the Gaza Strip had better access to water, sanitation and electricity, following renovations to wells and other facilities.

Impeded access to health care was one of the most life-threatening consequences of the widespread violence. The ICRC, during its contact with parties to the conflict and other influential actors, emphasized the need to safeguard patients and health services from abuse. It also provided capacity-building material, technical, and/or financial support to local health actors and direct assistance to ill or injured people. All this helped facilitate access to adequate care for people in need.

Thousands of current and prospective first responders, among them National Society volunteers and weapon bearers, underwent first-aid training and received pertinent supplies and, in some cases, funding. The Palestine Red Crescent Society provided emergency medical services throughout the occupied Palestinian territory, with comprehensive ICRC support, including help in obtaining crossing and transport permits. In Lebanon, the Lebanese Red Cross ran emergency services and a blood bank, enabling people to obtain on-site care, be evacuated to hospital, and/or receive transfusions.

People in need of hospital care, many weapon-wounded, were treated at facilities that maintained their services with the help of the ICRC. Several facilities in Syria, including some located across front lines, received basic medical materials; deliveries of surgical supplies, however, were still rarely allowed by key actors. Patients in Yemen continued to benefit from an ICRC-backed surgical team at one hospital and regular donations of medical supplies and equipment to six others. In Iraq, the ICRC scaled up its assistance to hospitals and other health facilities – in one front-line hospital in Iraq, personnel were supported by an ICRC surgical team, and had use of upgraded operating rooms. In the Gaza Strip, medical personnel honed their skills in trauma management and vascular surgery, and three hospitals reinforced their mass-casualty management with regular on-site support. In Lebanon, the ICRC ran a weapon-traumatology centre, providing patients with surgery, physiotherapy and psychosocial support.

Hundreds of thousands of people had access to basic health care. In Iraq, the ICRC adapted to security constraints by providing specific support for shorter periods than before – for building local capacities in mother-and-child care and non-communicable-disease management, for instance. ICRC mobile clinics at crossing

points on the Jordan–Syria border treated asylum seekers until their closure in June, owing to security reasons; health activities elsewhere in Jordan continued. Similarly, along the Lebanon–Syria border, refugees and vulnerable residents had access to preventive, curative, or ante/post-natal care at ICRC-supported health facilities. In the Islamic Republic of Iran, Afghan migrants obtained preventive care and other health services provided by a local NGO and the National Society, backed by ICRC advice and funding.

The ICRC managed or supported physical rehabilitation projects in Iraq, Lebanon, Syria, Yemen, and in the Gaza Strip. Over 100,000 people, mainly in Iraq and Yemen, availed themselves of physiotherapy and other services, and assistive devices, through these projects. To help prevent injuries related to mines and explosive remnants of war (ERW), the Iranian Red Crescent and the Jordanian mine-action body conducted, in their respective countries, risk-awareness sessions for people living in or passing through weapon-contaminated areas. People in the Gaza Strip learnt safer behaviour around mines and ERW, from either ICRC-trained schoolteachers or Palestine Red Crescent personnel.

Where security conditions were relatively stable, the ICRC helped tens of thousands of vulnerable resident or returnee households build their self-sufficiency. Farming households in Iraq had more water for livelihood use after irrigation canals were cleaned with ICRC assistance; some planted crops using ICRC-provided seed and tools. In Yemen, the ICRC resumed livelihood projects that were suspended in 2015: households benefited from livestock vaccination and treatment, and donated agricultural inputs. Syrian farmers increased their production with the help of seed and fertilizer purchased by the ICRC and delivered by the National Society. Hundreds of Gazan farmers accessed their agricultural lands near the Israeli border for the first time in many years, following ICRC representations to the authorities concerned. In Jordan, Syrian and Jordanian women completed National Society/ICRC-run vocational courses, improving their livelihood prospects and potentially reducing their vulnerability to sexual violence.

In accordance with its standard procedures, the ICRC visited tens of thousands of detainees in Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Qatar, Saudi Arabia, Syria and Yemen, and in the occupied Palestinian territory. It monitored detainees' treatment and living conditions, and helped foreign detainees notify the UNHCR or their consular representatives of their situation. Based on its visits, the ICRC shared confidential feedback with the authorities. Discussions and local and regional workshops with the detaining authorities centred particularly on respect for judicial guarantees, adherence to the principle of *non-refoulement*, and health care in detention. Throughout the region, the ICRC sought increased access – in terms of frequency of visits, and the number and categories of detainees visited – to people held by different actors, including armed groups. At their request, former detainees or family members of current detainees received attestations of detention from the ICRC, facilitating such administrative procedures as applications for State benefits.

Thousands of residents, IDPs, migrants and detainees contacted relatives through the Movement's family-links services. People in Egypt, the Islamic Republic of Iran, Jordan and Yemen phoned family members detained either domestically or abroad. Palestinians detained in Israel and Iraqis held far from their homes received family visits. People returned home or resettled in third countries with the help of ICRC travel documents. In several

contexts, the ICRC acted as a neutral intermediary between the actors concerned to enable people to cross borders, demarcation lines, or front lines – or to exchange official documents across these – for humanitarian purposes.

The ICRC continued to help families acquire information on their missing relatives. In 2016, it closed more than a thousand tracing cases, having established the fate of the people being sought. At the request of the families concerned, the ICRC submitted enquiries to the pertinent parties in Egypt, Iraq, Syria and Yemen regarding people allegedly arrested or detained. With the ICRC acting as a neutral intermediary, the parties concerned sustained their work to ascertain the fate of people missing in connection with the 1980–1988 Iran–Iraq war and the 1990–1991 Gulf War. Joint excavations conducted by Iranian and Iraqi experts, with ICRC support, led to the recovery and repatriation of the remains of hundreds of people. Although several missions were conducted in Iraq and Kuwait, no remains in relation to the 1990–1991 Gulf War were exhumed. The Israeli authorities, prompted by ICRC representations, transferred the remains of dozens of Palestinians who perished in 2015 to the families concerned; the handover of the remains of a few others was pending. In preparation for future identification efforts in Lebanon, forensic data continued to be collected from the families of missing persons; a draft law on addressing these families' needs awaited parliamentary approval. The ICRC helped strengthen forensic capacities in Egypt, Iraq, the Islamic Republic of Iran, Kuwait, Lebanon, Saudi Arabia, Syria and Yemen, notably through training. The fate of thousands of people missing in relation to past or current conflicts remained unknown, however.

The ICRC continued reaching out to government authorities, including national IHL committees, military and police forces, and civil society leaders, through dialogue, training and events, to broaden acceptance for humanitarian principles, IHL, and the Movement. It maintained its partnership with the League of Arab States, based in Cairo, Egypt. In the Islamic Republic of Iran, it promoted the values shared between IHL and Islam through its work with the Qom Centre for Comparative Studies on Islam and IHL, which hosted an international conference on the subject.

Jordan hosted the ICRC's logistical hub for operations in the region and beyond, and the main training centre for ICRC staff in the Balkans, the Caucasus and the Middle East. The regional resource and communication centre in Cairo helped organize regional IHL seminars and produced multimedia Arabic-language IHL material.

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION															
	CIVILIANS														
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	People reunited with their families	of whom UAM/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors	Detainees visited and monitored individually
Egypt	16	30	1,091	28						117	1,971				
Iran, Islamic Republic of	155	143	8				1	68	20						
Iraq	3,094	5,416					2	2	394	593	1,922	45,774	1,411	1,297	2,131
Israel and the Occupied Territories	581	443			1			7	1	6	1	22,881	218	686	3,624
Jordan	40	43	17,043							30	851	9,093	415	26	975
Lebanon	128	134			4			2	1	47	21	7,896	635	208	933
Syrian Arab Republic	171	193	2					2		108	13	18,330	1,014	232	39
Yemen	3,648	3,320	114	577	2	2				279	63	5,890	3	43	
Kuwait (regional)	26	16	169							3	3	13,748	1,517	237	351
Total	7,859	9,738	18,427	605	7	2	3	13	464	1,203	4,845	123,612	5,213	2,729	8,053

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
															Egypt
										1				194	Iran, Islamic Republic of
34	7	413	1,412	29	7	399	343	107	5,858	2,355	16,502	190		165	Iraq
71	20	289	2,655	52	19	274	683	113	481	561	3,299	8,031		8,056	Israel and the Occupied Territories
189	3	4	820	175	3	3	71	18	650	209	240			13	Jordan
60	2	23	699	57	2	20	157	33	267	214	1,001			8	Lebanon
9			25	4			30	8	11	10	28			3	Syrian Arab Republic
							8	6			5			1	Yemen
15		57	341	15		57	85	38	300	67	17		52	2,315	Kuwait (regional)
378	32	786	5,952	332	31	753	1,377	323	7,567	3,417	21,092	8,221	52	10,755	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE												
	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM
	CIVILIANS - BENEFICIARIES							HEALTH CENTRES				
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations	Immunizations (patients)	
Egypt	1,168	1,956		1,454	3,779							
Iraq	924,024	925,584	44,559	112,256		108,415	2,488,330	15	383,062	345,493	226,662	76,206
Israel and the Occupied Territories		1,125	21,182	5,216		882	1,256,292					2,957
Jordan	86,947	86,153		10,335			325,602	4	26,824	54,819	60,497	15,861
Lebanon	9,219	24,023		14,990		300	170,761	14	590,946	375,064	50,243	5,573
Syrian Arab Republic	10,008,119	2,154,717	161,180				15,000,096	14	2,558,000	280,932	9,510	
Yemen	274,108	120,960	219,765	56,812		20	3,388,943	21	408,481	368,796	90,044	10,000
Total	11,303,585	3,314,518	446,686	201,063	3,779	109,617	22,630,024	68	3,967,313	1,425,104	436,956	110,597
of whom women	3,403,234	1,013,138	123,311	61,258	902	38,239	6,751,251					2,594
of whom children	4,569,602	1,352,212	213,189	92,128	1,978	43,956	9,197,148					744

PEOPLE DEPRIVED OF THEIR FREEDOM	PHYSICAL REHABILITATION											
	HOSPITALS				PHYSICAL REHABILITATION							
Water and habitat activities	Hospitals supported	<i>of which provided data</i>	Admissions	<i>of whom weapon-wounded</i>	Projects supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
												Egypt
7,848	21				12	37,357	1,274	11,291	2,955	21,064	10,870	Iraq
1,541	11	11	177,435	1,956	1	2,332	76	1,295	174	1,805	1,029	Israel and the Occupied Territories
												Jordan
1,345	15	14	5,929	729	3	814	108	228	113	334	72	Lebanon
17,600	61				2	2,340	180	83	549	168	1,150	Syrian Arab Republic
460	72	46	92,211	33,230	4	73,599	730	9,699	1,057	21,108	36,511	Yemen
28,794	180	71	275,575	35,915	22	116,442	2,368	22,596	4,848	44,479	49,632	Total
2,153			85,775	553		23,439	414	3,452	729	6,984	11,895	of whom women
29			16,391	644		52,544	339	14,438	626	28,535	19,473	of whom children

EGYPT

COVERING: Egypt, League of Arab States



ICRC/AR_2016
ICRC delegation

The boundaries, names and designations used in this report do not imply official endorsement, nor express a political opinion on the part of the ICRC, and are without prejudice to claims of sovereignty over the territories mentioned.

The ICRC has been in Egypt, with some interruptions, since the beginning of the First World War. It works with the Egyptian Red Crescent Society and other health-care providers/institutions to help them boost their preparedness to address needs arising from situations of violence; as necessary, it provides support to people fleeing violence abroad. It seeks to visit people detained in Egypt. The ICRC's regional legal advisory, communication and documentation centre works with the League of Arab States and other ICRC delegations to promote the incorporation of IHL in domestic legislation, military training and academic curricula throughout the Arab world.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

LOW

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Palestinians who fled the Syrian Arab Republic obtained food and other necessities with vouchers from the Egyptian Red Crescent and the ICRC; Palestinian and Syrian children received financial and material aid for their schooling.
- ▶ The Egyptian Ambulance Organization created a psychosocial support unit for its staff with ICRC backing. Dialogue with the health ministry, however, was limited, and the ICRC could not support the ministry's hospitals as planned.
- ▶ Despite the ICRC's dialogue with the authorities on its potential contribution to their efforts to address the needs of detainees and of people affected by the situation in North Sinai, it remained without access to both groups.
- ▶ At events organized by the League of Arab States and the ICRC, officials from the region discussed the incorporation of IHL provisions in military doctrine, and the legal frameworks applicable to sexual violence in armed conflict.

EXPENDITURE IN KCHF

Protection	546
Assistance	1,762
Prevention	911
Cooperation with National Societies	286
General	76
Total	3,580
<i>Of which: Overheads</i>	<i>219</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	53

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	16
RCMs distributed	30
Phone calls facilitated between family members	1,091
Tracing cases closed positively (subject located or fate established)	117

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 6,000	1,168
Essential household items	Beneficiaries 6,000	1,956
Cash ¹	Beneficiaries 7,300	1,454
Vouchers	Beneficiaries	3,779

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Clashes between security forces and armed groups continued in Egypt's North Sinai. Casualties, displacement and mass arrests were reported, but security and other constraints made it difficult for international humanitarian organizations to reach the area.

Egypt remained a transit and destination country for thousands of migrants, including refugees and asylum seekers, from the Syrian Arab Republic (hereafter Syria), Libya and elsewhere. Migrants were reportedly arrested for entering Egypt illegally. The government dealt with an increasing number of casualties at sea among people trying to reach Europe.

The country continued to participate in the Saudi Arabia-led military campaign in Yemen.

Cairo hosted the headquarters of the Arab Inter-Parliamentary Union (AIPU) and the League of Arab States (LAS). In May, Egypt chaired the UN Security Council, of which it is a non-permanent member.

ICRC ACTION AND RESULTS

In cooperation with the Egyptian Red Crescent Society and other local organizations, the ICRC sustained its efforts to address the humanitarian needs arising from the situation in Egypt and conflict in the region. It continued to offer its help to the Egyptian authorities for improving the situation of detainees, including through ICRC visits to these people; such activities however, did not take place in 2016. The ICRC also expressed its concern about the humanitarian situation of people affected by the violence in North Sinai.

The ICRC continued to assist other vulnerable people. Palestinians who had fled Syria met some of their needs, including food, with vouchers distributed by the National Society and the ICRC. Over 1,100 Palestinian and Syrian children – more than twice the number targeted – had their education-related expenses subsidized by the ICRC. Unaccompanied minors from other conflict-affected countries received relief goods and psychosocial and educational support from an ICRC-funded NGO, and used Movement family-links services to reconnect with their relatives.

Egyptians and migrants, including refugees and asylum seekers, restored or maintained contact with relatives separated from them because of conflict and other situations of violence, through Movement family-links services. A total of 1,971 foreign nationals were issued ICRC travel documents to help them resettle in third countries.

The ICRC sought to improve people's access to medical assistance by supporting the casualty care chain, but some objectives – such as material and technical support for health ministry-run hospitals – were not met because of limited dialogue with the health ministry. Backing for the National Society's provision of health care for Palestinians from Syria and for their host communities was also cancelled after it sought help from another actor instead. Nevertheless, the ICRC was still able to offer some assistance to government institutions and local organizations. For instance, it organized courses on weapon-wound surgery for doctors and nurses from the defence and interior ministries, and provided technical, material and financial assistance for the National Society's emergency action teams. The Egyptian Ambulance

Organization (EAO) drew on the ICRC's advice to refine its operational guidelines and training curriculum; with ICRC backing, it created a psychosocial unit at its Cairo headquarters, to help staff cope with the stress associated with their duties. During events with health personnel and military/security forces, the ICRC drew attention to the protection due to those providing or seeking medical care.

Local institutions involved in managing human remains strengthened coordination with each other through national meetings, which began in 2016 and were facilitated by the ICRC. Forensic professionals added to their knowledge of the subject via courses in Egypt and abroad.

Military/security forces, including peacekeepers bound for missions abroad, learnt more about IHL, international policing standards and other relevant norms at ICRC-organized courses and dissemination sessions; these events also tackled issues related to the situation in North Sinai, such as: the proportionate use of force, the goals of the Health Care in Danger project, and the prevention of sexual violence. At courses abroad, senior military officers broadened their understanding of IHL and of international rules applicable to their duties, with their attendance subsidized by the ICRC.

The ICRC worked with the AIPU and the LAS to promote IHL implementation in Egypt and other Arab States. Government representatives, diplomats, judges and academics added to their knowledge of the subject at courses in Egypt and overseas. Journalists enhanced their understanding of IHL and the protection it affords them, at seminars conducted with local associations and at times alongside first-aid training.

The ICRC's regional resource and communication centre in Cairo supported the organization's efforts to promote IHL throughout the Arabic-speaking world, through written and audiovisual materials, and information from the ICRC's Arabic-language website.

CIVILIANS

People in North Sinai remain inaccessible to the ICRC

The ICRC continued to monitor humanitarian concerns in North Sinai through media reports and coordination with the National Society, the EAO and other organizations. It raised these concerns with the authorities at high-level meetings, including between the Egyptian president and the ICRC's president (see *Actors of influence*). While it remained without access to the area, it supported the activities of the National Society, which was able to reach people there (see *Wounded and sick* and *Red Cross and Red Crescent Movement*).

During field visits, the ICRC monitored the concerns of Palestinians and others who had fled Syria, including concerns connected with the principle of *non-refoulement*.

With a view to helping people reduce their risk of becoming victims of sexual violence, the ICRC exchanged information on safety measures with the National Society, the LAS and other organizations, during workshops and meetings. With the ICRC's support, the National Society integrated care for victims of sexual violence in the training of its emergency action teams. Plans to assist such victims in coordination with a local hospital and an NGO were cancelled, owing to administrative constraints.

Palestinians who fled Syria meet some of their most urgent needs with ICRC vouchers

The ICRC continued to aid other vulnerable people from conflict-affected countries near Egypt. Some 1,200 Palestinian households (over 3,700 people) who had fled Syria received vouchers for food and household items¹; these vouchers were distributed by the National Society and the ICRC, with the authorities' approval and in coordination with the Palestinian embassy. As part of the ICRC's preparations to hand over such support to another organization in 2017, more than 1,400 vulnerable foreigners in Egypt were given one-off cash assistance by the ICRC in September, to help them cover their housing, medical and other urgent expenses. Beneficiaries included families with elderly, sick and disabled members, and Palestinians from Syria who were assisted through the National Society.

Over 1,100 Palestinian and Syrian children attending an NGO-run education centre – more than twice the number targeted for 2016 – had their school and transportation fees subsidized by the ICRC¹; nearly 800 of them also received school kits. However, plans to refurbish schools attended by Palestinian and Egyptian children were not carried out because of logistical and operational constraints.

Starting in June, over 1,100 unaccompanied minors, mostly girls from other conflict-affected countries in Africa, were given food and hygiene items regularly by an ICRC-funded NGO. They also obtained psychosocial, educational and other support from the same NGO, and were able to contact their relatives via Movement family-links services.

A few people formerly held at the Guantanamo Bay Naval Station in Cuba were also given vouchers by the ICRC, to help ease their situation following their release.

Migrants resettle in third countries with the help of ICRC travel documents

Egyptians and migrants – including refugees and asylum seekers – restored or maintained contact with relatives separated from them by armed conflict or other violence, through Movement family-links services. Families made over 1,090 calls to relatives overseas, and sent RCMs or oral messages to those detained abroad. They obtained news of 117 people they had reported missing, partly through the ICRC's tracing services. In coordination with UNHCR and the embassies concerned, 1,971 foreign nationals without valid identification papers were issued ICRC travel documents to help them resettle in third countries.

National Society personnel enhanced their ability to provide family-links services and other humanitarian assistance, with ICRC support (see *Red Cross and Red Crescent Movement*).

Key institutions coordinate their efforts to manage human remains

The EAO, the Egyptian Forensic Medicine Authority (EFMA), government ministries and the National Society developed their expertise in managing human remains during emergencies, with ICRC support. They discussed institutional guidelines and coordination at working group meetings, which began in 2016 and were facilitated by the ICRC. Forensic specialists honed their skills at ICRC-organized courses; doctors from the EFMA and Cairo

University attended training overseas with the ICRC's help. EFMA doctors and information technology specialists learnt more about handling ante/post-mortem data at an ICRC-organized workshop.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued to engage the authorities, particularly the interior and justice ministries, in dialogue to clarify the humanitarian nature of its activities for detainees. It raised awareness of the ICRC's potential contribution to the authorities' efforts to ensure that detainees' living conditions and treatment, including respect for judicial guarantees, were in line with internationally recognized standards. However, it remained without access to detainees.

At the request of the families concerned, the ICRC followed up the alleged arrest of four people in Egypt to ascertain their whereabouts, but none of the cases were resolved via the ICRC's efforts.

WOUNDED AND SICK

During dissemination sessions (see *Actors of influence*) for weapon bearers and training sessions (see below) for health professionals and National Society volunteers, the ICRC underscored the protection due to people providing or seeking medical care. It also organized, with the National Society, a round-table on the goals of the Health Care in Danger project, and gave presentations on the issue at courses and training sessions for medical professionals and students, military officers and the National Society's emergency action teams (see below).

Medical professionals hone their skills at ICRC courses

The ICRC sought to improve people's access to medical assistance by supporting the casualty care chain, but some of its plans – such as material and technical support for health ministry-run hospitals, and training in weapon-wound surgery that was to be co-organized with the Egyptian Fellowship Board – either fell through or were put on hold because of limited dialogue with the health ministry. Plans to help the National Society provide health care to Palestinians from Syria, and to their host communities, were also cancelled after the National Society sought support from another actor instead.

Nevertheless, the ICRC was able to offer some support to local organizations, including the EAO and the National Society (see below), both of which were able to reach people in North Sinai. Furthermore, over 140 doctors, nurses and medical students – from the defence and interior ministries, and Cairo University – honed their skills in weapon-wound surgery and emergency-room trauma care at ICRC-organized seminars, including a train-the-trainer course.

The interior ministry's medical services and a health ministry-run hospital received medical supplies from the ICRC on an ad hoc basis, at times through the National Society.

The EAO creates a psychosocial support unit for its staff

The EAO – one of the largest ambulance services in the country – drew on ICRC support to bolster its capacity to handle mass-casualty situations, notably, by revising its operating procedures, training programme and guidelines for standardizing equipment. On the ICRC's recommendation, the EAO began using case cards to document patients' medical information, in order to facilitate follow-up care. Some 100 trainers were also instructed in the use of a new curriculum developed with ICRC support.

1. Budgeted under Syria (see *Syrian Arab Republic*)

At a workshop organized by the EAO and the ICRC, personnel from the EAO, the National Society and the military reinforced their ability to deal with mass casualties. At ICRC workshops, EAO doctors and paramedics learnt more about the Safer Access Framework and ways to reduce their safety risks when responding to emergencies in weapon-contaminated communities.

With financial and technical backing from the ICRC, the EAO undertook initiatives to help its personnel cope with the emotional stress associated with their duties. It established a psychosocial support unit, composed of a psychologist and four social workers, at its headquarters. To make such support available in other branches, including in North Sinai, the ICRC conducted train-the-trainer courses in coping mechanisms and helped the EAO develop communication materials to promote self-care and the support unit's services. Through workshops, EAO paramedics also learnt how to provide psychosocial support while managing human remains during emergencies.

National Society emergency action teams expand their pool of first-responders

The National Society's emergency action teams – 140 in all – stood ready to provide first aid to casualties and to evacuate them, with the help of ICRC-donated supplies, equipment and vehicles. To bolster the pool of potential first-responders, 75 additional National Society personnel were trained by the National Society and the ICRC. Journalists and others likely to be at the scene of violent incidents were also trained in first aid (see *Actors of influence*).

ACTORS OF INFLUENCE

Security forces broaden their knowledge of IHL and pertinent international standards

Discussions with the authorities continued, centring on the ICRC's potential contribution to their efforts to address the humanitarian needs of violence-affected people (see *Civilians* and *People deprived of their freedom*); thematic issues, such as the protection due to those providing or seeking medical care, were also discussed. Newly elected members of the parliament were briefed on the ICRC's mandate and activities in Egypt.

Police and military forces furthered their understanding of international policing standards at ICRC-organized courses. Over 3,000 army personnel, including peacekeepers, and police officers learnt more about IHL and/or other norms applicable to their duties at ICRC-organized dissemination sessions. Also discussed during these events were issues related to the situation in North Sinai, such as: the proportionate use of force, the protection of civilians, the goals of the Health Care in Danger project, and the prevention of sexual violence.

With ICRC support, two Egyptian army officers broadened their understanding of IHL at an advanced course in San Remo, Italy; at a workshop in Lucerne, Switzerland, a senior official enriched his knowledge of international rules applicable to military operations (see *International law and policy*).

State officials, academics and journalists learn more about IHL at various events

The ICRC continued to work with the AIPU, the LAS and other regional institutions to promote IHL and its implementation among Arab States. For instance, at two courses in Cairo, representatives from LAS Member States exchanged views on the incorporation of IHL provisions in military doctrine, and on the legal

frameworks applicable to the prevention of sexual violence during conflict. The ICRC's Egypt delegation also helped organize regional events elsewhere, including IHL courses in Arabic for officials and academics (see *Kuwait* and *Tunis*) and for legal experts and diplomats (see *Kuwait*); these were organized with the LAS and the foreign ministry of the United Arab Emirates, respectively, and with the ICRC delegations in those countries. Egyptian representatives attended these events with the ICRC's support.

In Egypt, judges and prosecutors learnt more about IHL at an advanced course organized by the National Centre for Judicial Studies and the ICRC. Parliamentarians, officials from the foreign and interior ministries, IHL experts and National Society staff discussed the role of judges in prosecuting perpetrators of international crimes, during a panel discussion facilitated by a local think-tank and the ICRC. Students and professors from five law schools demonstrated their knowledge of IHL at a moot court competition organized by Cairo University and the ICRC. A Cairo University professor gave a lecture at an international conference on the points of correspondence between Islamic law and IHL (see *Iran, Islamic Republic of*); the ICRC sponsored his participation.

The national IHL committee received support for its efforts to promote the ratification or implementation of IHL-related treaties. For instance, it was advised on the drafting of a law on the protection of cultural property, and its representatives exchanged views with their peers at an international meeting in Geneva, Switzerland, which they attended with financial assistance from the ICRC.

The media remained a key partner in promoting humanitarian principles and the Movement among the general public. Briefings and information from the ICRC's website helped improve the coverage of humanitarian issues. During seminars, at times organized with local media organizations, journalists learnt more about the protection afforded to them by IHL and about the National Society's activities; at some of these events, they were also trained in first aid by the National Society and the ICRC. Some of these seminars were cancelled because of constraints faced by partner organizations.

RED CROSS AND RED CRESCENT MOVEMENT

With financial, material and technical support from the ICRC (see *Civilians* and *Wounded and sick*), the Egyptian Red Crescent strengthened its ability to respond to emergencies arising from the situation in Egypt and conflict in other countries, and its ability to promote the Movement's work. The National Society and the ICRC formalized their cooperation in these areas by signing a three-year agreement.

At ICRC workshops, 41 National Society volunteers, including from North Sinai, were trained to assess food-related needs; 16 coordinators bolstered their ability to provide family-links services; and 23 staff members learnt more about the Safer Access Framework, which helped them minimize their exposure to risks while working. Some 200 newly recruited volunteers learnt about IHL and the Movement's Fundamental Principles at orientation sessions.

Movement partners met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		16			
RCMs distributed		30			
Phone calls facilitated between family members		1,091			
Names published in the media		28			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		522	143	102	92
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases closed positively (subject located or fate established)		117			
Tracing cases still being handled at the end of the reporting period (people)		778	161	134	118
<i>including people for whom tracing requests were registered by another delegation</i>		44			
Documents					
People to whom travel documents were issued		1,971			
Official documents relayed between family members across borders/front lines		3			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	1,168		1,168
Essential household items	Beneficiaries	1,956	8	1,940
Cash ¹	Beneficiaries	1,454	835	522
Vouchers	Beneficiaries	3,779	902	1,978

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

IRAN, ISLAMIC REPUBLIC OF



The ICRC has been in the Islamic Republic of Iran, with some interruptions, since 1977. It seeks to clarify the fate of POWs registered during the Iran–Iraq war or identified through RCMs. It works in partnership with the Red Crescent Society of the Islamic Republic of Iran in the fields of tracing, physical rehabilitation, international relief efforts and IHL promotion, for which the national IHL committee is also an important partner. It is engaged in dialogue on IHL and Islam. The ICRC supports mine-risk education and access to health care for Afghan migrants.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Iranian and Iraqi authorities, with ICRC support, sustained their joint efforts to clarify the fate of persons still missing in relation to the 1980–1988 Iran–Iraq war. As a result, the remains of hundreds of people were recovered.
- ▶ To enhance current recovery and identification practices, Iranian and Iraqi forensic scientists considered the recommendations of an ICRC-sponsored third-party expert and formulated proposals on standardizing working procedures.
- ▶ Islamic scholars discussed the values shared between Islamic jurisprudence and IHL, notably during an international academic conference, via the efforts of the ICRC-backed Centre for Comparative Studies on Islam and IHL in Qom.
- ▶ Vulnerable Afghan migrants accessed health services, including physical rehabilitation, via a joint project of a local NGO and the Red Crescent Society of the Islamic Republic of Iran, supported with ICRC advice and funding.
- ▶ The National Society and the ICRC continued to strengthen their partnership in the field of physical rehabilitation: based on a new agreement, they expanded relevant joint activities for people in need, such as Afghan migrants.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

EXPENDITURE IN KCHF

Protection	1,029
Assistance	1,058
Prevention	1,561
Cooperation with National Societies	705
General	68
Total	4,421
<i>Of which: Overheads</i>	270

IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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PERSONNEL

Mobile staff	7
Resident staff (daily workers not included)	42

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	155
RCMs distributed	143
Phone calls facilitated between family members	8
Tracing cases closed positively (subject located or fate established)	20
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs distributed	1

CONTEXT

Thousands of families in the Islamic Republic of Iran remained without information on relatives missing in connection with the 1980–1988 Iran–Iraq war. Owing to their irregular status, around 2 million migrants, mainly from Afghanistan, faced difficulties in accessing basic services. An increasing number of these migrants, including asylum seekers and refugees, used the Islamic Republic of Iran as a transit point for their journey. People in areas bordering Iraq and those returning to Afghanistan were exposed to the risks of mines/explosive remnants of war (ERW).

The Islamic Republic of Iran began to have relief from certain sanctions, in relation to the long-term international agreement on its nuclear programme that it signed in 2015. It maintained its diplomatic engagement with regard to security-related developments and humanitarian emergencies in the region, particularly in Iraq and the Syrian Arab Republic (hereafter Syria) – where it had sent military advisers – and in Yemen. It also sustained efforts to enhance its international profile.

ICRC ACTION AND RESULTS

The ICRC continued to: help address the issue of persons missing in connection with the 1980–1988 Iran–Iraq war; reinforce its partnership with the Red Crescent Society of the Islamic Republic of Iran; support local initiatives to mitigate risks related to people's limited health-care access or their exposure to mines/ERW; and foster acceptance for IHL and the ICRC.

As a neutral intermediary, the ICRC backed the efforts of the Iranian and Iraqi governments to clarify the fate of persons still missing in relation to the past conflict, chairing both the tripartite committee on missing persons and the committee's joint working group. Despite some logistical and security challenges, the working group – to which the ICRC donated key equipment – facilitated the recovery of the remains of hundreds of people. The ICRC chaired three meetings of the working group. It also facilitated a meeting of Iranian and Iraqi forensic scientists, who discussed ways to enhance current practices: they considered the recommendations of an ICRC-sponsored third-party expert, and formulated proposals on standardizing working procedures for the tripartite committee.

Pursuant to their 2012 partnership agreement, the National Society and the ICRC sustained their work to: reconnect dispersed members of dispersed families; raise mine-risk awareness; promote IHL and the Movement; and draw attention to humanitarian issues. The two organizations strengthened their cooperation in physical rehabilitation based on a new agreement, leading to the expansion of some joint activities in the country. Cooperation in other areas was maintained – for instance, towards enabling health and humanitarian professionals to better respond to large-scale emergencies, they organized a Health Emergencies in Large Populations (HELP) course.

The ICRC's dialogue and networking with State and civil society representatives, and the events it organized with them, helped build understanding of IHL and the Movement, and foster awareness of humanitarian concerns. Notably, the national IHL committee, based on an agreement between the defence and foreign affairs ministries and the ICRC, drew on ICRC input to pilot courses tailored for such audiences as peacekeepers and Islamic clerics. These groups were thus enabled to further their grasp of IHL and of neutral, impartial and independent humanitarian action.

Discussions on formalizing the ICRC's legal status in the country continued.

Support to the Centre for Comparative Studies on Islam and IHL in Qom (hereafter Qom Centre), from the national IHL committee, the National Society and the ICRC, facilitated the enrichment of the dialogue on the values shared by Islamic jurisprudence and IHL, by Islamic scholars and researchers. Notably, the centre held an international academic conference on Islam and IHL, where Islamic scholars, representatives of other faiths, and IHL experts, alongside Movement partners, tackled various humanitarian issues.

The ICRC sustained its cooperation with the National Society and other local partners in assisting vulnerable people. Thousands of Afghan migrants accessed health care – including physical rehabilitation and psychosocial support – and learnt more about good hygiene and health practices, through an ICRC-backed project run by a local NGO and the National Society. Activities with the National Society helped raise people's awareness of mine/ERW-related risks. With ICRC input, the Iranian Mine Action Centre (IRMAC) continued to develop its capacities as central coordinator of mine/ERW-related activities: for instance, the IRMAC augmented its ability to conduct humanitarian demining, in line with a formalized memorandum of understanding between the organizations.

Migrants – including asylum seekers and refugees – from neighbouring countries, particularly Afghanistan, used Movement family-links services to contact their relatives abroad, as did Iranians, and detainees from Afghanistan and Iraq.

CIVILIANS

Joint Iranian–Iraqi efforts lead to recovery and handover of human remains

The Iranian and Iraqi governments sustained their joint efforts to clarify the fate of people missing in connection with the 1980–1988 Iran–Iraq war. In line with its existing agreements with these governments, the ICRC continued to chair both the tripartite committee on missing persons and the committee's joint working group, and provide these with support as a neutral intermediary.

Despite some logistical challenges linked to the situation in Iraq (see *Iraq*), the working group facilitated excavations in the Iraqi provinces of Basra and Missan, and in the Iraqi Kurdistan region (IKR); the ICRC donated key equipment in this regard. In May, owing to security constraints, IKR operations were temporarily suspended, and later resumed. The excavations led to the recovery of the remains of 371 people. Under ICRC auspices, the remains of 394 people were handed over to the Iranian authorities; the remains of 68, exhumed from Iranian sites, were transferred to the Iraqi authorities.

During three ICRC-chaired meetings held by the working group, Iranian and Iraqi authorities discussed technical and logistical issues pertinent to recovery operations.

In the lead-up to the annual meeting of the tripartite committee, Iranian and Iraqi forensic scientists convened in the Islamic Republic of Iran, with ICRC support. They considered the recommendations of a third-party forensic geneticist, who had conducted an assessment during past ICRC-organized visits, and formulated proposals for the committee, particularly on standardizing working procedures.

Local actors involved in forensic work continued to receive ICRC input, helping improve their services. The Legal Medicine Organization (LMO) and the ICRC engaged in dialogue on best practices for human remains management, especially in relation to migration, as did the National Society (see below). Staff of the LMO and first-responder organizations, including the Iranian Red Crescent, learnt more about proper human remains management during emergencies, at workshops organized by the LMO and the ICRC. Representatives from the LMO and the National Society strengthened their grasp of the subject during an international course (see *Pakistan*). Iranian, Iraqi and Syrian specialists honed their knowledge of forensic anthropology through a regional course held in the Islamic Republic of Iran by the LMO and the ICRC. During a study tour in Cyprus, five scientists from one Iranian laboratory trained in forensic human identification, with experts from the Committee on Missing Persons.

Members of dispersed families reconnect

Migrants – including asylum seekers and refugees – from neighbouring countries, particularly Afghanistan, who were staying in or passing through the Islamic Republic of Iran contacted relatives using Movement family-links services, as did detainees from Afghanistan and Iraq. Representatives of the Iranian Red Crescent and other Movement partners identified ways to strengthen such services, and deepened their understanding of human remains management, during a conference in the Islamic Republic of Iran on reconnecting families – particularly those dispersed by migration – organized by the National Society and the ICRC. Iranian Red Crescent personnel contributed to a Movement conference abroad on the same subject (see *Western Balkans*). Staff members of Iranian NGOs and of international organizations based in the Islamic Republic of Iran discussed ways to help families separated by migration restore contact, during a National Society/ICRC workshop. The Iranian Red Crescent, backed by the ICRC, explored the use of innovative tools to enable dispersed relatives to reconnect. Relatives of migrants reported missing in connection with their journey to Greece stood to benefit from a pilot project aimed at facilitating efforts to ascertain these migrants' fate (see *Paris*).

Iranians connected with family members detained in nearby countries, like Afghanistan, or held at the US internment facility at Guantanamo Bay Naval Station in Cuba (see *Washington*), through RCMs, phone or video calls, or oral messages relayed by ICRC delegates.

In all, 194 Iraqi former POWs received attestations of detention; these facilitated their application for State benefits and other proceedings.

Two former members of the People's Mojahedin Organization of Iran voluntarily returned from Iraq; they were repatriated with the Iranian authorities' approval and under ICRC auspices.

A government foundation and the ICRC engaged in dialogue, facilitated by the foreign affairs ministry, on the potential psychosocial needs of the families of missing persons; discussions on possible steps to respond jointly to such needs were ongoing.

Vulnerable Afghan migrants address their health needs

In Mashhad city suburbs, thousands of vulnerable Afghan migrants, and some Iranians, continued to meet some of their health and other needs through an ongoing project run by a local NGO and the National Society; the ICRC backed the project with advice, notably in the field of mental health, and funding.

During home visits by the NGO's staff to over 3,700 households, about 3,170 people obtained preventive care; as necessary, those visited were encouraged to avail themselves of the project's other services. Some 2,500 people were treated by a general practitioner. Around 1,850 consulted health-care workers at the NGO's clinic, for their nutritional or psychological needs. More than 4,350 people were referred for specialized diagnosis and care, including National Society-provided physical rehabilitation services. Others benefited from the National Society's health caravans.

During information sessions, about 15,200 adults and children honed their knowledge of good hygiene and health practices, and their psychosocial skills, including communication and cooperation. Community members, through the National Society, learnt more about reproductive health, HIV/AIDS prevention, and disaster preparedness.

Hundreds of people benefited from psychosocial support or services to mitigate the consequences of drug use; the women among them had access to a shelter established to help address their specific vulnerabilities. People in need of social assistance were referred to the pertinent NGOs.

Health and humanitarian workers enhance their emergency preparedness

Towards enabling health and humanitarian professionals to better respond to large-scale emergencies, the National Society and the ICRC ran a HELP course with a local medical university. The participants, from various countries, also increased their familiarity with the Health Care in Danger project and the Movement. Local representatives of the International Committee of Military Medicine observed part of the course, and engaged in dialogue with the ICRC on topics of mutual interest.

People reduce their exposure to mine-related risks

Over 220,000 people – Iranians living in western provinces and Afghan returnees passing through eastern provinces – learnt safer behaviour around mines/ERW during dissemination sessions conducted by National Society personnel, with ICRC financial and technical support. To help ensure suitable aid for people affected by other types of weapon, selected National Society representatives furthered their pertinent skills during an ICRC workshop.

The IRMAC continued to develop its capacities as central coordinator of mine/ERW-related activities, with input from the ICRC. The two organizations, with the support of the defence and foreign affairs ministries, formalized a three-year memorandum of understanding. In line with this, IRMAC managers augmented their knowledge of humanitarian demining, at an ICRC-conducted seminar. The IRMAC also received some 50 sets of personal protective equipment, for its mine-clearance staff.

During an IRMAC event, the centre's representatives, defence ministry officials and other parties concerned were encouraged by the ICRC to ensure coordination on addressing the needs of people in mine/ERW-affected areas. The national IHL committee, with ICRC backing, promoted broader familiarity with the issue of mines/ERW during an academic conference. Dialogue between the State Welfare Organization and the ICRC, regarding prospective joint work on mine-risk education, led to a draft agreement that awaited official approval.

Owing to operational constraints in Kurdistan province, the National Society/ICRC project to provide civilian mine victims with physical rehabilitation services was concluded and no longer pursued in 2016.

ACTORS OF INFLUENCE

The ICRC's dialogue and networking with State and civil society representatives – during the ICRC president's visit, for instance – and the events it organized with them, helped build understanding of IHL and the Movement, and foster awareness of humanitarian concerns, domestic (see *Civilians*) and international. The national IHL committee, the foreign affairs ministry, the Qom Centre and the National Society remained crucial in facilitating contact with key actors.

Discussions on formalizing the ICRC's legal status in the country continued.

Authorities lead IHL training

The national IHL committee drew on ICRC input to pilot courses tailored for peacekeepers, Islamic clerics, university students and National Society personnel. These audiences were thus enabled to further their grasp of IHL and neutral, impartial and independent humanitarian action. Committee members and other officials advanced their knowledge of IHL at events abroad, with ICRC support (see, for example, *Nepal*).

Dialogue with the general secretariat of the Parliamentary Union of the OIC (Organisation of Islamic Cooperation) Member States (PUIC), based in the country, covered humanitarian issues, including health-care insecurity. This facilitated the ICRC's participation in a PUIC conference (see *Iraq*).

Scholars discuss values shared by Islamic jurisprudence and IHL
Islamic researchers enriched the dialogue on Islam and IHL through the initiatives of the Qom Centre, backed by the national IHL committee, the National Society and the ICRC.

Notably, the centre held an international academic conference on the subject. Some 500 Islamic scholars, representatives of other faiths, and IHL experts from over 20 countries, alongside Movement partners, discussed: humanitarian values common to world religions; the protection due to civilians, including patients and medical workers; the plight of missing persons and their families; proper human remains management; and environmental conservation and management.

Several activities preparatory to the conference were implemented with ICRC support. During a workshop series on armed conflict, Afghan, Iranian, Iraqi and other specialists in IHL covered some of the conference topics. Two Iranian clerics exchanged views with peers at an IHL course abroad (see *Tunis*). Scholars compiled recent papers on Islam and IHL for distribution, and updated and republished relevant Qom Centre materials.

The Qom Centre continued to: translate references on Islam and IHL from Farsi into Arabic and English; promote its publications; conduct studies on humanitarian concerns with prominent institutions; and, through its library, support the work of researchers.

During one session of an international seminar on the role of culture and religion in promoting environmental sustainability, hosted by Iranian officials with partner organizations, participants gained more familiarity with the ICRC's efforts to foster dialogue on Islam and IHL.

Academics advance their understanding of IHL

Iranian academics, with ICRC backing, deepened their IHL expertise during a seminar abroad (see *New Delhi*). University students learnt more about IHL during locally held courses (see above), international conferences or moot court competitions, with ICRC support (see, for example, *Beijing*). Officials of one university, the pertinent authorities and the ICRC continued discussions on developing an IHL master's programme.

During National Society/ICRC information sessions, people involved in media increased their understanding of IHL and the Movement: reporters; journalism professors; and, based on an agreement between the country's official news agency and the ICRC, students at a journalism university run by the agency.

Various audiences better understood humanitarian concerns and the ICRC through news reports, public events, including an ICRC-supported film festival, and ICRC multimedia materials.

RED CROSS AND RED CRESCENT MOVEMENT

Pursuant to their 2012 partnership agreement, the Iranian Red Crescent and the ICRC worked to: reconnect dispersed family members; raise mine-risk awareness; promote IHL and the Movement; and raise awareness of humanitarian concerns (see above).

National Society and the ICRC bolster partnership

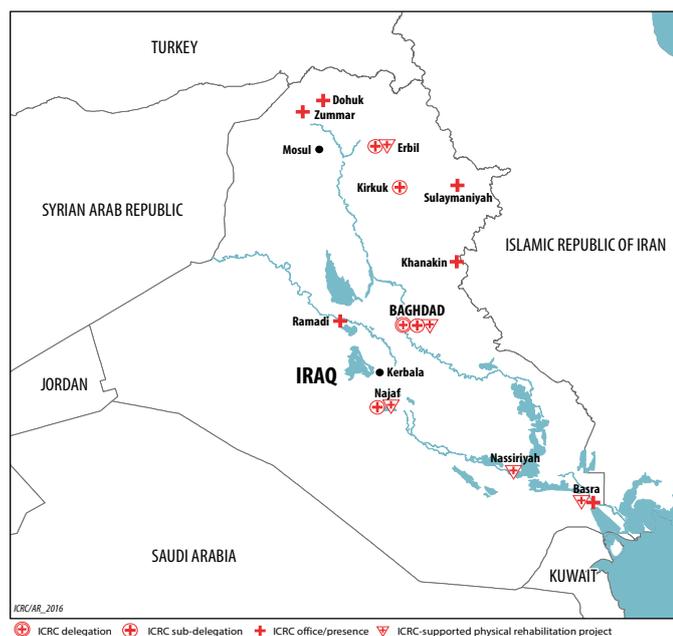
The two organizations strengthened their cooperation in physical rehabilitation. Based on a new agreement, they expanded some joint activities (see *Civilians*); other activities were maintained – for instance, they conducted orthotics workshops in the country and in Tajikistan, and held a consultative meeting with pertinent local parties, on promoting social inclusion for disabled people.

The Iranian Red Crescent and the ICRC sustained cooperation in other fields, notably emergency preparedness (see *Civilians*). Given logistical constraints, a planned war-surgery seminar for local doctors was postponed.

The National Society, with ICRC training, boosted its security management and logistics capacities. It helped establish an ICRC warehouse at one of its centres to support regional humanitarian operations.

National Society personnel deepened their understanding of humanitarian issues and the Fundamental Principles through, for instance, locally organized IHL courses (see *Actors of influence*) – which encompassed ICRC-led discussions of the Safer Access Framework – and a workshop abroad held by the International Federation and the ICRC for some 20 National Societies, on sustaining Movement-wide advocacy efforts to end nuclear weapon use.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		155			
RCMs distributed		143			
Phone calls facilitated between family members		8			
Reunifications, transfers and repatriations					
Human remains transferred or repatriated		68			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		248	54	65	56
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases closed positively (subject located or fate established)		20			
Tracing cases still being handled at the end of the reporting period (people)		272	59	61	59
<i>including people for whom tracing requests were registered by another delegation</i>		7			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
RCMs and other means of family contact					
RCMs distributed		1			
People to whom a detention attestation was issued		194			



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The parties to the conflict were urged to fulfil their obligations, under IHL and other applicable norms, to respect and protect civilians, including patients and medical personnel. Contact with certain armed groups remained limited.
- ▶ Weapon bearers, local leaders and others helped facilitate the ICRC's access to people in need, partly as a result of dialogue and networking. Security and other challenges, however, continued to restrict access to some communities.
- ▶ IDPs, returnees and residents met their immediate needs for food, household essentials, basic health care and water – and restored contact with relatives – through the ICRC's direct deliveries of aid or its support for the authorities.
- ▶ Wounded people were treated by ICRC-trained first-aiders and at hospitals that were given material assistance; at one hospital, the staff had use of renovated operating rooms and support from an ICRC surgical team.
- ▶ Detainees, including those arrested in relation to the current conflict, were visited by the ICRC. People held at two federal prisons received basic health services through a pilot project run by the ICRC and the central government.
- ▶ Front-line troops, military and police commanders and trainees, national IHL committee members, and political and judicial authorities learnt more about IHL and other applicable norms during meetings, and training, with the ICRC.

EXPENDITURE IN KCHF

Protection	15,187
Assistance	80,593
Prevention	6,490
Cooperation with National Societies	2,208
General	336
Total	104,814
<i>Of which: Overheads</i>	<i>6,379</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	77%
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PERSONNEL

Mobile staff	120
Resident staff (daily workers not included)	852

The ICRC has been present in Iraq since the outbreak of the Iran–Iraq war in 1980. Protection activities focus on monitoring the treatment and living conditions of detainees in the country and on helping clarify the fate/whereabouts of missing persons. Assistance activities involve: helping IDPs and residents meet their basic needs during emergencies and restore their livelihoods in remote and/or neglected, violence-prone areas; supporting physical rehabilitation, primary health care and hospital services; and repairing water, health and prison infrastructure. The ICRC promotes IHL knowledge and compliance among weapon bearers and coordinates its work with the Iraqi Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3,094
RCMs distributed	5,416
Tracing cases closed positively (subject located or fate established)	598
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	45,774
Detainees visited and monitored individually	2,131
Number of visits carried out	343
Number of places of detention visited	107
Restoring family links	
RCMs collected	5,858
RCMs distributed	2,355
Phone calls made to families to inform them of the whereabouts of a detained relative	16,502

ASSISTANCE	2016 Targets ¹ (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 1,126,500	924,024
Essential household items	Beneficiaries 1,126,500	925,584
Productive inputs	Beneficiaries 80,700	44,559
Cash	Beneficiaries 212,400	112,256
Services and training	Beneficiaries	108,415
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 1,862,000	2,488,330
Health		
Health centres supported	Structures 9	15
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 6	21
Water and habitat		
Water and habitat activities	Number of beds	86
Physical rehabilitation		
Projects supported	Projects 9	12
Patients receiving services	Patients 37,000	37,357

1. Some target figures were revised following the preliminary budget extension appeal released in July and the budget extension adopted by the Assembly Council in December.

CONTEXT

The conflict between Iraqi forces and armed groups continued unabated. The situation was exacerbated by longstanding ethnic and sectarian tensions, and by the effects of past violence.

In mid-2016, forces of the central government, including armed groups called popular mobilization units, and those of the government of the Iraqi Kurdistan region (IKR), intensified their campaign against the Islamic State group (ISg). The Iraqi forces – backed by air strikes, military advice and training from an international coalition – regained key areas, including the cities of Ramadi and Fallujah. The ISg, however, maintained its presence elsewhere. Military operations to retake the city of Mosul, launched in October, were ongoing. Various IHL violations were alleged to have occurred throughout the year.

Over 3.3 million people had been displaced since the start of the current conflict in 2014. Although some had returned to areas retaken by the military, many still remained in camps or informal settlements. From October to December 2016, around 100,000 people were displaced from Mosul and nearby villages. Tens of thousands of people were wounded or killed, and others, allegedly arrested.

People's access to essential services, which was already limited, was curtailed even further by the poor security conditions, extensive infrastructural damage and the presence of mines and/or explosive remnants of war (ERW). Budgetary and other constraints continued to affect the government's ability to respond to needs. Humanitarian organizations had difficulty in reaching the hardest-hit communities.

Almost 250,000 Syrian refugees remained in Iraq, mostly in the IKR.

ICRC ACTION AND RESULTS

The ICRC continued to focus on contributing to the protection of civilians and helping them meet their needs. When fighting intensified mid-year, it expanded its emergency activities for the people most affected, particularly the newly displaced and the seriously wounded; the adjustments were supported by a budget extension, for which a preliminary appeal¹ was issued in July.

Through dialogue and networking efforts with most of the parties to the conflict, the ICRC urged them to fulfil their obligations under IHL and other applicable norms. Whenever possible, it made bilateral representations, about documented behavioural concerns, to the pertinent parties. The ICRC raised awareness of humanitarian principles and its mandate and activities during interactions with armed groups and people with influence over them. It promoted IHL through briefings for front-line troops, support for the armed forces' training initiatives, and events with national authorities, including the national IHL committee.

These efforts helped the ICRC reach vulnerable people, notably in areas where there were few or no other humanitarian organizations or where needs were most acute. There were, however, fewer beneficiaries of emergency aid and livelihood assistance than planned, because of continuing difficulties in obtaining access to certain areas. Moreover, the pace at which people were displaced

from Mosul was slower than expected, and other actors addressed most of the IDPs' needs.

Hundreds of thousands of IDPs, residents and returnees covered their immediate needs with food and household essentials from the ICRC. Millions had access to water from facilities upgraded or repaired by the ICRC; more projects than planned were implemented in response to increased needs.

The ICRC scaled up its efforts to increase the availability and accessibility of health care. Clinics, first-responders and hospitals were thus able to sustain their services with ICRC support, which included medical supplies, infrastructural repairs and staff training, particularly in first aid and emergency-room trauma care. Notably, the ICRC helped expand surgical capacities at one hospital through on-site staff support and infrastructural upgrades. It continued to manage one physical rehabilitation centre and support several State-run facilities.

Where security conditions were more stable, the ICRC helped vulnerable households improve their livelihoods by providing them with farming tools or grants for establishing small businesses. Farmers had more water for their crops after the ICRC or community members repaired irrigation canals; the community members earned income for their work. Female heads of household who were registering for State benefits received cash for related expenses.

The ICRC monitored the situation of thousands of detainees, including those arrested in relation to the ongoing conflict, through visits conducted according to its standard procedures. It shared its findings confidentially with the authorities, to help them ensure that detainees' treatment and living conditions conformed to applicable norms and standards. It supported them to this end by giving them advice and material assistance, and by implementing projects to improve prison facilities and detainees' health-care access.

Family members reconnected through RCMs and other family-links services. The ICRC served as a neutral intermediary to support the efforts of the parties concerned to ascertain the fate of people missing in relation to past international armed conflicts. People and institutions involved in recovering and identifying human remains received supplies, equipment and training.

The ICRC pursued dialogue with the Iraqi Red Crescent Society, with a view to resuming direct support for it. Under a short-term project agreement, it supported the National Society's emergency activities for IDPs.

CIVILIANS

Parties to the conflict were urged to fulfil their obligations under IHL and other applicable norms, particularly to respect civilians, including patients and medical personnel. Whenever possible, the ICRC made representations to the pertinent parties about documented concerns regarding the behaviour of weapon bearers, for their follow-up. For instance, it submitted representations requesting unobstructed passage through security checkpoints for patients and their caretakers. Having monitored the situation of IDPs in screening centres and camps, the ICRC provided the authorities with recommendations for ensuring that humanitarian standards in these areas were met: for example, by minimizing delays when screening particularly vulnerable IDPs.

1. For more information on the preliminary budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/186F16E4D9CF2484C12580270022764E/\\$File/UpD_PreliminaryBEA_REX2016_445_Iraq_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/186F16E4D9CF2484C12580270022764E/$File/UpD_PreliminaryBEA_REX2016_445_Iraq_Final.pdf)

Ways to respond more effectively to the needs of victims of sexual violence were explored, and steps taken to draft an action plan.

Hundreds of thousands of people meet their basic needs

Interaction with parties to the conflict and with other groups enabled the ICRC to raise awareness of humanitarian principles and of its mandate and activities (see *Actors of influence*). This helped it to obtain access to people in need, especially in places where there were few or no other organizations, or where needs were most acute, such as areas near front lines or those retaken by government forces. Access to some communities was nevertheless restricted by logistical and security-related challenges, including difficulties linked to the ICRC's limited contact with certain parties and to the authorities' security regulations.

Some 924,000 people (154,000 households), mostly IDPs in informal settlements, received food supplies sufficient for one month. Among them were around 130,000 people in Ninewa, including IDPs from Mosul; the latter were given one round of food ration, instead of the planned two, as they eventually returned to their houses. Some 925,500 people (154,200 households) eased their living conditions with ICRC-donated household essentials, shelter materials and/or supplies for coping with cold weather. Fewer beneficiaries than planned were reached, because the influx of IDPs from Mosul was slower than anticipated and because other actors addressed most of the IDP's needs.

Some 90,060 people (14,860 households) covered their rent and other expenses with ICRC cash grants.

Government personnel learnt more about assessing emergency needs through an ICRC-organized training session.

IDPs and residents have better access to water

Some 2,140,000 people, including around 107,000 IDPs, had more access to water after the ICRC upgraded water infrastructure in violence-prone or underserved areas and in places with large numbers of IDPs. More people than planned benefited from such initiatives, as the ICRC undertook additional projects in response to increased needs, including among people who had returned to their villages. Some 142,200 others benefited from repairs to dilapidated facilities, while farming households (47,620 people in all) had more water for their crops (see below).

Another 157,346 people met their immediate needs for water through ICRC projects for the newly displaced, such as the distribution of bottled water. The ICRC prepared to address needs in IDP camps, but these were mostly covered by other actors.

Repairs were in progress on several water facilities serving IDPs, residents and returnees. Through ICRC-organized training, 83 technicians learnt more about maintaining such infrastructure.

Violence-affected people receive basic health care

Primary-health-care centres sustained their services with the help of the ICRC, which scaled up its emergency health activities (see also *Wounded and sick*), and adapted to security constraints by providing specific support for shorter periods than before.

Thirteen centres received material assistance, technical advice and staff training for mother-and-child care and for preventing and treating non-communicable diseases. Some continued to receive support, mainly staff training, under a 2012 agreement between

the ICRC and the central health ministry. Two other centres, in Mosul district, received supplies, training and financial incentives for staff. Facilities at four clinics were improved.

Thirty additional centres in fighting-affected areas were provided, on an ad hoc basis, with medical and cleaning materials, and/or furniture. The central health ministry replenished local medical stocks with logistical assistance from the ICRC.

Health risks for women and children were reduced through ICRC-backed initiatives: health centres carried out vaccination programmes; the authorities trained traditional birth attendants and midwives.

Female or disabled breadwinners support their families through microeconomic initiatives

Where security conditions were more stable, the ICRC helped households strengthen their livelihoods. Some 21,000 farming households (108,000 people) had a better supply of water for their crops after the ICRC and/or community members cleaned irrigation canals; the community members (supporting some 13,400 people) received cash for their work. More than 7,300 households (44,500 people) planted crops using ICRC-donated tools, seed and fertilizer.

Around 1,200 women, including relatives of missing persons, and disabled people (supporting 6,500 in all) covered their household expenses partly with earnings from small businesses they had started with cash grants and – for some – training in basic business skills.

A total of 540 female breadwinners (supporting 2,160 people) who were seeking to register for State benefits, with the help of local NGOs, covered registration-related and basic expenses with ICRC cash assistance.

Members of dispersed families reconnect

Members of families separated by conflict in Iraq and the wider region used ICRC family-links services to reconnect. Some families reported that their relatives were allegedly arrested or missing in relation to the conflict; the ICRC made representations to the authorities on their behalf, and several hundred people were located. Over 1,900 people received travel documents; two people returned home from Iraq (see *Iran, Islamic Republic of*).

The parties concerned continued their efforts to clarify the fate of persons missing in relation to past international armed conflicts (see *Iran, Islamic Republic of* and *Kuwait*); the ICRC served as a neutral intermediary. Under the ICRC's auspices, the Iraqi authorities transferred the remains of 394 people to their Iranian counterparts, and received the remains of 68 people. The needs of families of missing persons were assessed, with the findings set to be shared with the authorities.

People and institutions involved in recovering and identifying human remains received supplies, training and technical guidance, notably during the search for gravesites. The central Medico-Legal Institute (MLI) in Baghdad, whose caseload had grown, continued to strengthen its capacities: staff members learnt how to use an ICRC-donated genetic analyser. The MLI in the IKR discussed possibilities for support with the ICRC.

Through awareness-raising sessions and informational materials, some 25,000 people learnt about safe practices in areas with

mines/ERW. Health workers benefited from such sessions during first-aid courses (see *Wounded and sick*); some learnt how to deal with chemical contamination and received supplies for protecting themselves. The mine-action directorate received communication materials for its awareness-raising initiatives.

PEOPLE DEPRIVED OF THEIR FREEDOM

Some 45,700 detainees, including people arrested in relation to the conflict, received ICRC visits conducted according to the organization's standard procedures; 2,131 particularly vulnerable detainees were followed up individually. The ICRC continued to seek access to all detainees.

In its findings submitted confidentially to the authorities, and during meetings and training activities (see also *Actors of influence*), the ICRC emphasized the need to ensure that detainees' treatment and living conditions conformed to applicable norms and standards. It also sought to foster respect for judicial guarantees and the principle of *non-refoulement*, and stressed the importance of notifying families of their relatives' arrest and detaining people in places near their families. Allegations of arrest were followed up with the authorities.

Detainees contacted their relatives through RCMs, oral messages, and phone calls made by ICRC delegates on their behalf; 190 detainees were visited by relatives through an ICRC project. Former detainees received attestations of detention for use in legal or administrative proceedings.

Detainees have better access to water and health services

Nearly 7,850 detainees had improved living conditions after the ICRC helped upgrade water and sanitation infrastructure, ventilation systems, and basic facilities in 12 prisons. Prison maintenance teams and the central authorities received advice on specific matters. Thousands of detainees received clothes, winter supplies, and hygiene, educational and/or recreational items.

The ICRC continued to urge the authorities to improve detainees' access to health care, and provided them with technical and material support to this end. Detainees in two federal prisons received basic health services through a pilot project run by the ICRC with the central health and justice ministries; the project was based on a 2014 joint assessment and an action plan signed in December 2016. An agreement was also signed with the IKR ministries of justice and of labour and social affairs to pilot a similar health project in one prison, following a round-table on an ICRC report on health care in detention and other discussions with IKR officials. IKR authorities discontinued medical screenings, owing to financial constraints.

Penitentiary staff learnt more about best practices for health care in detention at a workshop held locally and a conference abroad (see *Jordan*).

WOUNDED AND SICK

The ICRC reminded parties to the conflict to respect and protect patients and health personnel (see *Civilians* and *Actors of influence*), and stepped up its efforts to ensure the availability of timely and appropriate treatment.

Wounded people receive life-saving treatment

Wounded and sick people had access to first-aid and hospital-level care from personnel and institutions supported by the ICRC with training and material assistance.

More than 200 ambulance staff and 40 civil defence officials bolstered their first-aid skills during workshops. Hundreds of weapon bearers and health workers benefited from similar sessions, which were coupled with briefings on IHL and mine-risk awareness.

Thousands of wounded patients, including people from Mosul, were treated at 21 hospitals supplied by the ICRC with surgical items, wound-dressing kits and other medical supplies. Personnel at a hospital near the front line in Ninewa Governorate received support from an ICRC surgical team, and had use of renovated or newly constructed operating rooms. Some 140 doctors expanded their capacities in emergency-room trauma care and 38, in surgery; 6 doctors were trained to instruct their peers. They also learnt more about the protection afforded by IHL to patients and health personnel.

Disabled people avail themselves of rehabilitation services

Over 37,000 people obtained services and assistive devices at one ICRC-managed and 11 State-run physical rehabilitation centres. People treated by the ICRC-managed centre in Erbil included 1,212 IDPs and 217 refugees, and people whose lodging (1,495) and transport (555) expenses were covered by the ICRC. Another 149 people, mostly IDPs, used ICRC-arranged transportation to go to a State-run centre in Baghdad.

The State-run facilities received raw materials and technical advice from the ICRC. Their staff members and other physical rehabilitation professionals developed their skills at ICRC-organized workshops.

A university in Erbil began developing a curriculum for a bachelor's degree in physiotherapy; the ICRC provided guidance. Support continued for initiatives to ensure the welfare of disabled people and to promote their economic and social reintegration. Selected patients of ICRC-supported centres received livelihood support (see *Civilians*); others participated in sporting events. Local organizations, including Paralympic committee branches, received assistive devices.

ACTORS OF INFLUENCE

Weapon bearers and other key parties help facilitate safe access for the ICRC

The ICRC used dialogue and networking to emphasize respect for IHL and other applicable norms (see *Civilians*). Contact with certain parties, including armed groups, remained limited. The ICRC therefore pursued meetings with community and religious leaders, journalists, and others with influence over these parties, in order to convey messages about basic IHL principles and the ICRC's mandate and work.

All these efforts helped to facilitate safe access for the ICRC to people in need and to broaden awareness of humanitarian issues, including the goals of the Health Care in Danger project. Training initiatives (see below), public events, briefings for media representatives and distribution of multimedia resource materials also contributed to these ends.

Front-line troops learn more about IHL and other applicable norms

During dissemination sessions and meetings with ICRC officials, some 1,700 members of front-line central/IKR military commands, and of popular mobilization units, became more familiar with basic IHL principles and other rules on the conduct

of hostilities and the protection of civilians. Officers and troops of the central armed forces strengthened their grasp of IHL during ICRC-supported courses at training institutions. The IKR's military continued to instruct its personnel in IHL and to reinforce its instructional capacities. International coalition representatives training Iraqi troops were provided with advice on teaching IHL.

At ICRC-run workshops, intelligence officers from the central government furthered their understanding of international human rights law; and some 3,700 central and IKR police commanders and personnel familiarized themselves with norms and standards relevant to their duties, particularly in connection with detention practices and the use of force.

National IHL committee members take steps to advance implementation of IHL

Government bodies involved in promoting and advancing the domestic implementation of IHL drew on ICRC expertise. National IHL committee members began to formulate action plans and completed draft legislation on the protection of the emblem, cultural property, and international crimes. Members of the committee, health authorities and parliamentarians agreed to propose amendments to domestic law to expand the legal protection for medical personnel.

National IHL committee members, government officials and academics furthered their understanding of IHL and exchanged views with their peers at courses and meetings abroad (see *Lebanon* and *Tunis*). Central government officials, notably members of the human rights commission, added to their IHL knowledge during training sessions organized by the authorities and the ICRC under a 2014 memorandum of understanding. Ten religious scholars discussed IHL and Islamic jurisprudence, and familiarized themselves with the ICRC's operations, at a round-table organized by a local institution and the ICRC.

Policy-makers from 30 countries learnt more about the Health Care in Danger project during an ICRC presentation at a conference of the Parliamentary Union of the OIC (Organization of Islamic Cooperation) Member States.

The Iraqi institute responsible for training judges began, with ICRC support, to offer a course that it had developed on IHL and international human rights law. At a workshop, 37 law professors discussed the teaching of IHL. Discussions with the IKR's higher education ministry, on ICRC support for developing a standard IHL curriculum, were ongoing.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society and the ICRC conclude a project agreement to assist IDPs

The Iraqi Red Crescent continued to respond to humanitarian needs, in consonance with its strategic plan and backed by Movement components. Although the National Society and the ICRC remained without a formal partnership agreement, they jointly distributed attestations of detention and exchanged information that facilitated their respective initiatives.

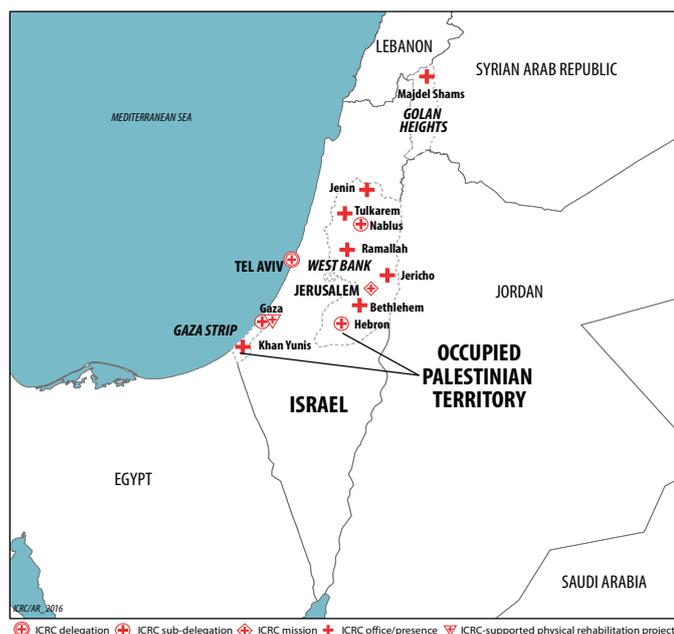
Following talks on the resumption of direct ICRC support to the National Society, the two organizations signed a short-term project agreement under which the ICRC provided financial and material assistance for the National Society's activities for IDPs in Ninewa. Discussions on a broader and longer-term project agreement were in progress.

Other Movement components supported the National Society bilaterally; this was facilitated by their agreements – on security, logistical and administrative services – with the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		3,094			
RCMs distributed		5,416			
Reunifications, transfers and repatriations					
People transferred or repatriated		2			
Human remains transferred or repatriated		394			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		2,720	127	56	177
<i>including people for whom tracing requests were registered by another delegation</i>		12			
Tracing cases closed positively (subject located or fate established)		598			
<i>including people for whom tracing requests were registered by another delegation</i>		5			
Tracing cases still being handled at the end of the reporting period (people)		6,912	215	97	290
<i>including people for whom tracing requests were registered by another delegation</i>		18			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		2			
Documents					
People to whom travel documents were issued		1,922			
Official documents relayed between family members across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		45,774	1,411	1,297	
			Women	Girls	Boys
Detainees visited and monitored individually		2,131	34	7	413
Detainees newly registered		1,412	29	7	399
Number of visits carried out		343			
Number of places of detention visited		107			
RCMs and other means of family contact					
RCMs collected		5,858			
RCMs distributed		2,355			
Phone calls made to families to inform them of the whereabouts of a detained relative		16,502			
Detainees visited by their relatives with ICRC/National Society support		190			
People to whom a detention attestation was issued		165			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	924,024	301,670	369,481
	<i>of whom IDPs</i>	813,402	264,678	325,233
Essential household items	Beneficiaries	925,584	301,393	370,103
	<i>of whom IDPs</i>	847,362	274,121	338,815
Productive inputs	Beneficiaries	44,559	14,440	17,813
	<i>of whom IDPs</i>	825	246	333
Cash	Beneficiaries	112,256	39,067	45,136
	<i>of whom IDPs</i>	88,512	30,940	35,387
Services and training	Beneficiaries	108,415	37,937	43,357
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,488,330	746,499	995,332
	<i>of whom IDPs</i>	273,895	82,168	109,557
Health				
Health centres supported	Structures	15		
Average catchment population		383,062		
Consultations		345,493		
	<i>of which curative</i>	335,905	92,785	130,328
	<i>of which antenatal</i>	9,588		
Immunizations	Patients	226,662		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	179,782		
Referrals to a second level of care	Patients	16,849		
	<i>of whom gynaecological/obstetric cases</i>	1,961		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	76,206	1,344	743
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	7,848		
Health				
Visits carried out by health staff		65		
Places of detention visited by health staff	Structures	45		
Health facilities supported in places of detention visited by health staff	Structures	16		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	21		
Water and habitat				
Water and habitat activities	Number of beds	86		
Physical rehabilitation				
Projects supported	Projects	12		
Patients receiving services	Patients	37,357	4,001	18,353
New patients fitted with prostheses	Patients	1,274	212	102
Prostheses delivered	Units	2,955	382	212
	<i>of which for victims of mines or explosive remnants of war</i>	552	20	5
New patients fitted with orthoses	Patients	11,291	993	8,925
Orthoses delivered	Units	21,064	1,647	17,173
	<i>of which for victims of mines or explosive remnants of war</i>	50	5	34
Patients receiving physiotherapy	Patients	10,870	1,818	3,092
Walking aids delivered	Units	1,463	145	199
Wheelchairs or tricycles delivered	Units	450	59	186

ISRAEL AND THE OCCUPIED TERRITORIES



The ICRC has been present in Israel and the occupied territories since the 1967 Arab–Israeli war. It strives to ensure respect for IHL, in particular its provisions relating to the protection of civilians living under occupation. It monitors the treatment and living conditions of detainees held by the Israeli and Palestinian authorities and provides assistance to the Palestinian population, particularly during emergencies. As the lead agency for the Movement in this context, the ICRC coordinates the work of its Movement partners and supports the activities of the Magen David Adom in Israel and the Palestine Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Israeli and Palestinian authorities and weapon bearers were reminded, via ICRC representations, to fulfil their respective obligations under IHL and other pertinent norms, particularly to respect and protect civilians and civilian objects.
- ▶ In relation to the 2014 Gaza Strip hostilities, the Israel Defense Forces and the ICRC built on their lessons-learnt dialogue, notably during an IHL round-table series. Parallel efforts with the Hamas *de facto* authorities continued.
- ▶ Medical staff trained to hone their skills, notably in vascular surgery and trauma management, and hospitals received on-site support and infrastructural upgrades, through the ICRC. Such helped boost the Gazan emergency-care system.
- ▶ In Gaza, more than one million people had increased access to basic services and thousands of people resumed their livelihoods, facilitated in part by the ICRC's representations to and coordination with the pertinent authorities.
- ▶ Detainees held by Israeli and Palestinian authorities received ICRC visits; on this basis, the ICRC worked to improve their situation. Thousands of Palestinians in Israeli custody met with relatives during ICRC-organized family visits.
- ▶ Detainees in Gaza had better access to basic health care owing to such ICRC-backed initiatives as: renovations to prison clinics; training for health workers; and, for people held in police stations, weekly visits by doctors.

EXPENDITURE IN KCHF

Protection	16,395
Assistance	22,612
Prevention	5,945
Cooperation with National Societies	2,711
General	219
Total	47,882
<i>Of which: Overheads</i>	<i>2,922</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	72
Resident staff (daily workers not included)	307

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	581
RCMs distributed	443
Tracing cases closed positively (subject located or fate established)	6
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	22,881
Detainees visited and monitored individually	3,624
Number of visits carried out	683
Number of places of detention visited	113
Restoring family links	
RCMs collected	481
RCMs distributed	561
Phone calls made to families to inform them of the whereabouts of a detained relative	3,299

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	30,000 1,125
Productive inputs	Beneficiaries	38,400 21,182
Cash	Beneficiaries	1,200 5,216
Services and training	Beneficiaries	882
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	200,000 1,256,292
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	3 11
Water and habitat		
Water and habitat activities	Number of beds	2,257 2,367
Physical rehabilitation		
Projects supported	Projects	1 1
Patients receiving services	Patients	2,500 2,332

CONTEXT

Beginning May, skirmishes broke out between Israel and the Hamas *de facto* authorities and local armed groups in the Gaza Strip, affecting people who still endured the consequences of the 2014 hostilities between these parties. Most people had limited access to basic services and livelihood resources; thousands remained without homes. Certain communities were at risk from mines/explosive remnants of war (ERW).

This situation persisted amid longstanding difficulties linked to Israel's blockade of Gaza, and was exacerbated by the closure of crossing points with Egypt and the strained ties between the Palestinian Authority (PA) and Hamas, both grappling with budgetary and other constraints.

In East Jerusalem and the West Bank, Palestinians struggled with the adverse effects of Israeli occupation policies, including those that contravene IHL. Such effects were aggravated in relation to violence between Palestinians and Israelis – albeit less intense than in late 2015 – leading to casualties, deaths and mass arrests.

In the Israeli-occupied Golan Heights, conditions remained volatile in connection with the Syrian conflict (see *Syrian Arab Republic*). Occasional clashes along Israel's borders with Lebanon and the Syrian Arab Republic (hereafter Syria) were reported.

The PA continued to accede to IHL-related and other international treaties, fraying already-strained relations with Israel.

ICRC ACTION AND RESULTS

The ICRC sustained efforts to promote the protection of civilians and help ease the circumstances of Palestinians living under occupation, notably those still enduring the consequences of the 2014 hostilities in Gaza.

The ICRC reminded Israeli and Palestinian authorities and weapon bearers to fulfil their respective obligations under IHL and other applicable norms; particularly, to respect and protect civilians and civilian infrastructure, including patients and medical workers and facilities. They received technical support for incorporating IHL, other applicable norms and relevant standards in their decision-making. Dialogue with the Israeli authorities covered: the use of force in military and law enforcement operations; settler violence; and Palestinians' restricted access to livelihood resources. The ICRC reinforced its lessons-learned dialogue with the Israeli Defense Forces (IDF) on the 2014 fighting; parallel efforts with the *de facto* authorities continued. These initiatives – alongside interaction with Israeli and Palestinian civil society representatives – helped build acceptance for IHL and the ICRC, and broadened awareness of humanitarian issues, including the legality and consequences of Israeli occupation policies.

The ICRC endeavoured to alleviate the situation of people grappling with such consequences, and the lingering effects of the 2014 hostilities. Towards ensuring that wounded or sick people could access appropriate care, it backed local actors in strengthening their emergency response. It supported the Palestine Red Crescent Society in providing emergency medical services (EMS) throughout the occupied Palestinian territory. In Gaza, the ICRC enabled hospitals to bolster their capacities with: staff training in, for example, vascular surgery and trauma management; and infrastructural improvements. It helped support the Artificial Limb and Polio Centre (ALPC); disabled people thus sustained their access to suitable services.

Gazans had increased access to basic services following ICRC-led renovations – coordinated with local authorities and technicians – to essential infrastructure.

Farmers recovered their livelihoods, with ICRC support: representations to the authorities concerned, facilitating safe access to their land; land-levelling and ploughing; mobilizing mine/ERW-clearance actors; productive inputs; and cash assistance. Other breadwinners, including those disabled or whose productive assets were destroyed in 2014, launched small businesses with cash grants, following training. At information sessions, people learnt safer behaviour around mines/ERW. People whose houses had been destroyed or confiscated by Israeli authorities or settlers addressed their basic needs with cash grants or household essentials, from the Palestine Red Crescent and/or the ICRC.

According to its standard procedures, the ICRC visited detainees to monitor their living conditions and treatment, including health-care access, sharing confidential feedback with the Israeli and Palestinian authorities afterwards. It paid particular attention to the situation of detainees with specific vulnerabilities, such as those on hunger strike. Detainees in Gaza benefited from: improvements to prison clinics, linked to an ongoing pilot project with the *de facto* authorities; training for health workers; and, for people held in police stations, weekly visits by doctors. Detainees used ICRC family-links services to contact relatives – thousands of Palestinians in Israeli custody received family visits, for example.

Family members separated by past or current violence and/or movement restrictions drew on the same services to reconnect; they included Syrian patients evacuated to Israeli hospitals.

The ICRC maintained its support to Magen David Adom in Israel and the Palestine Red Crescent, to bolster their capacities. It facilitated Movement coordination to help ensure coherent humanitarian action.

CIVILIANS

ICRC representations to Israeli and Palestinian authorities and weapon bearers, based on documented allegations and first-hand accounts of abuse, sought to persuade them, particularly, to: respect and protect civilians and civilian infrastructure, including patients and medical workers and facilities; and address the situation of people in the occupied territories and in Israel (see also *Actors of influence*).

The Israeli authorities were reminded of the consequences of their non-compliance with IHL. The ICRC urged them to ensure, *inter alia*, that:

- ▶ military operations abide by IHL – particularly the principles of precaution, distinction and proportionality – and other pertinent norms, and law enforcement operations respect internationally recognized standards;
- ▶ Palestinians and their property are protected, including from settler violence;
- ▶ sustainable solutions enabling Palestinians' access to livelihood resources are found; and
- ▶ the situation of inhabitants of the Israeli-occupied Golan complies with international law.

In Gaza, the ICRC endeavoured to promote respect for IHL principles, especially distinction, and other pertinent norms among the *de facto* authorities and armed groups.

Gazans have increased access to basic services

Some 1.25 million people had improved access to water, sanitation and electricity following ICRC-led renovations – coordinated with local authorities and technicians – of wells, wastewater networks and other infrastructure.

Water and electricity providers standardized the appearance of and/or maintained their heavy-duty and other vehicles with ICRC support, helping bolster staff safety during emergencies.

Vulnerable people improve their situation

People whose houses had been destroyed or confiscated by Israeli authorities or settlers addressed their basic needs: in the West Bank, 343 people (60 households) obtained cash grants through a Palestine Red Crescent/ICRC project, as did 186 people (27 households) in East Jerusalem, from the ICRC. Fifty-eight people (9 households) in Gaza and the West Bank, including one airstrike-affected household (see *Context*), received household essentials from the ICRC; some also obtained livestock-shelter materials. Hundreds of others received such items through National Society distributions of ICRC-donated supplies. National Society personnel boosted their needs assessment/response, with ICRC training.

In Gaza, ICRC representations (see above) helped: facilitate safe access to agricultural areas near the Israeli border, enabling 450 farmers (supporting 2,700 people) to cultivate and harvest their land – levelled and ploughed by the ICRC, and cleared of mines/ERW by ICRC-mobilized actors – for the first time in many years; and persuade the IDF to review its border-area protocols, notably aerial herbicide application. About 3,530 households (21,180 people) benefited from agricultural supplies (e.g. almond seedlings, fertilizer), and/or upgraded infrastructure (e.g. irrigation systems, greenhouses); some 210 households (1,240 people) earned from contributing to such upgrade. Using cash grants, 200 farmers (supporting 1,200 people) purchased productive inputs; 141 also offset frost-damage costs. Local authorities distributed ICRC-provided agricultural supplies to farmers. Approximately 150 breadwinners (supporting 880 people), including those disabled or whose productive assets were destroyed in 2014 (see *Context*) underwent business-skills training; some 140 later launched small businesses with cash grants.

Through ICRC-provided cash-for-work projects: some 40 households (240 people) in Nablus, the West Bank, repaired an agricultural road, improving access to farmland at risk from settlers; and 150 households (900 people) started renovating a Hebron community centre, to help facilitate vocational training. The reopening of some shops was postponed, given the prevailing situation (see *Context*).

In Gaza, 89 ICRC-trained teachers, whose schools received first-aid kits, instructed over 23,000 children in safer behaviour around mines/ERW. Some 21,000 other people learnt such during National Society/ICRC information sessions. Bomb-disposal technicians enhanced their capacities with donated equipment. Civil defence and National Society personnel, during ICRC-organized courses, boosted their ability to operate in high-risk environments; work on a contingency plan for advanced weapon-related threats continued.

Dispersed family members reconnect

The pertinent authorities were reminded to respect the right to family contact. People used ICRC family-links services to trace or contact relatives, transfer documents, or travel for humanitarian or medical reasons.

Four blind people from the West Bank visited relatives in Gaza. One child reunited with his mother in Jordan; another was transferred from Jordan to her family in Gaza. Two Lebanese nationals, and the remains of another, were repatriated under ICRC auspices. Weapon-wounded Syrians in Israel (see *Wounded and sick*) informed their families of their whereabouts.

In the Israeli-occupied Golan, people sent official documents to relatives in Syria proper. Travel for educational or humanitarian purposes was not facilitated, given security constraints (see *Context*); Israel's family-visit ban remained in place.

The Israeli authorities, prompted by ICRC representations, transferred the remains of 68 Palestinians who had perished during violence that began in 2015 (see *Context*) to the families concerned; the remains of 9 others awaited handover.

No progress was made in clarifying the fate of people unaccounted for, either in relation to the 2014 hostilities, or since the 1980s – Israelis missing in action or Jordanians missing in Israel.

PEOPLE DEPRIVED OF THEIR FREEDOM

During visits conducted according to its standard procedures, the ICRC monitored the living conditions and treatment, including health-care access, of: Palestinians and foreigners, including migrants, detained in prisons and interrogation or provisional-detention centres in Israel; and people held in Gaza and the West Bank. In Israel, people in administrative detention, under interrogation or in prolonged solitary confinement; women; minors; detainees on hunger strike; and others with specific needs received close attention. Visits to people held by Palestinian authorities focused on respect for judicial guarantees and detainees' treatment, including those under interrogation or death sentence.

Based on these visits, the pertinent authorities received confidential feedback, including recommendations for improvement (see below).

Israeli and Palestinian security personnel strengthened their grasp of applicable norms and standards during seminars (see *Actors of influence*).

Detainees on hunger strike are monitored

Detainees on hunger strike received individual follow-up, including while hospitalized; the ICRC reminded the authorities concerned of their responsibilities.

The West Bank authorities enhanced their ability to manage hunger strikes, such as by refining standard procedures, with ICRC input.

Detainees contact relatives

Detainees used ICRC family-links services. In Israel, 8,031 Palestinian detainees received visits from relatives from East Jerusalem, Gaza, the West Bank and the Israeli-occupied Golan; visitors included sick or elderly people, some ambulance-conveyed. Starting July, the ICRC organized fewer family visits, based on an assessment of families' attendance rates; detainees from Gaza or with particular vulnerabilities were unaffected.

People obtained, at their request, attestations of their relatives' detention or other official documents, helping them advance legal or administrative proceedings.

Detainees in Palestinian-run prisons informed relatives of their whereabouts.

Detainees have improved living conditions

Particularly vulnerable detainees eased their confinement with ICRC donations of: hygiene, medical, educational and recreational items (Israel); hygiene essentials and, for mothers co-detained with their infants, food (Gaza); or clothing and handicraft supplies (West Bank).

In Gaza, pursuant to a 2015 agreement on a pilot project, the *de facto* authorities and the ICRC renovated and equipped two prisons' clinics, improving health-care access for up to 700 detainees. During workshops, prison staff enhanced their knowledge of health-care provision, including medical ethics; some learnt to promote proper health practices among detainees. People held in police stations obtained care during weekly visits from doctors, who used ICRC-provided transportation allowances.

Dialogue with West Bank officials, on prison health care, continued; some augmented their pertinent knowledge through ICRC-supported participation in seminars abroad (see, for example, *Jordan*).

Some 1,540 detainees had better living conditions after the *de facto* authorities, with ICRC backing, maintained the daily function of six prisons with donated fuel and/or infrastructural upgrades; at one prison, the expanded recreational space could accommodate 40 additional detainees. Gazan prison administrators, following ICRC-organized round-tables, provided the *de facto* interior ministry with recommendations towards better aligning the design of a proposed central prison with internationally recognized standards.

Detainees in the West Bank benefited from ongoing repairs by the authorities, based on assessments conducted with ICRC advice.

WOUNDED AND SICK

The ICRC reminded the pertinent parties of the respect and protection due to patients and medical workers through representations (see *Civilians*) and training; local actors also strengthened their emergency response through such training. Israeli security forces were urged to ensure safe passage for emergency responders.

The Palestine Red Crescent provided EMS across the occupied Palestinian territory, with comprehensive ICRC support, including: Safer Access Framework training; solar-panel installation in key EMS stations; and help in obtaining crossing and transport permits. The ICRC monitored the National Society's patient transfers from Gaza to the West Bank and to Israel.

Patients access adequate care

In East Jerusalem, 60 al-Aqsa mosque personnel learnt first aid during a Palestine Red Crescent/ICRC course.

ICRC support helped bolster the Gazan emergency-care system. During workshops, 32 doctors honed their skills in vascular surgery, and 53 nurses and 38 doctors, in trauma management. Some 250 emergency responders refreshed their skills at monthly courses. Fifteen general and orthopaedic surgeons reinforced their capacities through an e-learning programme. Three hospitals improved their mass-casualty management with regular on-site support. Thirty-two *de facto* health ministry personnel, trained in

psychosocial-support provision, helped 509 emergency responders manage work-related stress. The ministry developed a Gaza-wide emergency plan, launched a public-information campaign on when to use emergency rooms, and trained first responders in human remains management. Hospitals underwent improvements: 13 (2,367 beds) received generators, maintenance services and/or fuel and, at 1 of these, the intensive-care unit (14 beds) was equipped for solar power. Discussions between the ministry, the Qatar Red Crescent Society and the ICRC, on upgrading one hospital, continued. Armed groups trained in first aid at Palestine Red Crescent/ICRC dissemination sessions.

About 840 weapon-wounded Syrians evacuated to four Israeli hospitals received ICRC monitoring visits. They benefited from: referrals to further care; psychosocial support from ICRC-trained social workers; medical supplies and equipment and clothing donated to the hospitals; and recreational items from the ICRC. Agreements with two hospitals helped patients benefit from ICRC-provided medical materials: notably, 25 from prostheses or orthoses, and 286 from mobility devices, including wheelchairs.

In Israel, dozens of surgeons and paramedics, including IDF representatives, expanded their knowledge of working in austere environments during a seminar organized by the health ministry, the National Society and the ICRC.

Disabled people enhance their mobility and social inclusion

Some 2,300 disabled people – 112 of whom used ICRC-provided transportation allowances – accessed suitable services at the ALPC, which continued improving its operations with technical and material input from the Norwegian Red Cross and the ICRC. The services included psychosocial care from a mental-health professional, ICRC-trained health workers, and/or referral providers. ALPC staff obtained similar care, during group sessions.

Selected ALPC patients received livelihood assistance (see *Civilians*). Others trained in wheelchair basketball at sessions organized by the ICRC, some with the Palestinian Paralympic Committee.

The ICRC's dialogue with the West Bank authorities, on ensuring the welfare of disabled people, continued.

ACTORS OF INFLUENCE

Interaction with key parties helped build acceptance for IHL, the goals of the Health Care in Danger project and the ICRC.

The ICRC reinforced bilateral discussions with the IDF on the 2014 hostilities (see *Context*) and encouraged their incorporation of IHL into decision-making (see below). Parallel efforts with the *de facto* authorities continued.

Dialogue with Israeli authorities and/or other pertinent actors, drawing on ICRC studies, explored ways to address policies affecting: the economy in Gaza and the West Bank; and access to water in the West Bank.

Israeli and Palestinian civil society representatives, including think-tank personnel, journalists, and young people, joined events on humanitarian issues, and could access multimedia resources in Arabic, English and Hebrew. Such fostered, in Israel, public discussions on the legality and consequences of occupation policies on which the ICRC had not had significant dialogue with the

authorities; settlements; the annexation of East Jerusalem; and the routing of the West Bank barrier.

Israeli authorities are engaged in sustained dialogue on IHL

Expanded communication channels with the IDF helped enhance contact with various strategic and operational units (see *Civilians*). The IDF and the ICRC built on their lessons-learned dialogue regarding the 2014 fighting during a round-table series on such topics as explosive-weapon use in populated areas. Senior officers joined IHL courses, at San Remo and in Lucerne, Switzerland (see *International law and policy*).

Security personnel, including border guards, were regularly briefed on: IHL and other pertinent norms; and/or applicable law enforcement standards, covering arrest and the use of force. Officers of a unit coordinating civilian matters implemented a training exercise, with the ICRC's IHL advice.

During meetings with senior Israeli officials, including State lawyers, the ICRC raised humanitarian concerns, including settlements and the issue of missing persons (see *Civilians*).

Law and security experts discussed contemporary challenges for IHL at a workshop organized by a local university and the ICRC. Government representatives exchanged views on IHL with specialists, during events marking the launch of the ICRC's updated commentary on the First Geneva Convention.

Palestinian security forces further IHL integration

At ICRC-facilitated events: over 470 Palestinian security officers in Gaza and the West Bank strengthened their grasp of IHL and internationally recognized law enforcement standards, including on detention; and some 140 members of armed groups learnt more about IHL principles, alongside first aid (see *Wounded and sick*).

Based on an extended agreement between the *de facto* interior ministry and the ICRC, Gazan security personnel continued to incorporate pertinent norms and standards into their operations, notably by revising training manuals. West Bank security forces and the ICRC began efforts towards such incorporation.

The PA, given its accession to international treaties (see *Context*), obtained ICRC technical advice, particularly on: the revived national IHL committee; and, in coordination with the National Society, implementing a red crescent emblem law. Some foreign ministry officials augmented their understanding of IHL at a course abroad (see *Lebanon*), and a meeting of national IHL committees in Geneva, Switzerland (see *International law and policy*).

Civil society representatives increase IHL knowledge

In Israel, 26 Israeli and Palestinian lawyers advanced their expertise at an IHL course by a local NGO and the ICRC. Academics enriched their knowledge of IHL and cyberspace at a round-table, part of a larger event organized by a local research institute. Students bolstered their IHL proficiency during information sessions, a conference organized with a local university, and/or a moot court competition.

Eight law/sharia faculties in the occupied Palestinian territory, with ICRC backing, continued teaching IHL; some 2,000 professors and students joined round-tables and other events.

Dialogue with key actors, backed by public-communication efforts, aimed to clarify the ICRC's decision regarding family visits to detainees (see *People deprived of their freedom*).

Magen David Adom and the Palestine Red Crescent reinforced their public communication with ICRC support.

RED CROSS AND RED CRESCENT MOVEMENT

Magen David Adom and the Palestine Red Crescent strengthened their operational capacities and helped vulnerable people, backed by Movement partners (see *Civilians, Wounded and sick* and *Actors of influence*). Both continued supporting the Health Care in Danger project.

The Palestine Red Crescent enhanced its emergency coordination mechanisms, notably drafting a joint emergency response plan with the ICRC.

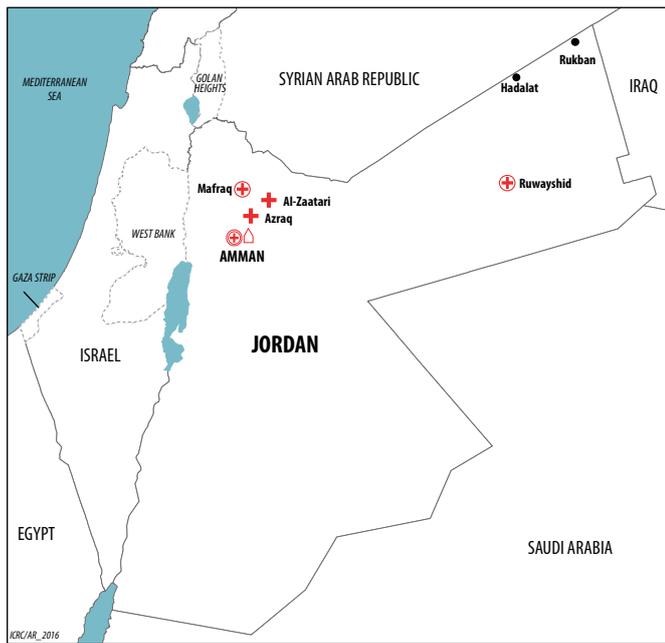
Magen David Adom, with authorities and/or Movement partners, trained its personnel in first aid, needs assessment/response, and the Safer Access Framework, and undertook disaster-response planning, particularly for earthquakes. It continued improving its community outreach.

The ICRC sustained support for monitoring the implementation of the 2005 memorandum of understanding between the two National Societies, particularly given a 32nd International Conference resolution aimed at advancing such implementation. It facilitated coordination among Movement components, helping ensure coherent humanitarian action.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		581			
RCMs distributed		443			
Reunifications, transfers and repatriations					
People reunited with their families		1			
People transferred or repatriated		7			
Human remains transferred or repatriated		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		56	7	3	10
Tracing cases closed positively (subject located or fate established)		6			
Tracing cases still being handled at the end of the reporting period (people)		202	14	5	29
<i>including people for whom tracing requests were registered by another delegation</i>		1			
Documents					
People to whom travel documents were issued		1			
Official documents relayed between family members across borders/front lines		875			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		22,881	218	686	
			Women	Girls	Boys
Detainees visited and monitored individually		3,624	71	20	289
Detainees newly registered		2,655	52	19	274
Number of visits carried out		683			
Number of places of detention visited		113			
RCMs and other means of family contact					
RCMs collected		481			
RCMs distributed		561			
Phone calls made to families to inform them of the whereabouts of a detained relative		3,299			
Detainees visited by their relatives with ICRC/National Society support		8,031			
People to whom a detention attestation was issued		8,056			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	1,125	335	455
Productive inputs	Beneficiaries	21,182	5,571	10,040
Cash	Beneficiaries	5,216	1,442	2,332
Services and training	Beneficiaries	882	221	440
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,256,292	351,762	540,206
	<i>of whom IDPs</i>	12,562	3,517	5,402
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	2,957		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,541	31	15
Health				
Visits carried out by health staff		65		
Places of detention visited by health staff	Structures	22		
Health facilities supported in places of detention visited by health staff	Structures	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
	<i>of which provided data</i>	11		
Admissions	Patients	177,435	60,876	121
	<i>of whom weapon-wounded</i>	1,956	27	68
	<i>(including by mines or explosive remnants of war)</i>	14		
	<i>of whom surgical cases</i>	45,414	20	53
	<i>of whom internal medicine and paediatric cases</i>	69,236		
	<i>of whom gynaecological/obstetric cases</i>	60,829	60,829	
Operations performed		41,613		
Outpatient consultations	Patients	518,747	71,894	
	<i>of whom surgical cases</i>	253,651		
	<i>of whom internal medicine and paediatric cases</i>	193,202		
	<i>of whom gynaecological/obstetric cases</i>	71,894	71,894	
Water and habitat				
Water and habitat activities	Number of beds	2,367		
Physical rehabilitation				
Projects supported	Projects	1		
Patients receiving services	Patients	2,332	229	1,488
New patients fitted with prostheses	Patients	76	17	5
Prostheses delivered	Units	174	33	19
	<i>of which for victims of mines or explosive remnants of war</i>	4		2
New patients fitted with orthoses	Patients	1,295	52	1,147
Orthoses delivered	Units	1,805	82	1,580
Patients receiving physiotherapy	Patients	1,029	251	64
Walking aids delivered	Units	311	36	46
Wheelchairs or tricycles delivered	Units	70	17	3

JORDAN



ICRC/AR_2016
 ⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC presence ⊕ ICRC regional logistics centre

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Asylum seekers at the Jordan–Syria border and in transit and registration sites met their urgent needs with the ICRC’s help: 1.7 million servings of cooked meals, over 230 million litres of clean water, winter clothes and other aid.
- ▶ Asylum seekers at the border were treated at two ICRC-run mobile clinics. Those allowed to enter Jordan received health care and benefited from water, sanitation and shelter facilities at ICRC-supported transit and registration sites.
- ▶ Families separated by armed conflict and detention – including asylum seekers at the border and refugees in camps – reconnected using Movement family-links services, such as phone and video calls, RCMs and short oral messages.
- ▶ The authorities were apprised of the needs of vulnerable foreigners – in connection with the principle of *non-refoulement*, for example. ICRC efforts enabled some people to enter Jordan to receive medical attention.
- ▶ At ICRC-supported train-the-trainer courses, the Jordanian Armed Forces and the *gendarmerie* learnt ways to teach IHL and international human rights law, respectively, in view of gaining full autonomy in IHL education.
- ▶ The detaining authorities and the health ministry acted jointly to improve penitentiary health services. Prison clinics were provided by the ICRC with supplies and other equipment for tending to wounded, sick or pregnant detainees.

EXPENDITURE IN KCHF

Protection	3,897
Assistance	27,889
Prevention	3,206
Cooperation with National Societies	1,137
General	472
Total	36,600

Of which: Overheads 2,206

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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PERSONNEL

Mobile staff	57
Resident staff (daily workers not included)	266

The ICRC has been present in Jordan since the 1967 Arab–Israeli war. In cooperation with the Jordan National Red Crescent Society, the ICRC provides assistance to asylum seekers and refugees from across the region. It visits detainees, monitoring their treatment and living conditions, and provides tracing and RCM services to enable civilians, including refugees, and foreign detainees to restore contact with their family members. It also partners the National Society in promoting IHL throughout Jordanian society. The delegation provides logistical support to ICRC relief operations in the region and beyond.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action	HIGH
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PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	40
RCMs distributed	43
Phone calls facilitated between family members	17,043
Tracing cases closed positively (subject located or fate established)	30
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	9,093
Detainees visited and monitored individually	975
Number of visits carried out	71
Number of places of detention visited	18
Restoring family links	
RCMs collected	650
RCMs distributed	209
Phone calls made to families to inform them of the whereabouts of a detained relative	240

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 33,000	86,947
Essential household items	Beneficiaries 33,000	86,153
Cash	Beneficiaries 30,000	10,335
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities ¹	Beneficiaries 250,000	325,602
Health		
Health centres supported	Structures 4	4
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Projects 2	

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Asylum seekers fleeing the conflict in the Syrian Arab Republic (hereafter Syria) sought to enter Jordan, mainly through the Hadalat and Rukban crossing points on the country's border with Syria. They remained stranded there for months, under extreme desert conditions, with poor access to essential services. In April, UN agencies began assisting them regularly, and the Jordanian authorities allowed the entry of a few thousand people, even as the number of arrivals mounted. In June, an armed attack near Rukban prompted the complete closure of the border; this prevented further entry by asylum seekers, and led to the suspension of all humanitarian operations there, which resumed only in November.

Asylum seekers allowed to enter Jordan stayed at transit sites which had limited essential services. Jordan already hosted some 640,000 refugees, straining the resources – such as water supply – of residents, State services and humanitarian agencies.

Jordan continued to take part in multilateral airstrikes against the Islamic State group and a Saudi-led coalition in Yemen (see *Yemen*). It cracked down on perceived threats to national security, often leading to arrests, and reinforced security along its borders with Iraq and Syria (see *Iraq* and *Syrian Arab Republic*).

ICRC ACTION AND RESULTS

The ICRC, with the Jordan National Red Crescent Society, focused on protecting and assisting asylum seekers from Syria, throughout their passage from the Hadalat and Rukban crossing points to transit and registration sites run by the Jordanian Armed Forces (JAF). As the humanitarian situation at the border worsened, the ICRC scaled up its assistance for people there¹. From January to March, asylum seekers met some of their urgent needs with ICRC-provided food, clean water and household essentials. Two ICRC-run mobile clinics provided them with health care on-site; first-aiders at the border and in southern Syria trained at National Society or ICRC workshops, to help ensure care for wounded asylum seekers. In April, UN agencies took over providing aid in Hadalat and Rukban; the ICRC concluded its distribution of emergency aid. Following the June incident, the ICRC also terminated its protection and health-related activities there, and did not resume them in November, owing to security reasons (see *Context*).

Asylum seekers allowed to proceed from the border benefited from emergency relief, and from water, sanitation, shelter and health-care facilities, at ICRC-supported transit and registration sites. In May, the ICRC concluded its support for the Bustana, Hadalat and Rukban transit sites, as asylum seekers no longer used them. It continued supporting or running clinics at the Ruwayshid transit site and Raba'a al-Sarhan registration center – including a Royal Medical Services (RMS) clinic – to provide asylum seekers with curative and preventive care.

On a smaller scale, the National Society and the ICRC helped people in host communities throughout the country to ease their situation. Over 220,000 refugees and residents had easier access to clean water, with ICRC-upgraded water systems. Vulnerable Syrian and Jordanian families, particularly those headed by women, benefited from cash assistance and livelihood training. Potential

returnees to Syria learnt more about the risks posed by mines or explosive remnants of war (ERW).

The ICRC documented the protection concerns of the above-mentioned people, and shared them with the Jordanian authorities, reminding them of the need to respect the principle of *non-refoulement* and to facilitate access to medical care. Afterwards, some people requiring medical attention were allowed entry into Jordan. Allegations of arrest and reported IHL violations in Syria were documented for discussion with the relevant actors there.

Families separated by conflict or detention reconnected using Movement family-links services. Refugees in camps made phone calls; asylum seekers at the border contacted their families abroad (see *Kuwait*). Some joined their relatives or resettled in third countries, using ICRC-issued travel documents. Foreign detainees were assisted in contacting their relatives, embassies or the UNHCR.

The ICRC visited detainees and gave the authorities confidential feedback to help them improve detainees' treatment and living conditions, and reminded them of the need to uphold the principle of *non-refoulement*. The authorities improved detainees' access to health care with ICRC technical and material support. At an international conference in Amman, members of medical associations discussed ways to foster respect for medical ethics in places of detention.

To facilitate the Movement's work in Jordan and the wider region, the ICRC broadened awareness of IHL and support for the Movement, for instance, among the JAF, the *gendarmierie* and Syrian armed groups. The ICRC organized train-the-trainer courses for instructors of the JAF and the *gendarmierie*, to help them attain autonomy in teaching IHL and international human rights law, respectively, to their troops.

The delegation remained a key logistical hub for ICRC operations, contributing to the organization's humanitarian response in the Middle East and beyond. Amman hosted the main training centre for ICRC staff members working in the Middle East, the Balkans and the Caucasus.

CIVILIANS

Asylum seekers in Hadalat and Rukban meet their urgent needs, partly with increased ICRC aid

From January to March, in response to the worsening situation of asylum seekers at the Hadalat and Rukban crossing points (see *Context*), the ICRC allocated more resources to adapt to their increased needs; it delivered aid to them with the help of 60 National Society volunteers, in coordination with the Jordanian border guard, and the UNHCR and other humanitarian agencies. People allowed to enter Jordan were again assisted, during their journey to transit or registration sites; beneficiaries were thus assisted several times. In April, UN agencies took over providing aid at these crossing points; the ICRC subsequently focused on delivering emergency aid to people at transit and registration sites.

Over 68,000 asylum seekers tided themselves over with food and water delivered daily by the ICRC. For up to three times a day, they ate rations which included: 1.7 million servings of cooked meals and freshly baked bread, and high-energy biscuits and food supplements for pregnant women, children and elderly people. At Hadalat and Rukban, they had access to water for drinking and washing; over 230 million litres of clean water were trucked in by the ICRC and its local partners. They protected themselves

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/82C4BC34C3E93B3BC125802700227AE2/\\$file/BEA_Jordan_REX2016_310_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/82C4BC34C3E93B3BC125802700227AE2/$file/BEA_Jordan_REX2016_310_Final.pdf)

from harsh weather, using ICRC-provided household essentials, including winter clothes and shoes, blankets, mattresses and tarpaulins. Distributions of hygiene items helped them maintain good hygiene despite the lack of sanitation facilities.

Asylum seekers passing through the Bustana, Hadalat, Rukban and Ruwayshid transit sites benefited from water, sanitation and shelter facilities maintained with ICRC material and financial support; they were also provided with food, water and household essentials. In May, the ICRC concluded its support for the Bustana, Hadalat and Rukban transit sites, as they were no longer used by asylum seekers. Ruwayshid transit site hosted, at one point, a maximum of 1,300 asylum seekers per day; after June, only some 350 people remained there to receive assistance.

Asylum seekers access health care on-site in Hadalat and Rukban or in transit sites

Asylum seekers at the border received care at two ICRC-run mobile clinics opened in late 2015. As these were the only health-care providers on-site, these clinics held scores of consultations a day – 110 in Hadalat and 235 in Rukban, on average, for a total of more than 28,000 curative and 2,500 antenatal consultations performed. The ICRC's installation of tents, caravans and a fence strengthened the clinics' capacity to deal with large numbers of people. However, the clinics were closed in June, owing to security developments (see *Context*).

Health activities elsewhere continued. At the Ruwayshid transit site, asylum seekers accessed curative and preventive care at the RMS clinic, supported by the ICRC with medical supplies. At the Raba'a al-Sarhan registration centre, about 22,470 asylum seekers were medically screened at the ICRC-run clinic there: some 5,800, including some pregnant women, availed themselves of consultations, and 158 weapon wounded and 39 critical cases were referred to a secondary health facility, with the help of the National Society.

Vulnerable Jordanians and Syrians in host communities cover basic household needs

In northern Jordan, over 220,000 refugees and residents had a more reliable supply of clean water after the ICRC repaired three pumping stations and over 16 kilometres of transmission pipelines. With ICRC support, local water providers trained in maintaining and operating the above-mentioned facilities, and reinforced the maintenance and operation of the Ruwayshid treatment plant with donations of two excavators and two sub-pumps. In five southern districts of Jordan, 14,295 Syrian refugees (2,859 families) eased their resettlement in host communities, partly through food rations, hygiene kits and clothing provided by the ICRC thrice throughout the year. Around 750 Jordanian households (3,750 people) taking care of orphans also received material assistance.

In host communities in Madaba and Mafraq, 3,000 Syrian refugee households (10,335 people), mostly headed by women, covered rent and winter-related and other essential expenses for up to five months, with cash distributed by the National Society and the ICRC. Moreover, 144 vulnerable Syrian and Jordanian women improved their livelihood prospects, potentially reducing their vulnerability to sexual violence, after they completed vocational courses run by the National Society with the ICRC's material and technical support (see *Red Cross and Red Crescent Movement*).

Jordanians and foreigners restore family contact

Families separated by armed conflict, detention or other circumstances maintained contact using the Movement's family-links

services. Refugees in camps made phone calls to their relatives abroad. Asylum seekers at the border and the Ruwayshid transit site requested tracing services to locate family members; 30 tracing cases were positively closed. Asylum seekers updated their relatives in Jordan or elsewhere on their situation through short oral messages (see, for instance, *Kuwait*). Families in Jordan made video calls to relatives detained at the US internment facility at Guantanamo Bay Naval Station in Cuba, and sent RCMs or short oral messages to their relatives detained abroad, such as Iraq and Yemen. Those unable to travel to ICRC offices availed themselves of these services during delegates' visits to their homes. With the help of the UNHCR, IOM, the embassies concerned and the ICRC, some 850 foreigners obtained travel documents, helping them resettle or rejoin their families in third countries.

Authorities are reminded of their obligations to people who have fled Syria

ICRC delegates documented the protection concerns of people at the border and transit sites, and in refugee camps and host communities, including allegations of abuse. Where necessary, the ICRC raised these concerns with the Jordanian authorities at field level and, in cooperation with the UNHCR and other humanitarian actors, at central level. The authorities were reminded of the principle of *non-refoulement* and the rights of asylum seekers, particularly those of the most vulnerable groups. Following such dialogue, some people requiring medical attention were allowed to enter Jordan to receive appropriate care. Allegations of arrest and first-hand accounts of alleged IHL violations committed in Syria were also documented for discussion with the relevant actors there (see *Syrian Arab Republic*).

In northern Jordan, 25,000 refugees – particularly children and potential returnees to Syria – were briefed by the National Committee for Demining and Rehabilitation and the ICRC on ways to reduce their exposure to the dangers of mines/ERW. At a train-the-trainer course, 120 Syrian refugees learnt to conduct such briefings themselves.

The fate of 18 Jordanians missing in Israel since the 1980s remained unresolved.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held by the General Intelligence Department or detained in correction and rehabilitation centres (CRCs) run by the interior ministry received regular visits from the ICRC. Security detainees and particularly vulnerable people, including inmates sentenced to death, were followed up individually.

Following these visits, the ICRC confidentially shared its findings with the detaining authorities, to help them improve detainees' treatment and living conditions. They were reminded of the need to inform families of arrests of relatives, and to uphold the principle of *non-refoulement* for foreign detainees – including Iraqis, Palestinians and Syrians – fearing persecution in their countries of residence.

With ICRC assistance, the authorities improved detainees' access to health care: clinics in CRCs were provided with medical supplies and equipment; and a women's prison, with an ultrasound machine for pregnant detainees. At an international conference that the ICRC had helped organize in Amman, members of medical associations from Jordan and other countries met for the fifth consecutive year, and discussed ways of fostering medical ethics among detention staff.

Foreign detainees contact relatives or apply for relocation abroad

With the ICRC's help, Palestinian refugees from Syria held in a facility under the authority of the interior ministry applied for relocation abroad: 98 people were relocated. Following the closure of Cyber City, refugees there were transferred to King Abdallah Park; of the 130 remaining refugees in the latter, 110 submitted applications to various embassies.

Detainees, mainly foreigners and security detainees who could not receive family visits, contacted their relatives through RCMs and short oral messages; the ICRC advocated for more frequent phone calls for this group. Through the ICRC, 322 foreign detainees notified their respective embassies or the UNHCR of their situation. A few recently released detainees or their families were provided with attestations of detention, to help them apply for State benefits.

WOUNDED AND SICK

With ad hoc donations of medical supplies by the ICRC, the Ruwayhid hospital provided treatment to its patients, including 67 weapon-wounded people, who were afterwards evacuated to Amman. The health ministry accepted the ICRC's offer of technical assistance, with a view to strengthening the emergency-room capacities of this hospital in treating weapon-wounded patients.

Given the dire situation of asylum seekers at the Jordan–Syria border (see *Context*), the ICRC adapted its activities elsewhere. For instance, instead of training potential first responders among refugees, ICRC first-aid workshops were held for: border guards and RMS units in Hadalat and Rukban; and community members, weapon bearers and medical personnel, including female nurses, paramedics and ambulance staff, in southern Syria. Some medical personnel also underwent training in pre-hospital care. Such efforts helped ensure that wounded asylum seekers arriving in Jordan had access to some basic care.

An RMS medical facility at the border no longer received ICRC support because other humanitarian actors were helping it to cope with the influx of patients.

ACTORS OF INFLUENCE

Jordanian military commanders and leaders of Syrian armed groups train in applying IHL

More than 2,000 officers from the Jordanian armed and security forces participated in ICRC-conducted training in IHL and international human rights law, respectively. At the JAF's Peace Operations Training Centre (POTC), 58 JAF military commanders practiced using IHL principles in decision-making at an ICRC-facilitated session. At the request of the JAF's command and staff college, 158 cadets from the JAF and 106 from around the world were briefed on the same topic. At pre-deployment briefings, around 500 police officers participating in peacekeeping missions learnt more about international policing standards, particularly the use of force and firearms. Training abroad planned for members of the *gendarmierie* was cancelled owing to administrative constraints. Some 60 field commanders of Syrian armed groups discussed with ICRC experts the proper conduct of hostilities and people's right to safe access to humanitarian aid; they learnt more about the ICRC's mandate and protection-related activities.

With ICRC technical support, Jordanian military and security forces continued integrating IHL and other applicable international

norms into their training programmes. Continuing to work towards attaining full autonomy in IHL education, the JAF held an advanced course at the POTC, at which 42 military officers honed their skills in teaching and developing educational tools and exercises. The *gendarmierie* organized an instructors' course to help 16 officers teach to their peers topics relating to IHL, international human rights law, international policing standards and the prevention of sexual violence, with a view to establishing a dedicated unit for training in these topics.

Academic and Islamic circles boost their knowledge of IHL

Owing to the Jordanian government's other priorities, little progress was made in the ratification and implementation of IHL-related treaties. Efforts to promote IHL implementation continued; the national IHL committee, backed by the ICRC, worked to raise awareness of IHL and the contemporary challenges to implementing it, for example, by publishing its magazine featuring IHL-related themes, and by organizing workshops and other events for more than 1,200 officials and legal advisers of various ministries, and other stakeholders. Legal experts and diplomats attended a regional IHL course abroad (see *Kuwait*). With a view to reaching future decision-makers, the ICRC maintained its contact with academics: lecturers and students from the region exchanged ideas on ways to overcome challenges to implementing IHL, at an international conference co-organized by the ICRC with a local university; students put their IHL knowledge to the test at a national moot court competition. University professors and representatives of Islamic circles attended regional IHL courses abroad (see *Lebanon* and *Tunis*). Influential members of Islamic circles were briefed on IHL – notably, its common ground with Islamic law. Staff members and volunteers from six Islamic charities assisting Syrians in Jordan learnt more about the ICRC's neutral, impartial and independent humanitarian approach.

In coordination with media outlets, the National Society and the ICRC launched communication efforts that raised the public's awareness of IHL and ICRC activities in Jordan and elsewhere, including issues covered by the Health Care in Danger project. These included the production and distribution of audio-visual and print materials – video clips, leaflets, Ramadan greeting cards and other materials in Arabic and English – and public events, such as World Red Cross and Red Crescent Day (8 May). A planned workshop abroad for journalists did not push through (see *Egypt*).

RED CROSS AND RED CRESCENT MOVEMENT

The National Society actively addressed the needs of Syrian asylum seekers and refugees, and vulnerable Jordanians, conducting joint activities with the ICRC in Hadalat, Rukban and host communities (see *Civilians* and *Wounded and sick*). It drew on ICRC funding and expertise to train its volunteers and staff and develop their emergency response capacities, with a view to establishing emergency response teams in key branches; it was also provided with two vehicles for use in emergency operations. Volunteers practised their skills in administering first aid and delivering tracing and other family-links services, and were urged to apply the Safer Access Framework, in ICRC-supported workshops at the National Society's branches and national training centre. With continued ICRC assistance, the National Society expanded its vocational training for vulnerable Jordanian and Syrian women.

The National Society completed the construction of another centre for training its staff and volunteers and potentially for generating income from first-aid and vocational courses.

Backed by the International Federation and the ICRC, the National Society undertook organizational reforms. It revised its policies on finance, human resources and management of volunteers. It drew on ICRC funding to pay the salaries of key staff. Movement components in Jordan exchanged information – the ICRC updated

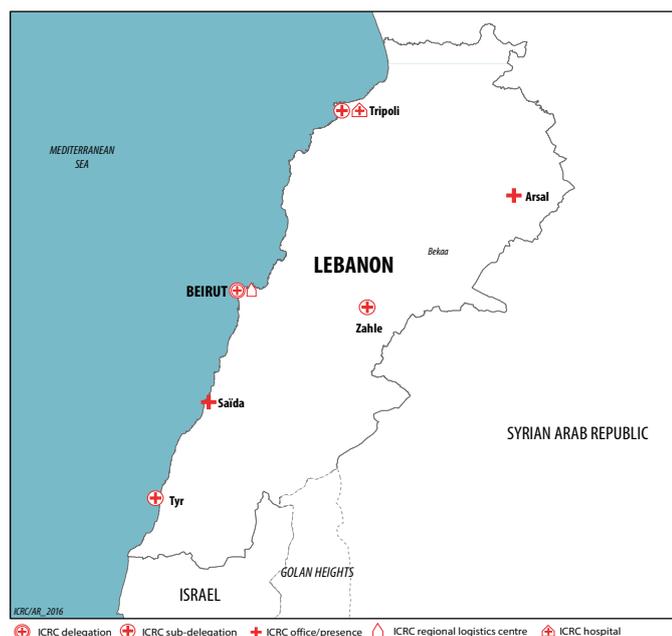
other Movement components on its operational constraints and the prevailing security situation – facilitating their work in the country. Movement components also met regularly to coordinate their activities for refugees from Syria.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		40			
RCMs distributed		43			
Phone calls facilitated between family members		17,043			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		405	14	8	19
Tracing cases closed positively (subject located or fate established)		30			
Tracing cases still being handled at the end of the reporting period (people)		1,827	45	20	72
Documents					
People to whom travel documents were issued		851			
Official documents relayed between family members across borders/front lines		8			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		9,093	415	26	
			Women	Girls	Boys
Detainees visited and monitored individually		975	189	3	4
Detainees newly registered		820	175	3	3
Number of visits carried out		71			
Number of places of detention visited		18			
RCMs and other means of family contact					
RCMs collected		650			
RCMs distributed		209			
Phone calls made to families to inform them of the whereabouts of a detained relative		240			
People to whom a detention attestation was issued		13			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	86,947	26,997	42,402
	<i>of whom IDPs</i>	68,867	17,057	37,878
Essential household items	Beneficiaries	86,153	27,438	41,354
	<i>of whom IDPs</i>	66,037	16,378	36,321
Cash	Beneficiaries	10,335	2,584	7,751
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities ¹	Beneficiaries	325,602	81,401	156,289
	<i>of whom IDPs</i>	325,602	81,401	156,289
Health				
Health centres supported	Structures	4		
Average catchment population		26,824		
Consultations		54,819		
	<i>of which curative</i>	51,809	14,440	14,066
	<i>of which antenatal</i>	3,010		
Immunizations	Patients	60,497		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	3,539		
Referrals to a second level of care	Patients	295		
	<i>of whom gynaecological/obstetric cases</i>	71		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	15,861	1,228	
Health				
Visits carried out by health staff		16		
Places of detention visited by health staff	Structures	15		
Health facilities supported in places of detention visited by health staff	Structures	10		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

LEBANON



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Refugees from the Syrian Arab Republic and residents obtained care at ICRC-supported hospitals and other health facilities. Wounded people had advanced surgery, free of charge, at facilities in Beirut and Tripoli.
- ▶ Palestinian and Syrian refugees in camps and informal settlements had refurbished homes and shelters, and refugees and residents had improved access to water, sanitation and electricity, thanks in part to ICRC-supported projects.
- ▶ Palestinian and Syrian refugees established or supplemented their sources of income with livelihood support and cash grants from the ICRC. Emergency aid was dispensed only to the most vulnerable refugees and residents.
- ▶ Members of families separated by armed conflict and detention reconnected through Movement family-links services. Hundreds of families of missing people received psychosocial care from ICRC-trained volunteers.
- ▶ Confidential feedback from ICRC visits to detainees helped the authorities improve detainee treatment and living conditions. The military updated its procedures for managing hunger strikes, with the ICRC's technical input.
- ▶ The authorities and weapon bearers were reminded of the protection afforded by international norms, including *non-refoulement*, to people seeking refuge in Lebanon, and of the necessity of facilitating their access to medical care.

EXPENDITURE IN KCHF

Protection	4,890
Assistance	29,185
Prevention	1,679
Cooperation with National Societies	3,140
General	204
Total	39,098
<i>Of which: Overheads</i>	<i>2,386</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	68
Resident staff (daily workers not included)	250

The ICRC has been present in Lebanon since the 1967 Arab-Israeli war. With the Lebanese Red Cross, it works to protect and assist civilians affected by armed conflict and other situations of violence. It facilitates access to water and provides medical care and other relief to refugees and residents wounded in Lebanon or in the neighbouring Syrian Arab Republic. It visits detainees; offers family-links services, notably to foreign detainees and refugees; works with those concerned to address the plight of the families of the missing; and promotes IHL compliance across Lebanon.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	128
RCMs distributed	134
Tracing cases closed positively (subject located or fate established)	47
People reunited with their families	4
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	7,896
Detainees visited and monitored individually	933
Number of visits carried out	157
Number of places of detention visited	33
Restoring family links	
RCMs collected	267
RCMs distributed	214
Phone calls made to families to inform them of the whereabouts of a detained relative	1,001

ASSISTANCE	2016 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	12,500	9,219
Essential household items	Beneficiaries	12,500	24,023
Cash	Beneficiaries	17,750	14,990
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	103,000	170,761
Health			
Health centres supported	Structures	11	14
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	7	15
Water and habitat			
Water and habitat activities	Number of beds		1,449
Physical rehabilitation			
Projects supported	Projects		3
Patients receiving services	Patients	200	814

CONTEXT

The conflict in the Syrian Arab Republic (hereafter Syria) and its spillover effects continued to affect Lebanon. Over a million refugees from Syria were in host communities, informal settlements and Palestinian camps; some had been there for over five years. Their presence severely strained struggling local economies and public services, especially electricity, water and health care; the authorities and humanitarian organizations were hard-pressed to meet the needs of both refugees and destitute residents. Strict entry policies at the Lebanon–Syria border limited the further influx of people from Syria – including the wounded.

Communal tensions persisted, particularly in Palestinian camps such as Beddawi and Ein el-Helwe, and in some areas of Tripoli and the Bekaa valley; and near the Lebanon–Syria border, fighting between Hezbollah and armed groups continued. However, incidents of violence reportedly declined within the year, as Lebanon tightened its security with international support. Arrests were made throughout the country, and the overcrowding in prisons worsened.

Hundreds of missing-persons cases, linked to past conflicts in the country, remained unresolved.

A new president took office on 31 October, ending a two-year political deadlock.

Floods struck Aarsal in December, damaging informal settlements of Syrian refugees.

ICRC ACTION AND RESULTS

The ICRC's delegation in Lebanon sought to protect and assist refugees from Syria, Palestinian refugees and vulnerable residents, in partnership with the Lebanese Red Cross and other Movement components, and in close coordination with the authorities, the UN Relief and Works Agency (UNRWA) and other organizations.

The ICRC continued to support Lebanon's overloaded health system. The casualty care chain – first-responders and the National Society's emergency medical services (EMS), trauma-care specialists and hospitals – was given medical supplies, training, funding and technical advice to help ensure timely and suitable care for wounded people. The ICRC's Weapon Traumatology and Training Centre (WTTTC), housed in the Dar al-Chifae and Dar al-Zahra hospitals in Tripoli, and the ICRC-run emergency ward in the Rafik Hariri University Hospital (RHUH) in Beirut provided free surgical care to wounded patients, referrals in critical condition and vulnerable people without health insurance. The Dar al-Zahra hospital also provided physical rehabilitation services for disabled people. Refugees and residents obtained preventive care partly through ICRC-supported health facilities and vaccination campaigns. Psychosocial support, available at some of the facilities mentioned above and from ICRC-trained counsellors, helped alleviate the distress of the emotionally traumatized.

Because of the protracted displacement of people from Syria, the ICRC focused on supporting strained public services and improving the economic prospects of these refugees. In Palestinian camps, host communities and informal settlements, refugees and residents benefited from ICRC-supported repairs to damaged/dilapidated homes or shelters and to water, sanitation and electrical infrastructure: they had better protection against the cold and better access to water and electricity. Refugees established and

supplemented their sources of income with ICRC livelihood support and cash grants. Emergency aid – food rations and household essentials – was maintained, but only for the most vulnerable refugees and residents, such as victims of abuse and people in remote areas.

Members of families separated by armed conflict or detention reconnected through Movement family-links services. Several people rejoined their families in Lebanon or abroad, and some lodged tracing requests with the ICRC for relatives missing in Syria. Work preparatory to identifying human remains continued: for instance, the collection of data on missing people from their relatives. Government and National Society personnel strengthened their forensic capacities with equipment and training from the ICRC.

The ICRC visited detainees held by the defence and interior ministries; confidential feedback and technical input were shared with the authorities to help them improve detainee living conditions and treatment, particularly in relation to *non-refoulement* and respect for judicial guarantees. At workshops, military and security forces officers and penitentiary staff reinforced their understanding of international policing standards and internationally recognized detention standards. The Lebanese Armed Forces (LAF) drew on ICRC expertise to update their procedures for dealing with hunger strikes. The ICRC renovated four prisons and distributed essential items to detainees. The pertinent authorities were helped to strengthen the prison health system; sick and wounded detainees were referred for medical care.

Refugees from Syria and others reported allegations of abuse to the ICRC; these were shared with parties concerned, including those in Syria, with a view to preventing the recurrence of such abuse. The Lebanese authorities were reminded of the protection granted by IHL and other applicable international norms to people seeking refuge. The ICRC organized workshops for the Internal Security Forces (ISF) and the LAF, and lent them its expertise, to improve training in IHL and international human rights law for their personnel. Academics, government officials and others with influence learnt more about IHL at events organized by the ICRC. The ICRC cultivated support for Movement action in Lebanon and in the region through the activities mentioned above, public events and media campaigns.

CIVILIANS

Refugees from Syria and others reported allegations of abuse to the ICRC, which shared them with parties concerned (see also *Syrian Arab Republic*) to prevent the recurrence of such abuse. The Lebanese authorities were reminded of the protection due to people seeking refuge (see *Actors of influence*).

Victims of abuse received ICRC assistance or were referred to other organizations. Community leaders and the ICRC discussed how to reduce communities' risks from violence; three schools in Tripoli designated safe areas, upgraded walls to better resist gunfire and took other passive security measures to protect 600 students.

Refugees and residents have better living conditions and access to public services

Over 170,000 vulnerable people – more than planned – benefitted from infrastructural projects carried out by Movement components, the UNRWA and local actors which used ICRC material and technical support or worked directly with the organization. Some projects were also done through cash-for-work initiatives.

In Beddawi and Ein el-Helwe and five informal settlements, over 870 homes and shelters accommodating roughly 900 households (4,500 people) were refurbished: doors, windows and insulation were installed, providing more comfort and better protection against the cold. Of these, 245 were apartments damaged by fighting in al-Qaa, Ein el-Helwe and Tripoli. The tents of approximately 28,500 people in Arsal and the Bekaa valley were insulated against winter cold.

The installation of transformers and lights, and the repair of power lines in Ein el-Helwe benefitted around 75,500 refugees. Another 28,000 people in villages near Tripoli and a few thousand people each in Arsal, Khat al-Petrol, and villages in the Bekaa valley and southern Lebanon improved their access to water, after the upgrade of supply and distribution networks. Floodwater outlets in Arsal and Nahr el-Bared were also repaired.

The construction of sanitation facilities at the main crossing point on the Lebanon–Syria border, and National Society-conducted hygiene-promotion activities helped vulnerable people maintain good hygiene conditions.

Refugees and residents obtain medical services and psychosocial care

Refugees and vulnerable residents received preventive, curative or ante/post-natal care at ten primary-health-care facilities along the Lebanese–Syrian border and in Palestinian camps, supported by the ICRC with supplies, equipment and staff training, and at the RHUH's outpatient clinic. Tens of thousands of infants were vaccinated by four mobile health units, backed by the Lebanese Red Cross and the ICRC.

An ICRC-supported facility provided psychosocial care for 113 victims of violence, including sexual violence.

Palestinian and Syrian refugees improve their economic prospects

The ICRC helped refugees establish and reinforce sources of income through livelihood and cash-based assistance. Emergency aid was reduced and given only to the most vulnerable refugees and residents – victims of abuse and people in remote areas – who needed it to meet their immediate needs.

Nearly 1,990 households (9,950 people) improved their economic prospects: 531 breadwinners, mostly Syrian refugees in Arsal, ran small businesses established with ICRC-provided cash grants, livestock and/or supplies; and 425 people in Tripoli participated in cash-for-work projects to upgrade local infrastructure. Moreover, 60 Palestinian refugees in Ein el-Helweh underwent vocational training and 18 Syrian refugees found employment, with ICRC support. Monthly distributions of cash, for up to eight months, enabled over 1,010 households (5,050 people) to pay for rent, food and winter necessities.

Some 9,200 refugees, returnees and residents (1,800 households) received one-month food rations and 4,900 households (24,000 people), household essentials. Beneficiaries included: 550 households (2,800 people), newly arrived from Syria; 3,000 flood-affected people in Arsal; and 3,000 Syrian children, during winter.

Members of separated families reunite

Members of families separated by armed conflict, detention or other circumstances restored or maintained contact through

Movement family-links services; some lodged tracing requests for relatives who had gone missing in Syria. Four minors rejoined their families abroad. Using ICRC travel documents, 21 people without identification papers sought resettlement in third countries. The ICRC facilitated the return from Israel of two Lebanese people and the remains of a Lebanese national.

In preparation for future efforts to identify human remains, the ICRC conducted over 2,500 interviews with 340 families of missing persons, mapped gravesites and collected biological samples for DNA profiling. Government and National Society personnel received equipment and advice to improve their forensic capacities.

Missing people's relatives find some solace

Around 400 families of missing people and several families of captured soldiers received psychosocial care from trained volunteers, notably psychology students, via an ICRC-supported accompaniment programme. Families commemorated their relatives at ICRC-organized events (see *Actors of influence*). A draft law concerning the needs of missing people and their families, prepared with ICRC help, awaited parliamentary approval.

PEOPLE DEPRIVED OF FREEDOM

The LAF incorporates ICRC recommendations in its procedures for managing hunger strikes

Nearly 7,900 detainees held by the defence and interior ministries – including security detainees, people under interrogation and foreigners – were visited in accordance with standard ICRC procedures. Findings from these visits and other technical input were shared with the authorities, helping them improve living conditions and treatment, including respect for judicial guarantees and the principle of *non-refoulement*. Towards reducing overcrowding in prisons, the ICRC urged the authorities to explore alternatives to pre-trial detention; visits to overcrowded prisons were organized for judges. An ICRC-commissioned lawyer provided legal advice for 144 detainees in prolonged pre-trial detention.

ICRC-organized workshops and other events helped LAF and ISF officers, including trainers and new recruits, and penitentiary officials strengthen their grasp of international policing standards and internationally recognized detention standards. The LAF, advised by the ICRC, updated its procedures for managing hunger strikes.

Detainees contacted relatives in Lebanon and elsewhere through family-links services. Foreigners notified the UNHCR or their embassies of their situation through the ICRC.

In four prisons, detainees' living conditions improve, following ICRC-supported infrastructural upgrades

The authorities continued to draw on ICRC material and technical support to improve prison infrastructure. They worked with the ICRC to: renovate water/sanitation, electrical, ventilation and heating systems, and family-visit areas, in four prisons housing 340 detainees; and install water-treatment and fire-safety systems in a newly constructed detention facility in Beirut (capacity: 1,000 detainees). Over 5,500 detainees received household essentials and recreational items.

The health and interior ministries pursued coordinated efforts to strengthen the prison health system, with ICRC support. Prison doctors attended a regional conference on medical ethics (see *Jordan*), and health staff in three prisons had first-aid training.

Sixty-eight inmates were referred for specialized care, including physical rehabilitation and psychosocial support (see *Civilians and Wounded and sick*). At the ICRC's urging, two detainees were released on medical grounds.

WOUNDED AND SICK

The ICRC maintained its support for the casualty care chain. As fewer wounded people sought treatment and pressure mounted on medical services, ICRC-supported care was extended to other vulnerable people needing treatment. Medical personnel were reminded of their rights and obligations, in line with the Health Care in Danger project.

Trauma-care specialists from Lebanon and the wider region, and first-aiders, develop their skills

Basic and refresher courses in first aid were organized by the Lebanese Red Cross and the ICRC for prospective first-responders, including weapon bearers, hospital staff, NGO workers and Palestinian refugees; ten LAF soldiers became certified first-aid instructors.

Eighty-seven doctors and nurses and medical students from Lebanon and the region underwent advanced training – emergency-room care courses in Tripoli and the Bekaa valley, a war-surgery seminar at the RHUH and a degree course in trauma management offered by a Lebanese university. In Tripoli, doctors working at the WTTC (see below) gained practical experience.

These efforts helped ensure the availability of timely and appropriate care for wounded people.

Wounded refugees and residents receive free surgical care at ICRC-run facilities in Beirut and Tripoli

At the ICRC-run WTTC in Tripoli, 306 patients, including 134 weapon-wounded patients, underwent 627 operations at the surgery unit in the Dar al-Chifae hospital and/or the post-operative care and reconstructive surgery unit in the Dar al-Zahra hospital. In Beirut, 424 patients, including 35 weapon-wounded patients, obtained treatment at the ICRC-supported emergency ward in RHUH; 244 surgical operations were carried out. Treatment was free for weapon-wounded patients, people without health insurance and, in the WTTC, critical cases referred by other hospitals. With ICRC support, the Dar al-Zahra hospital and the RHUH upgraded their sanitation, fire-safety, electrical and other infrastructure, improving the environment for staff and patients.

Medical facilities in volatile areas responded to emergencies and improved their services with ICRC support (supplies, fuel, technical advice and infrastructural upgrades). These included five hospitals run by the Palestine Red Crescent Society's Lebanon branch, three Palestinian-run facilities in Ein el-Helwe, two Syrian field hospitals in Aarsal and an LAF hospital.

Patients critically wounded by firearms or explosives who were unable to reach the above-mentioned facilities had their treatment costs covered by the ICRC. Among the beneficiaries were 27 Syrian refugees and 20 Palestinian refugees receiving treatment at seven hospitals in the Bekaa valley and southern Lebanon. The treatment costs of 30 weapon-wounded patients evacuated from Syria at end-2015 were also covered.

The National Society provided EMS, notably on-site care and medical evacuation, for wounded people. Its blood bank served

thousands of patients; the ICRC funded transfusions for around 4,000 Syrian and Lebanese patients.

The WTTC provided psychosocial care for 160 patients, as did the RHUH for several others. In volatile areas, 65 health personnel were trained to care for emotionally distressed colleagues.

Disabled people regain some mobility with free care at the Dar al-Zahra hospital

Over 800 patients, including 78 from the WTTC, obtained physical rehabilitation services at the Dar al-Zahra hospital. Some received follow-up physical therapy as outpatients and/or were referred to two other ICRC-supported facilities for assistive devices. Physical rehabilitation specialists throughout Lebanon attended ICRC refresher seminars on amputee care.

The authorities were urged to draft a law concerning the needs of disabled people.

ACTORS OF INFLUENCE

Regular interaction with influential parties broadened respect for IHL and other applicable international norms and support for the Movement. Discussions with the authorities and weapon bearers focused on: the protection due to people seeking refuge in Lebanon, including the principle of *non-refoulement*; the importance of easing restrictions on these people's access to medical care; and the needs of detainees and the families of missing people.

The LAF updates its IHL curriculum with help from the ICRC

The LAF continued to strive, independently, to incorporate IHL and international human rights law more fully in its operations, training and doctrine; it did so at the urging of its office in charge of promoting applicable international law and standards among troops. The ICRC backed the LAF by providing support for IHL instruction, in particular, by: organizing workshops and advanced courses abroad for officers (see *Egypt*); and establishing 13 IHL libraries at LAF training institutions. Afterwards, the LAF moved to update its IHL curriculum, drawing on ICRC teaching materials, and began to draft regulations governing its use of explosive weapons. The LAF also approved the inclusion of legal advisers in operational units. The LAF's official magazine regularly published articles on IHL, using material from ICRC publications.

Security forces supplemented their training in IHL, and in international standards applicable to their duties, with ICRC support (see *People deprived of their freedom*). ICRC-organized workshops helped some security forces personnel to design a training programme for the special operations unit, and ISF instructors to develop their ability to teach IHL.

Some LAF and security forces personnel learnt about IHL and international policing standards from ICRC presentations in the field. First-aid workshops and briefings in Palestinian camps, including Ein el-Helwe, broadened awareness of: international rules governing the use of force, among weapon bearers; and the importance of ensuring unhindered access to medical care, among weapon bearers, health personnel and community leaders.

Academics and government officials from Lebanon and the region discuss IHL-related issues

Regional events in Lebanon and elsewhere (see *Tunis*), organized or supported by the ICRC, facilitated discussions among actors capable of facilitating IHL implementation. Academics, clerics,

government officials and NGO workers participated in panel discussions on: IHL and Islamic law pertaining to detention (100 participants); IHL in the Middle East (120 participants); and inter-faith dialogue concerning humanitarian action. Justice ministry officials and LAF and ISF officers attended advanced IHL courses organized by the League of Arab States' Centre for Legal and Judicial Studies and the ICRC.

Lebanese students and lecturers of law or political science learnt more about IHL at events organized by their universities and the ICRC. Moreover, lecturers discussed ways to overcome the difficulties in teaching IHL in Lebanon.

Owing to the political situation, little progress was made in implementing IHL or in reactivating the national IHL committee. However, justice ministry officials attended the annual meeting of national IHL committees in Switzerland.

The public learns more about the plight of missing people's families

The National Society and the ICRC distributed communication materials, organized public events, such as multimedia exhibits, and used other means to broaden awareness of the Movement's work and of humanitarian issues in Lebanon, Syria and the wider region. Field trips were organized for journalists to help them cover humanitarian issues and ICRC operations accurately. Two commemorative events organized by an NGO and the ICRC drew attention to the needs of the families of missing people.

The National Society strengthened its communication capacities, particularly in digital and social media, with Movement support.

RED CROSS AND RED CRESCENT SOCIETIES

The Lebanese Red Cross remained the ICRC's main partner in assisting people affected by conflict and/or other violence, and the country's primary EMS provider (see *Civilians and Wounded and sick*). It drew on comprehensive support from the ICRC to: upgrade and maintain EMS equipment, vehicles and stations, for example, by installing high-frequency telecommunication equipment in 20 stations and 100 ambulances; cover the costs of fuel and other consumables; pay the salaries of key staff, including five EMS teams; and train over 6,200 volunteers in first aid. It also carried out organizational reforms – revising its guidelines and procedures on finance, human resources and logistics – to cope with its increased workload.

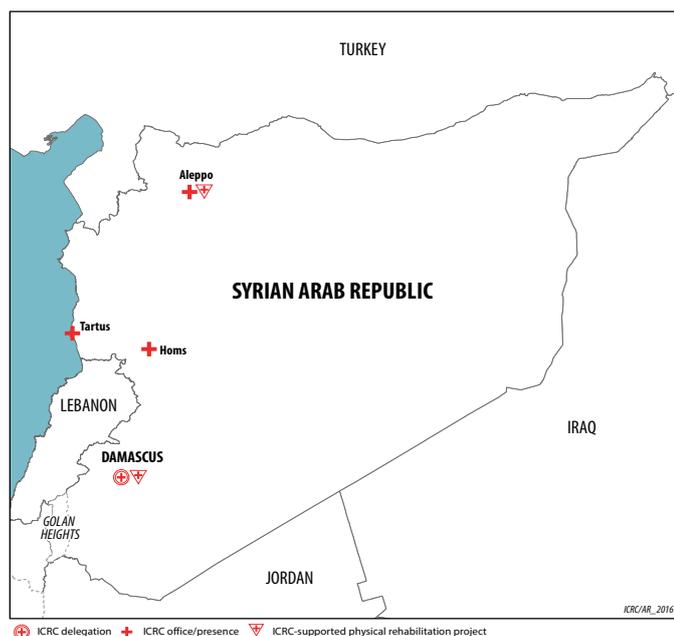
The Palestine Red Crescent Society's Lebanon branch drew on the ICRC's help to provide EMS and raise financial support from the Movement for one of its hospitals. Some of its personnel strengthened their ability to manage projects, particularly those carried out with other organizations, at a workshop organized by the International Federation and the ICRC.

Movement components met regularly to coordinate their activities; the Lebanese Red Cross and the ICRC signed a three-year cooperation agreement. The Lebanese Red Cross and other Movement components took steps to coordinate their response to the effects of the crisis in Syria.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	128			
RCMs distributed	134			
Reunifications, transfers and repatriations				
People reunited with their families	4			
People transferred or repatriated	2			
Human remains transferred or repatriated	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	551	22	24	34
<i>including people for whom tracing requests were registered by another delegation</i>	7			
Tracing cases closed positively (subject located or fate established)	47			
Tracing cases still being handled at the end of the reporting period (people)	3,432	279	52	130
<i>including people for whom tracing requests were registered by another delegation</i>	26			
Documents				
People to whom travel documents were issued	21			
Official documents relayed between family members across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	7,896	635	208	
		Women	Girls	Boys
Detainees visited and monitored individually	933	60	2	23
Detainees newly registered	699	57	2	20
Number of visits carried out	157			
Number of places of detention visited	33			
RCMs and other means of family contact				
RCMs collected	267			
RCMs distributed	214			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,001			
People to whom a detention attestation was issued	8			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	9,219	2,314	4,590
Essential household items	Beneficiaries	24,023	6,017	11,989
Cash	Beneficiaries	14,990	3,760	7,470
Services and training	Beneficiaries	300	76	148
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	170,761	88,796	81,965
	<i>of whom IDPs</i>	170,761	88,796	81,965
Health				
Health centres supported	Structures	14		
Average catchment population		590,946		
Consultations		375,064		
	<i>of which curative</i>	362,112	136,985	124,249
	<i>of which antenatal</i>	12,952		
Immunizations	Patients	50,243		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	24,691		
Referrals to a second level of care	Patients	111		
	<i>of whom gynaecological/obstetric cases</i>	11		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	5,573	22	1
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,345	538	
Health				
Visits carried out by health staff		17		
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention visited by health staff	Structures	1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	15		
	<i>of which provided data</i>	14		
Patients whose hospital treatment has been paid for by the ICRC		799	139	223
Admissions	Patients	5,929	1,483	1,213
	<i>of whom weapon-wounded</i>	729	41	52
	<i>of whom surgical cases</i>	4,784	1,268	1,057
	<i>of whom internal medicine and paediatric cases</i>	319	77	104
	<i>of whom gynaecological/obstetric cases</i>	97		
Operations performed		8,095		
Outpatient consultations	Patients	53,636	16,600	17,752
	<i>of whom surgical cases</i>	40,567	11,172	13,663
	<i>of whom internal medicine and paediatric cases</i>	10,913	3,273	4,088
	<i>of whom gynaecological/obstetric cases</i>	2,156	2,155	1
Water and habitat				
Water and habitat activities	Number of beds	1,449		
Physical rehabilitation				
Projects supported	Projects	3		
Patients receiving services	Patients	814	80	389
New patients fitted with prostheses	Patients	108	15	9
Prostheses delivered	Units	113	15	11
New patients fitted with orthoses	Patients	228	11	160
Orthoses delivered	Units	334	14	247
Patients receiving physiotherapy	Patients	72	10	25
Walking aids delivered	Units	48	12	13
Wheelchairs or tricycles delivered	Units	45	9	22

SYRIAN ARAB REPUBLIC



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The Syrian Arab Red Crescent and the ICRC conducted more field trips, including trips to assess needs and deliver aid to people in besieged areas, than in past years. Impediments to principled humanitarian action, however, remained.
- ▶ Millions of IDPs and residents, among them people in besieged and/or hard-to-reach areas, addressed their basic needs using food, water and household essentials provided through the coordinated efforts of the National Society and the ICRC.
- ▶ Where security conditions were relatively stable, thousands of vulnerable households – headed by women or by disabled people – began to improve their livelihoods with the help of ICRC-provided material input, such as tools.
- ▶ Wounded or sick people had access to preventive and curative care at National Society-run or other local facilities, to which the ICRC managed to increase its material support. Deliveries of surgical supplies were still rarely allowed.
- ▶ Detainees at central prisons received visits from the ICRC. While it sought to bolster dialogue on its procedures for such visits with the pertinent authorities, the ICRC put its detention activities on hold, starting from September.
- ▶ Parties to the conflict were reminded by the ICRC – via bilateral meetings, reports and public statements – to uphold IHL and other pertinent norms: notably, to protect civilians and ensure their access to medical and humanitarian aid.

EXPENDITURE IN KCHF

Protection	3,475
Assistance	150,304
Prevention	2,431
Cooperation with National Societies	3,228
General	299
Total	159,737
<i>Of which: Overheads</i>	<i>9,727</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	79
Resident staff (daily workers not included)	345

The ICRC has been present in the Syrian Arab Republic since the 1967 Arab–Israeli war. It works with the Syrian Arab Red Crescent to help people affected by armed conflict receive emergency relief and access safe water and medical care. It aims to visit all people held in relation to the conflict and to foster respect for IHL by all parties, notably in relation to sick and wounded patients and medical services. It acts as a neutral intermediary for issues of humanitarian concern between the Israeli-occupied Golan and the Syrian Arab Republic. It helps separated relatives maintain contact.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	171
RCMs distributed	193
Phone calls facilitated between family members	2
Tracing cases closed positively (subject located or fate established)	164
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	18,330
Detainees visited and monitored individually	39
Number of visits carried out	30
Number of places of detention visited	8
Restoring family links	
RCMs collected	11
RCMs distributed	10
Phone calls made to families to inform them of the whereabouts of a detained relative	28

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities ¹ Beneficiaries	12,750,000	10,008,119
Essential household items Beneficiaries	1,980,000	2,154,717
Productive inputs Beneficiaries	27,500	161,180
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities Beneficiaries	16,002,100	15,000,096
Health		
Health centres supported Structures	18	14
WOUNDED AND SICK		
Hospitals		
Hospitals supported Structures		61
Water and habitat		
Water and habitat activities Number of beds	300	2,501
Physical rehabilitation		
Projects supported Projects	2	2
Patients receiving services Patients	1,200	2,340

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

The armed conflict between government forces and numerous armed groups, and clashes between these groups, continued throughout the Syrian Arab Republic (hereafter Syria). Ceasefire agreements were implemented during certain periods – notably in end-December, following heavy clashes in eastern Aleppo. Violence went on in several areas, regardless. Third-party States conducted air strikes against the Islamic State group.

Unabated fighting and the lack of dialogue between opposing parties stymied efforts, including peace talks backed by the international community, to find a political solution and facilitate humanitarian aid.

Breaches of IHL and other applicable norms, serious and recurrent, continued to be alleged. From the beginning of the conflict in 2011 to the end of the reporting period: an estimated 400,000 people had been killed; over 1.5 million injured; tens of thousands reportedly missing or detained; and over 6.5 million people internally displaced. Millions more had fled abroad.

The protracted violence and international sanctions continued to cripple Syria's economy, infrastructure and services. Increasingly more people were driven into destitution and aid dependency. Needs were particularly severe in areas besieged by either government forces or armed groups, and in locations difficult to reach owing to security or logistical constraints.

Between March 2011 and December 2016, 57 workers from the Syrian Arab Red Crescent and 8 from the Syrian branch of the Palestine Red Crescent Society were killed. The 2013 abduction of three ICRC staff members remained unresolved.

ICRC ACTION AND RESULTS

In partnership with the Syrian Arab Red Crescent, and in coordination with Movement partners and other organizations, the ICRC sustained its multidisciplinary response to humanitarian needs in Syria, adapting to evolutions in the situation. Widespread violence, the large number of armed groups, and government consent continued to hamper the implementation of the organization's activities and challenge the security of its field teams. Impediments to principled humanitarian action were particularly severe in besieged areas.

In this complex and challenging environment, the ICRC worked to foster acceptance for its mandate and activities. It sought contact with authorities, community leaders and armed groups. It continued to pursue its limited dialogue, on IHL and other applicable norms, with the parties to the conflict. Particularly, it reminded these parties, through bilateral meetings, reports and public statements, to protect civilians and to ensure their access to medical and humanitarian aid.

Owing partly to these efforts, the National Society and the ICRC continued to see some improvement in their proximity to beneficiaries: they conducted more field trips and cross-line activities than in the past, including needs assessment and aid delivery in besieged and/or hard-to-reach areas, where distributions were sometimes conducted in coordination with the UN. The ICRC built on this by expanding its emergency response, especially its relief distributions, supported by a budget extension

appeal launched in May.¹ Millions of IDPs and residents across Syria accordingly received food and household essentials, including hygiene items.

Despite widespread destruction, millions of people, including those at IDP centres, had drinking water and safer conditions, partly through the ICRC's projects with the National Society and its large-scale support for local water and electricity providers. These projects, carried out in coordination with the water ministry, local authorities or some armed groups, included repairs to water and sanitation systems, water-trucking operations and waste-management initiatives.

Health needs continued to outweigh available services, and opportunities to provide material support remained limited. Compared with previous years, however, the ICRC managed to conduct more deliveries, mostly of basic medical supplies, to health facilities; those for surgery were still rarely allowed. The ICRC continued to provide comprehensive support to the National Society, for sustaining the operations of its mobile health units and polyclinics, and boosting the skills of its first-aiders. Other local health actors also drew on the ICRC to sustain their services. Wounded or sick people thus had access to care.

During visits conducted according to its standard procedures, the ICRC monitored the treatment and living conditions of detainees at eight central prisons, afterwards sharing feedback confidentially with the authorities. It helped ease the situation of detainees by enabling them to contact relatives, donating essential supplies and repairing facilities in several prisons. It continued to develop its joint work with the authorities in pursuing longer-term solutions for alleviating detainees' harsh circumstances, such as through pilot farming projects in two prisons, where detainees helped diversify the food supply. Efforts aimed at gaining access to all detainees in Syria, including those detained by security forces and those held by armed groups, continued. While it sought to bolster dialogue on its standard procedures for visits to detainees with the pertinent authorities, the ICRC put its detention activities on hold, starting from September.

Movement family-links services helped facilitate contact between members of dispersed families, but thousands remained without news of their missing relatives, including those allegedly arrested or detained in relation to the conflict.

The National Society developed its operational and institutional capacities with ICRC backing. Movement components in Syria met regularly to coordinate their activities, helping increase their impact.

CIVILIANS

Impediments to principled humanitarian action remain

Widespread violence, the large number of armed groups, and limited acceptance for the ICRC continued to hamper the implementation of the organization's activities and challenge the security of its field teams, particularly in besieged areas (see *Context*). Alongside government consent, these factors largely influenced the ICRC's access to vulnerable people. The ICRC regularly adapted its activities, in view of restrictions imposed by parties to the conflict; notably, the processes prerequisite to distributions of assistance were usually lengthy and complicated.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/D6FB9D52FC1ACA8DC12580270022AC50/\\$File/BEA_Syria_REX2016_309_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/D6FB9D52FC1ACA8DC12580270022AC50/$File/BEA_Syria_REX2016_309_Final.pdf)

Owing partly to enhanced contact with key actors (see *Actors of influence*), the Syrian Arab Red Crescent and the ICRC continued to see some improvement in their proximity to beneficiaries: they conducted more field trips and cross-line activities than in the past, including needs assessment and aid delivery in besieged and/or hard-to-reach areas. The ICRC built on this by expanding its emergency response, especially relief distributions (see below). In December, the National Society and the ICRC – acting jointly as a neutral intermediary, in line with agreements reached between the pertinent parties – evacuated tens of thousands of people from eastern Aleppo (see *Context*).

Vulnerable IDPs, residents and returnees address their daily needs

Over 10 million people (2 million households) supplemented their daily diet with: National Society-distributed one-month food parcels – whose nutritional value was increased beginning June, following an ICRC assessment – and canned goods, from the ICRC; meals from local charity kitchens; and/or bread from local bakeries. Several hundred thousand people benefited more than once. The kitchens and bakeries maintained their operations with ICRC-provided bulk rations and/or facility upgrades. Around 2.1 million people (400,000 households) obtained ICRC-donated household essentials, including hygiene items; some also received winter supplies or, for schoolchildren, educational materials, including on mine-risk awareness.

Relief distributions covered places controlled by the government and those held by armed groups. Approximately 30% of the people who received food and nearly 10% of those who obtained household essentials were in besieged or hard-to-reach locations, where distributions were sometimes conducted in coordination with the UN.

National Society staff honed their needs-assessment/response capacities, through ICRC-provided coaching and training.

People have improved living conditions, despite widespread destruction

Almost 15 million IDPs and residents had drinking water and safer conditions through projects – particularly, infrastructural repairs – undertaken by the National Society/ICRC, in coordination with the water ministry, local authorities, or representatives of some armed groups.

Through the ICRC-backed efforts of the National Society: 354,037 people received trucked-in water; at IDP centres, 145,876 people had improved shelter, water-supply, and sanitation facilities; and thousands obtained bottled water as an emergency measure.

In cities and towns with functional infrastructure, millions of IDPs and residents had potable water and electricity after the ICRC supplied local service providers with generators, spare parts and water-treatment chemicals. Around 274,400 people had reduced health risks through ICRC-backed solid-waste management projects.

In some besieged areas, people have access to health services

People in eight provinces had recourse to preventive and curative care at seven mobile health units and seven polyclinics run by the Syrian Arab Red Crescent, with material, financial and technical ICRC support – for instance, the ICRC purchased refrigerated vehicles for the National Society, so as to enable the latter to better transport vaccines. Other National Society-run clinics, and health

facilities in besieged and/or hard-to-reach areas, received basic medical materials, including drugs for acute and chronic diseases, and supplies for childbirth. Assistance to some of these facilities was delivered during operations coordinated with the National Society and the UN (see above).

Local authorities, health professionals and National Society personnel continued to work, with ICRC technical, material and financial support, to curb leishmaniasis and other communicable diseases. People mitigated their risk from such diseases with the help of health-promotion and lice-treatment campaigns, and bed net distributions.

The ICRC continued to develop activities for ensuring the referral of victims of sexual violence to providers of appropriate care.

Vulnerable households work to regain self-sufficiency

Where security conditions were relatively stable, resident and returnee households took steps to improve their livelihoods, with National Society/ICRC support. A Hassakeh flour mill maintained its operations with an ICRC-provided generator, benefiting 26,000 households (130,000 people). In Hamah, Homs, Kuneitra, and Rural Damascus, 5,850 farmers (supporting 29,250 people) increased their production, using seed and fertilizer purchased by the ICRC and delivered by the National Society. Ninety-five farmers (supporting 475 people) in Tartus planted crops in greenhouses they built using ICRC-donated plastic sheets. In Aleppo and Homs, 291 female or disabled breadwinners (supporting 1,455 people) earned from their small businesses, expanded or started using ICRC-provided material input, such as tools.

Parties to the conflict are urged to respect IHL

The ICRC continued to pursue its limited dialogue, on the need to uphold IHL and other applicable norms, with the parties to the conflict (see *Actors of influence*). Particularly, it reminded these parties to: respect people not or no longer participating in hostilities – including medical and humanitarian workers – and protect them from abuse, notably sexual violence; heed the prohibition against indiscriminate attacks; ensure people's safe access to essential services and humanitarian aid; and respect and protect the red cross and red crescent emblems.

Many people are still unable to contact their families

People in and outside Syria continued to seek the ICRC's support in locating their relatives in the country, or reuniting with them abroad: 1,465 tracing requests were newly registered in 2016. Although 164 of all pending cases were resolved, thousands of families remained without information on their relatives, including those allegedly arrested or detained in relation to the conflict (see *People deprived of their freedom*). Particularly vulnerable people who used ICRC family-links services received ad hoc assistance, such as transportation allowances. Some residents of the Israeli-occupied Golan exchanged official documents with relatives in Syria proper. However, the ICRC facilitated no travel for humanitarian reasons owing to tensions along the demarcation line between these areas.

The ICRC continued to back local actors in developing their ability to address the issue of missing persons, with a focus on the proper management of human remains. The National Commission of Forensic Medicine (NCFM), with which the ICRC signed a cooperation agreement, received books, digital cameras, gloves and other supplies, for distribution to forensic institutions. NCFM personnel, alongside other forensic specialists, advanced their knowledge of such

topics as humanitarian forensics, during workshops. These facilitated the ICRC's dialogue with the defence ministry and with the reconciliation ministry, on prospectively co-developing forensic strategies. The National Society helped manage the remains of people following emergencies, drawing on ICRC-provided training and supplies.

PEOPLE DEPRIVED OF THEIR FREEDOM

During visits conducted according to its standard procedures, the ICRC monitored the treatment and living conditions of 18,330 detainees in eight central prisons run by the interior ministry, and shared confidential feedback with the authorities afterwards.

Although means of contacting relatives, like telephones, were available in the prisons, some particularly vulnerable detainees, such as foreigners and minors, used ICRC family-links services – provided during the above-mentioned visits – to reconnect with relatives. The ICRC followed up, with the authorities and with some armed groups, on enquiries from the families of people allegedly arrested or detained in relation to the conflict, eliciting complete or partial answers regarding the whereabouts of 1,319 people.

The ICRC continued to pursue efforts aimed at gaining access to all people deprived of their freedom in Syria, including those detained by security forces and those held by armed groups. Meetings with government officials and with representatives of some armed groups focused on explaining the ICRC's standard procedures when working in behalf of detainees. While it sought to bolster dialogue in this vein with the pertinent authorities, the ICRC put its detention activities on hold, starting from September.

In two prisons, detainees help diversify food supply

Detainees visited by the ICRC eased their confinement with donated hygiene items, clothes and other essential supplies. Across several prisons, 17,600 detainees saw improvements in their situation after the ICRC upgraded key facilities, such as water points and waiting areas for families, and donated tools and spare parts for maintaining electricity and ventilation systems. In four prisons, detainees had access to health care at clinics that the ICRC provided with supplies and equipment.

The authorities and the ICRC continued to develop their joint work in pursuing longer-term solutions for alleviating detainees' harsh circumstances. In two prisons, some detainees helped diversify the food supply and eased the monotony of their situation, through ICRC-led pilot farming projects. Three government representatives enhanced their knowledge of health care in detention at a regional workshop (see *Jordan*), the first such ICRC workshop attended by Syrian authorities.

WOUNDED AND SICK

Disregard for the safety of people seeking or providing health care (see, for example, *Context*) and of medical facilities remained widespread. In line with the Health Care in Danger project, the ICRC documented abuses against health services, including attacks and situations of systematic denial or obstruction of access. On this basis, parties to the conflict were reminded – through bilateral dialogue, reports and public statements – of the protection due to patients and medical workers and facilities, regardless of their affiliation, under IHL and other applicable norms.

Patients benefit from increased deliveries of medical aid

Health needs continued to outweigh available services, especially in areas controlled by armed groups and places besieged by either

government forces or armed groups. Opportunities for the ICRC to provide material support to health facilities remained limited. Compared with past years, however, the organization managed to conduct more cross-line deliveries, mostly of basic medical materials; those for surgery were still rarely allowed, and only in small quantities. Ill or injured people, including some weapon-wounded, thus had access to care (see also *Civilians*).

Twenty-two health facilities, including ten located across front lines, obtained supplies for 29,250 haemodialysis sessions; several also benefited from trucked-in or bottled water. Health workers at 28 facilities performed their duties with the help of specialized equipment and spare parts donated or maintained by the ICRC. Three hospitals sustained their services, supported by ICRC-led repairs, as did one National Society-run hospital, with the help of ICRC training for maintenance personnel.

Among the eastern Aleppo evacuees (see *Civilians*), 811 wounded people, many with serious injuries, underwent treatment through National Society/ICRC efforts.

During ICRC-supported courses: 1,066 National Society personnel honed their ability to provide first aid – and, for some, to train others in this field – and received key supplies and equipment; and 141 surgeons and other health professionals learnt more about weapon-wound management and the goals of the Health Care in Danger project.

Physically disabled people obtain specialized services

In Damascus, 1,582 disabled people availed themselves of services at a physical rehabilitation centre run by the National Society, with material, technical and financial ICRC input. The centre's staff received on-site support from ICRC specialists, helping ensure the quality of the centre's services, including psychosocial-care provision. In Aleppo, 758 physically disabled people received treatment at an ICRC-run centre, which trained an additional staff member, increasing its capacity. This centre was closed for certain periods in May and in August, because of particularly poor security conditions.

Disabled people throughout the country benefited from wheelchairs and other assistive devices distributed by the ICRC through the National Society.

Selected patients of the Aleppo centre received livelihood support (see *Civilians*).

ACTORS OF INFLUENCE

Contact and coordination with local and central government authorities, community leaders, and some armed groups helped facilitate the access of National Society/ICRC teams to vulnerable people, but impediments to principled humanitarian action remained (see *Civilians* and *Wounded and sick*).

During meetings – between government officials and the ICRC's president, for instance – and in reports and public statements, the ICRC emphasized the right of all wounded people to receive medical treatment and of all civilians, including those in besieged and/or hard-to-reach areas, to receive humanitarian assistance (see also *Civilians*). Members of the national IHL committee began, with ICRC support, to discuss an action plan for promoting IHL; two joined their peers at a meeting in Geneva, Switzerland (see *International law and policy*). The ICRC's interaction, in Syria and

abroad, with representatives of some armed groups – notably, those based in the northern and southern parts of the country – helped familiarize them with humanitarian principles, basic IHL rules, and the Movement. Broader, systematic dialogue on protection-related issues could not be established with the parties to the conflict, however.

Students at a national public-administration institute strengthened their grasp of IHL through ICRC-organized courses. Discussions with academics led to the integration of IHL into the curricula of a police college and a public university; talks to this end with other public universities were ongoing.

Journalists help broaden awareness of the ICRC

Over 30 media professionals became more familiar with humanitarian concerns, IHL and the Movement during workshops organized by the information ministry, the National Society, and the ICRC. The ICRC continued to interact with local and international reporters, regardless of affiliation in relation to the conflict, contributing to their coverage of the situation in Syria. People in Syria, including potential beneficiaries, and abroad kept abreast of the humanitarian consequences of the conflict – such as the issues covered by the Health Care in Danger project – and of the ICRC’s activities, especially in besieged and other areas inaccessible to journalists. They did so partly via multi-format informational materials, including operational updates and news releases, produced and disseminated by the organization through various platforms.

RED CROSS AND RED CRESCENT MOVEMENT

The Syrian Arab Red Crescent responded to humanitarian needs – in keeping with the Fundamental Principles and the Safer Access Framework – with extensive ICRC financial, material and technical support, provided pursuant to a 2014–2016 agreement. This helped defray the National Society’s operating costs at its headquarters, 12 branches and 13 disaster-response/first-aid centres. The National Society enhanced its operational capacities through joint activities and training with the ICRC, covered by new project agreements that strengthened their partnership in: primary health care; relief and livelihood-support provision; human remains management; and physical rehabilitation (see also *Civilians* and *Wounded and sick*). With ICRC-provided technical input and/or equipment, the National Society: reinforced its public communication; upgraded its radio-communication system; applied safer practices around mines/explosive remnants of war; and developed a risk-management plan. Its volunteers continued to train in providing psychological support to their peers, in line with an ICRC-backed project.

The two organizations also deepened their cooperation in other areas. With the education ministry, they produced mine-risk awareness materials for schoolchildren (see *Civilians*).

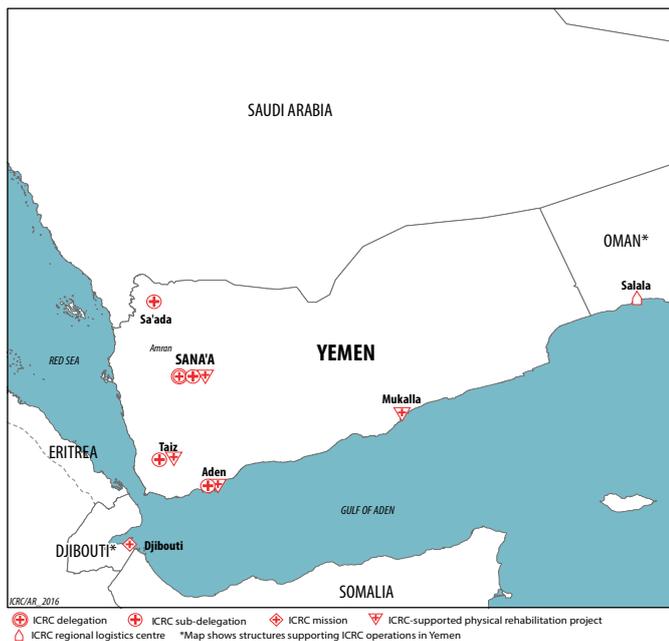
The ICRC continued to coordinate with the Palestine Red Crescent, which was helping Palestinian refugees in Syria, and provided it with vehicles for transporting patients, and needs-assessment/response training.

Movement components in Syria met regularly to coordinate their activities, helping increase their impact.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		171			
RCMs distributed		193			
Phone calls facilitated between family members		2			
Reunifications, transfers and repatriations					
People transferred or repatriated		2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,465	76	67	85
<i>including people for whom tracing requests were registered by another delegation</i>		863			
Tracing cases closed positively (subject located or fate established)		164			
<i>including people for whom tracing requests were registered by another delegation</i>		56			
Tracing cases still being handled at the end of the reporting period (people)		6,574	378	264	329
<i>including people for whom tracing requests were registered by another delegation</i>		4,668			
Documents					
People to whom travel documents were issued		13			
Official documents relayed between family members across borders/front lines		15			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		18,330	1,014	232	
			Women	Girls	Boys
Detainees visited and monitored individually		39	9		
Detainees newly registered		25	4		
Number of visits carried out		30			
Number of places of detention visited		8			
RCMs and other means of family contact					
RCMs collected		11			
RCMs distributed		10			
Phone calls made to families to inform them of the whereabouts of a detained relative		28			
People to whom a detention attestation was issued		3			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities ¹	Beneficiaries	10,008,119	3,002,441	4,003,237
	<i>of whom IDPs</i>	8,006,493	2,401,950	3,202,593
Essential household items	Beneficiaries	2,154,717	646,426	861,865
	<i>of whom IDPs</i>	1,723,769	517,134	689,501
Productive inputs	Beneficiaries	161,180	48,357	64,466
	<i>of whom IDPs</i>	128,095	38,430	51,235
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	15,000,096	4,500,000	6,000,000
	<i>of whom IDPs</i>	4,500,000	1,350,000	1,800,000
Health				
Health centres supported	Structures	14		
Average catchment population		2,558,000		
Consultations		280,932		
	<i>of which curative</i>	262,404	83,455	77,182
	<i>of which antenatal</i>	18,528		
Immunizations	Patients	9,510		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	3,319		
Referrals to a second level of care	Patients	8,358		
	<i>of whom gynaecological/obstetric cases</i>	2,498		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	17,600	1,584	
Health				
Visits carried out by health staff		6		
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	61		
Water and habitat				
Water and habitat activities	Number of beds	2,501		
Physical rehabilitation				
Projects supported	Projects	2		
Patients receiving services	Patients	2,340	427	416
New patients fitted with prostheses	Patients	180	27	23
Prostheses delivered	Units	549	85	88
	<i>of which for victims of mines or explosive remnants of war</i>	27	1	2
New patients fitted with orthoses	Patients	83	20	17
Orthoses delivered	Units	168	34	62
Patients receiving physiotherapy	Patients	1,150	212	198
Walking aids delivered	Units	180	27	11
Wheelchairs or tricycles delivered	Units	20	6	1

1. Owing to operational and management constraints, figures presented in (these tables/this table) and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.



KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Through confidential, bilateral discussions, the ICRC urged parties to the conflict to respect IHL, especially the provisions protecting civilians – including those seeking or providing medical care – during hostilities.
- ▶ Humanitarian space was still limited, and violence, widespread, but the ICRC slowly redeployed mobile staff in some areas after an employee who had been abducted in 2015 was released and certain actors renewed security guarantees.
- ▶ Conflict-affected people met some of their needs after the ICRC repaired or installed water facilities, and distributed food and household essentials; the organization reached more people than planned, as it gained access to some areas.
- ▶ The ICRC resumed livelihood-support projects that it had put on hold in 2015: agricultural households were thus able to maintain herds with ICRC-supported veterinary services or grow crops with ICRC-donated seed and tools.
- ▶ Weapon-wounded and other patients were treated at ICRC-backed facilities; these included a hospital in Aden, where an ICRC-supported surgical team was stationed, and a newly reopened physical rehabilitation centre in Taiz.
- ▶ The ICRC visited detainees held by government authorities, including migrants, to monitor their well-being; visits to security detainees at the Amran central prison, who had been inaccessible since August 2015, resumed.

EXPENDITURE IN KCHF

Protection	5,062
Assistance	35,170
Prevention	3,608
Cooperation with National Societies	1,889
General	192
Total	45,920
<i>Of which: Overheads</i>	<i>2,787</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	52
Resident staff (daily workers not included)	249

The ICRC has been working in Yemen since the civil war in 1962. It responds to the humanitarian consequences of armed conflicts and other situations of violence in the country by: helping secure the water supply; providing emergency relief, livelihood support and medical assistance to those in need; monitoring the treatment and living conditions of people held in relation to the situation; and enabling them, other nationals and migrants to restore contact with their relatives, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The ICRC works with the Yemen Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3,648
RCMs distributed	3,320
Phone calls facilitated between family members	114
Tracing cases closed positively (subject located or fate established)	314
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	5,890
Number of visits carried out	8
Number of places of detention visited	6
Restoring family links	
Phone calls made to families to inform them of the whereabouts of a detained relative	5

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 105,000	274,108
Essential household items	Beneficiaries 70,000	120,960
Productive inputs ¹	Beneficiaries 455,000	219,765
Cash	Beneficiaries 43,400	56,812
Services and training ¹	Beneficiaries	20
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 2,258,420	3,388,943
Health		
Health centres supported	Structures 21	21
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 10	72
Water and habitat		
Water and habitat activities	Number of beds 285	1,345
Physical rehabilitation		
Projects supported	Projects 5	4
Patients receiving services	Patients 65,000	73,599

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

CONTEXT

Armed conflicts and other situations of violence – characterized by heavy fighting, shelling and air strikes – persisted throughout Yemen, notably in Sa'ada, Sana'a and Taiz. Hostilities between a Saudi Arabia-led military coalition and the Houthis, which began in March 2015, continued despite UN-mediated ceasefire agreements. The Al-Qaeda in the Arab Peninsula and other armed groups were active in different parts of the country. The structure of the government remained fragmented and unclear.

The violence reportedly caused thousands of civilian casualties and displaced millions. Damage to public infrastructure and restrictions on the movement of goods and people made it difficult for both IDPs and residents to obtain basic commodities and services.

Few humanitarian organizations were active in Yemen, owing to the insecurity. Health-care facilities, such as those supported by Médecins Sans Frontières, and offices of humanitarian organizations were directly attacked. Between March 2015 and the time of writing, seven Yemen Red Crescent Society volunteers and two ICRC staff members were killed while carrying out their duties. The ICRC staff member abducted in December 2015 was released in October 2016.

Despite the situation, migrants passed through the country to Saudi Arabia and elsewhere. Many were reportedly arrested upon reaching Yemen; this contributed to overcrowding in places of detention.

ICRC ACTION AND RESULTS

The ICRC's Yemen delegation maintained its efforts to address the humanitarian needs of conflict-affected people in Yemen, with the support of a logistics base in Oman (see *Kuwait*) and an office in Djibouti (see *Nairobi*). Given the limited space for humanitarian action and the widespread violence, including incidents involving ICRC staff (see *Context*), it continued to adjust its operational approach, balancing the urgency of people's needs against its duty to protect its personnel. For instance, mobile staff were initially relocated to the Sana'a delegation or the Djibouti support office, but were gradually redeployed to subdelegations after the release of the abducted ICRC employee, and after various actors renewed security guarantees. Amid these challenges, the ICRC reached more people than planned with its economic-security and water-and-habitat initiatives, as it gained access to some areas; however, other projects – particularly initiatives to mitigate weapon contamination and support to the authorities for constructing a school for physical rehabilitation professionals – were postponed because of the insecurity.

Through confidential, bilateral discussions, the ICRC urged the parties to the conflict to respect IHL, especially the provisions regulating the conduct of hostilities and protecting civilians, including those seeking or providing medical care. It pursued dialogue with actors in Yemen and elsewhere, urging them to address humanitarian needs in the country and seeking their support for ICRC operations. These discussions enabled the ICRC to obtain security guarantees from various actors, which allowed the National Society and other first-responders to recover and transfer human remains.

Weapon bearers and health staff learnt more about the goals of the Health Care in Danger project through dissemination

sessions, at times conducted alongside first-aid courses. People obtained medical care at clinics and hospitals that the ICRC provided with equipment, supplies, and support for repairing their facilities; the ICRC also supported a surgical team at the Al-Mansoura hospital in Aden. People with disabilities accessed physical rehabilitation services at ICRC-backed centres, including one in Taiz, which reopened in May. The ICRC began constructing a centre in Sa'ada.

The ICRC continued to help conflict-affected people meet their needs. It worked with local authorities to improve access to water for over 3.3 million people, including thousands trapped in a besieged area in Taiz. Thousands received food, household essentials and cash grants; some households earned money through cash-for-work projects – renovation of markets and other public facilities, for instance. Farming households maintained their herds with the help of ICRC-supported veterinary services or grew crops with ICRC-donated seed and tools, as the ICRC resumed livelihood-support projects that it had suspended in 2015.

Through dialogue with various actors, the ICRC sought access to all detainees. It visited people in government custody, including migrants, to monitor their treatment and living conditions, and conveyed its findings and recommendations confidentially to the authorities concerned. Visits to security detainees at the Amran central prison – to which the ICRC last had access in August 2015 – resumed. Donations of essential items and medical supplies helped to ease the conditions of detainees, including those held by an armed group, and to prevent disease outbreaks.

Families dispersed by conflict, migration or detention reconnected through the Movement's family-links services; some of them learnt their missing relatives' fate via the ICRC.

The National Society coordinated its activities with the ICRC and other Movement partners. It drew on the ICRC's support to bolster its capacity to respond to emergencies and to promote neutral, impartial and independent humanitarian action.

CIVILIANS

The ICRC pursued bilateral, confidential dialogue with different authorities and weapon bearers to remind them to respect IHL – particularly the provisions protecting civilians during hostilities, including those seeking or providing medical care – and other norms; it paid special attention to the situation of migrants, who were referred to IOM and UNHCR for assistance, where possible. Such dialogue included oral and written representations – for instance, on how hostilities in densely populated areas affected civilians and their access to essential goods and services – based on documented allegations of IHL violations. The ICRC also monitored the use of remotely piloted aircraft, with a view to sharing its findings with the authorities concerned.

Through the above-mentioned efforts, the ICRC obtained security guarantees from various parties, which enabled it and the National Society to conduct or facilitate humanitarian activities, such as the recovery of human remains (see below).

Amid operational challenges, the ICRC sustained its activities to assist vulnerable people; it reached more people than planned with its economic-security and water-and-habitat initiatives, as it gained access to some areas. Other projects, however, were postponed because of the insecurity.

People in a besieged area in Taiz have a steady supply of potable water

In Aden, Sana'a and other urban areas, local water boards addressed water-supply interruptions using generator parts, fuel and other materials from the ICRC. People in a besieged area in Taiz had relied on distribution points supplied with water by the ICRC, until ICRC-donated generators for wells and water-purification supplies reached them in March, following negotiations with local authorities. People in rural areas regained access to water after the ICRC repaired their systems. In all, over 3.3 million people had access to water through the ICRC's initiatives.

Community health workers were trained by the ICRC to install solar-powered lights, which helped provide light for emergency workers at night.

Herders make use of free veterinary services to improve the health of their livestock

IDPs – including a few thousand people displaced by floods in April – and residents of conflict-affected communities met some of their needs with National Society and ICRC assistance: over 39,100 households (274,100 people) received food and some 17,200 households (120,900 people), blankets, kitchen sets, hygiene kits and other items. Over 8,100 households (56,800 people) bought food and other supplies with cash provided by the ICRC through distributions or cash-for-work projects, such as garbage collection and the renovation of markets and other public facilities – which also eased communities' living conditions.

The ICRC resumed livelihood projects that were suspended in 2015: over 27,500 households (193,100 people) had their livestock vaccinated and treated by the agriculture ministry and the ICRC, and some 3,800 farming households (26,800 people) grew crops with ICRC-donated seed and farming tools.

At ICRC-organized training courses, agriculture ministry and National Society staff bolstered their ability to assess and respond to people's economic needs.

Women and children have access to antenatal and immunization services

People in six governorates had access to primary-health-care services at 19 centres regularly supported by the ICRC with medicines and other supplies; two other centres began receiving such support in July and August, respectively. Staff received training to run pharmacies and manage childhood illnesses. These centres conducted some 368,800 consultations, of which 13,800 were antenatal; thousands of children were vaccinated by the health ministry, using ICRC-donated vaccines. Over 2,800 patients were referred to facilities providing higher-level health care.

The ICRC provided medical supplies for several other centres, including some near front lines, on an ad hoc basis; this helped them deal with mass casualties. It also repaired three centres damaged during the conflict.

Ex-detainees resettled in third countries receive family visits

Yemenis and migrants, including refugees, separated by conflict, migration or detention kept in touch via RCMs, phone calls and other family-links services provided by the ICRC, in coordination with the National Society, ICRC delegations elsewhere, and other organizations. A total of 27 family visits were organized for relatives of Yemeni ex-detainees resettled in third countries after

their release from the US internment facility at Guantanamo Bay Naval Station in Cuba.

Two minors formerly associated with armed groups rejoined their families, with help from the National Society and the ICRC. Migrant minors, including victims of sexual violence, were referred to the appropriate organizations for assistance. A total of 63 Somali refugees received ICRC travel documents that helped them resettle in a third country, with the help of IOM and/or UNHCR. The families of 314 missing people, including those allegedly arrested or detained, learnt their relatives' fate via the ICRC's tracing efforts.

National Society and ICRC volunteers promoted family-links services along the migration route and, at ICRC-organized workshops, discussed suggestions from beneficiaries and community leaders on ways to improve these services.

Security guarantees from relevant actors enable the recovery of human remains

In its capacity as a neutral intermediary, the ICRC obtained security guarantees from various actors, which allowed the National Society and other first responders to retrieve and/or transfer human remains from conflict-affected areas.

Authorities, weapon bearers and National Society personnel learnt more about managing human remains at ICRC-organized training sessions; they also received body bags and other supplies from the ICRC. Three hospitals set up mortuaries with ICRC support.

Yemeni mine-action authorities refine their standard operating procedures with ICRC support

Some activities to tackle weapon contamination were suspended. Nevertheless, pertinent organizations received technical support from the ICRC, through mine-risk education sessions and first-aid training for: doctors and nurses of the Yemen Executive Mine Action Centre (YEMAC), National Society staff, community leaders and others. YEMAC enhanced its technical capacities, notably in conducting mine-risk education sessions and developing its standard operating procedures, with the ICRC's backing.

PEOPLE DEPRIVED OF THEIR FREEDOM

Security detainees receive ICRC visits anew

Through dialogue with various detaining actors, the ICRC sought comprehensive access to all detainees. It visited, according to its standard procedures, 5,890 people in government custody, to monitor their well-being, particularly their access to health care. These people included security detainees at the Amran central prison, whom the ICRC last had access to in August 2015, and migrants.

Based on these visits, it provided confidential feedback and recommendations regarding: ensuring respect for judicial guarantees; facilitating contact between detainees and their families; easing migrants' treatment and living conditions; and addressing overcrowding in prisons. The ICRC also continued discussions with pertinent organizations on strengthening efforts to address the needs of detained migrants. Owing to the insecurity, the ICRC was unable to sponsor prison health officials' attendance at a regional conference on medical ethics.

The ICRC followed up allegations of arrest, including of foreigners, with some detaining actors; the fate of 56 people was ascertained through the ICRC's efforts.

Thousands of detainees receive hygiene kits and other essential supplies

The ICRC gave mattresses, blankets, hygiene kits and other items to various detaining actors; this helped ease the living conditions of some 10,000 detainees, including those held by an armed group. People at three facilities benefited from ICRC-donated medical supplies, at times accompanied by hygiene promotion campaigns that helped prevent disease outbreaks. Inmates at the Amran central prison used ICRC-donated filters to purify their drinking water.

WOUNDED AND SICK

In its discussions with various actors (see *Civilians* and *Actors of influence*), the ICRC emphasized the protection afforded by IHL to people seeking or providing medical care. Weapon bearers and front-line health staff learnt about the goals of the Health Care in Danger project during ICRC dissemination sessions, at which the Yemen Red Crescent Society occasionally conducted first-aid training.

Al-Mansoura Hospital offers surgical services with comprehensive support from the ICRC

Wounded people continued to be treated by an ICRC-supported surgical team working at Al-Mansoura Hospital's emergency unit, which the ICRC helped set up in 2015. Some 3,000 people – over 2,200 of whom received surgical care – were admitted to the hospital, which also received medicines, funding for staff incentives and other support.

Six other hospitals were regularly given supplies and equipment for treating weapon-wounded patients. Some enhanced their intensive-care services using ICRC-donated ventilators, defibrillators and other equipment. Sixty-five other hospitals, especially in violence-affected areas, received medicines and equipment – such as insulin for patients with diabetes – on an ad hoc basis, often at the authorities' request. The ICRC also helped several damaged hospitals (total capacity: 1,345 beds) sustain their services by funding infrastructure projects, including repairs to electrical and water systems. In the 46 ICRC-supported hospitals that provided data, medical staff treated over 33,200 weapon-wounded patients and performed around 40,900 surgeries.

Nearly 60 surgeons from 13 governorates honed their skills at ICRC-organized weapon-wound surgery seminars in Sana'a and Djibouti.

Persons with disabilities receive services at a reopened physical rehabilitation centre in Taiz

Some 73,600 persons with disabilities obtained physical rehabilitation services at four ICRC-supported centres, including one in Taiz that reopened in May after being closed for months because of the violence. Over 10,400 of them were fitted with prostheses/orthoses; others received crutches or wheelchairs donated by the ICRC, including through a government-run organization. Three centres were provided with a monthly supply of fuel for their generators, which helped them avoid service interruptions. The ICRC began constructing a new centre in Sa'ada in late 2016.

To help improve the quality and availability of physical rehabilitation services in Yemen, 19 people received ICRC assistance in pursuing prosthetics, orthotics and wheelchair-technology courses in Yemen or overseas. They included staff from a local institute, which the ICRC provided with equipment for

physiotherapy training and guidance for its training programmes. The construction of a training school in Sana'a remained on hold.

Some 100 persons with disabilities were provided with cash grants for starting or resuming small-scale businesses. Local organizations were supported by the ICRC in promoting the social inclusion of persons with disabilities, such as through sports and commemorative events.

ACTORS OF INFLUENCE

The applicability and implementation of IHL remained a central theme of the ICRC's discussions with parties to the conflict in Yemen, who were regularly reminded of the provisions governing the conduct of hostilities (see *Civilians*). Weapon bearers learnt more about IHL at ICRC dissemination sessions, for example, at a workshop in Switzerland on international rules governing military operations (see *International law and policy*). More systematic dialogue and activities to promote IHL implementation were not pursued, however, owing to the prevailing security and political conditions.

Influential actors were urged to step up their efforts to help address humanitarian needs; regular interaction with them also led to the release of an ICRC staff member abducted in 2015 (see *Context*).

Dialogue with influential actors highlights the need for access and security guarantees for aid workers

The ICRC sought contact with local authorities, community leaders, armed groups, the media and civil society, with a view to broadening awareness of its mandate and activities and of the importance of neutral, impartial and independent humanitarian action. These efforts – which included 35 workshops and a visit from the ICRC's director of operations – served to foster acceptance for the ICRC's work, facilitate its access to vulnerable people, and help it overcome obstacles, such as difficulties in getting clearance for its activities. These matters were highlighted in updates posted on online platforms, through which messages on IHL, the goals of the Health Care in Danger project, and the overall humanitarian situation in Yemen were also relayed to the public.

As part of its community-engagement efforts, the ICRC regularly sought people's concerns and their feedback on its activities, to help the organization better understand their needs and tailor its response accordingly. This was done mainly through digital means, especially in areas that were difficult to reach, owing to the insecurity; face-to-face interaction with vulnerable communities continued, where possible.

Local and international media outlets drew on ICRC press releases, public statements, interviews, audiovisual productions and other communication materials to report on the situation in Yemen. Four round-tables were organized with local journalists, to emphasize the importance of covering the situation in the country.

Staff from 14 National Society branches strengthened their public communication capacities – particularly in promoting neutral, impartial and independent humanitarian approach – at ICRC-organized workshops.

RED CROSS AND RED CRESCENT MOVEMENT

The Yemeni Red Crescent and the ICRC continued to cooperate in addressing humanitarian needs in the country (see *Civilians* and *Wounded and sick*); they signed an agreement on this in April 2016. The National Society worked to enhance its capacity to respond to emergencies, through various forms of ICRC support for 18 of its branches. This included technical and financial assistance, and the donation of ambulances, first-aid training materials, body bags and information technology equipment.

Movement components in Yemen coordinated their activities through regular meetings and bilateral agreements.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
RCMs and other means of family contact		UAMs/SC		
RCMs collected	3,648			
RCMs distributed	3,320			
Phone calls facilitated between family members	114			
Names published in the media	577			
Reunifications, transfers and repatriations				
People reunited with their families	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	425	27	15	54
<i>including people for whom tracing requests were registered by another delegation</i>	57			
Tracing cases closed positively (subject located or fate established)	314			
<i>including people for whom tracing requests were registered by another delegation</i>	35			
Tracing cases still being handled at the end of the reporting period (people)	854	52	23	101
<i>including people for whom tracing requests were registered by another delegation</i>	37			
Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	2			2
UAMs/SC reunited with their families by the ICRC/National Society	2			2
Documents				
People to whom travel documents were issued	63			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	5,890	3	43	
		Women	Girls	Boys
Number of visits carried out	8			
Number of places of detention visited	6			
RCMs and other means of family contact				
Phone calls made to families to inform them of the whereabouts of a detained relative	5			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	274,108	69,812	148,724
	<i>of whom IDPs</i>	124,397	32,381	66,393
Essential household items	Beneficiaries	120,960	31,521	64,506
	<i>of whom IDPs</i>	72,104	19,306	37,635
Productive inputs ¹	Beneficiaries	219,765	54,943	120,870
Cash	Beneficiaries	56,812	13,570	28,917
	<i>of whom IDPs</i>	30,990	7,748	17,044
Services and training ¹	Beneficiaries	20	5	11
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,388,943	982,793	1,423,356
Health				
Health centres supported	Structures	21		
Average catchment population		408,841		
Consultations		368,796		
	<i>of which curative</i>	354,921	99,505	163,784
	<i>of which antenatal</i>	13,875		
Immunizations	Patients	90,044		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	58,017		
Referrals to a second level of care	Patients	2,828		
	<i>of whom gynaecological/obstetric cases</i>	439		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	10,000		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	460		14
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	72		
	<i>of which provided data</i>	46		
Admissions	Patients	92,211	23,416	15,057
	<i>of whom weapon-wounded</i>	33,230	485	524
	<i>(including by mines or explosive remnants of war)</i>	2,037	162	141
	<i>of whom surgical cases</i>	22,458	6,091	4,183
	<i>of whom internal medicine and paediatric cases</i>	25,861	6,310	10,218
	<i>of whom gynaecological/obstetric cases</i>	10,662	10,530	132
Operations performed		40,977		
Outpatient consultations	Patients	503,733	190,701	123,076
	<i>of whom surgical cases</i>	85,316	16,835	12,827
	<i>of whom internal medicine and paediatric cases</i>	366,521	123,240	108,979
	<i>of whom gynaecological/obstetric cases</i>	51,896	50,626	1,270
Water and habitat				
Water and habitat activities	Number of beds	1,345		
Physical rehabilitation				
Projects supported	Projects	4		
Patients receiving services	Patients	73,599	18,702	31,898
New patients fitted with prostheses	Patients	730	143	200
Prostheses delivered	Units	1,057	214	296
	<i>of which for victims of mines or explosive remnants of war</i>	234	8	14
New patients fitted with orthoses	Patients	9,699	2,376	4,189
Orthoses delivered	Units	21,108	5,207	9,473
	<i>of which for victims of mines or explosive remnants of war</i>	307	6	
Patients receiving physiotherapy	Patients	36,511	9,604	16,094
Walking aids delivered	Units	1,805	417	754
Wheelchairs or tricycles delivered	Units	622	156	269

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect the extent of the activities carried out during the reporting period.

KUWAIT (regional)

COVERING: Member States of the Gulf Cooperation Council, namely Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates



The ICRC has been in Kuwait since the 1990–1991 Gulf War. It focuses on humanitarian needs remaining from that war or arising from current armed conflicts and other situations of violence in the wider region. Its work includes activities for people deprived of their freedom in the countries covered and the promotion of IHL and its own role as a neutral, impartial and independent humanitarian organization, among governments and other influential circles. Strengthening partnerships with the Red Crescent Societies of the region is another priority, along with resource mobilization and coordination with other actors.

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ People detained in Saudi Arabia in connection with the conflict in Yemen received ICRC visits and had their families notified of their situation; these were the organization’s first such visits to detainees in the country since 1994.
- ▶ The region’s authorities engaged the ICRC in dialogue on the findings of its visits to detainees. Bahraini, Kuwaiti and Qatari authorities discussed best practices in health-care provision in prisons.
- ▶ Members of families dispersed by conflict, detention or migration kept in touch via RCMs, phone calls and other family-links services. People contacted relatives detained abroad or seeking asylum at the Jordan–Syria border.
- ▶ Military officers in Kuwait, Qatar and Saudi Arabia learnt more about IHL at ICRC-supported courses. Dialogue with Saudi Arabian authorities on the conduct of military operations in Yemen continued.
- ▶ Two experts hired by the ICRC continued their comprehensive review of the data held by the commission in charge of clarifying the fate of persons missing in relation to the 1990–1991 Gulf War, and the methods for collecting them.

EXPENDITURE IN KCHF

Protection	2,438
Assistance	446
Prevention	2,279
Cooperation with National Societies	717
General	38
Total	5,918
<i>Of which: Overheads</i>	<i>361</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	84%
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PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	40

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	26
RCMs distributed	16
Phone calls facilitated between family members	169
Tracing cases closed positively (subject located or fate established)	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	13,748
Detainees visited and monitored individually	351
Number of visits carried out	85
Number of places of detention visited	38
Restoring family links	
RCMs collected	300
RCMs distributed	67
Phone calls made to families to inform them of the whereabouts of a detained relative	17

CONTEXT

The Member States of the Gulf Cooperation Council (GCC) continued to exert influence in the region and beyond. Saudi Arabia led an international military coalition in Yemen, and several GCC Member States took part in military operations against the Islamic State group in the Syrian Arab Republic (hereafter Syria).

GCC governments and National Societies, either jointly or on their own, assisted people affected by the armed conflicts in Iraq, Syria, Yemen and elsewhere. Saudi Arabia coordinated its humanitarian aid for Yemen through the King Salman Centre for Humanitarian Aid and Relief. For the fourth consecutive year, Kuwait co-hosted an international pledging conference to strengthen NGOs' humanitarian action for victims of the Syrian conflict.

Socio-political developments in the wider region fuelled protests. In Bahrain, tensions between the government and opposition groups caused unrest, and led to arrests during security operations.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Kuwait strove to raise awareness among GCC Member States and organizations of the plight of conflict-affected people in the region, and to foster support for IHL. At regional forums, high-level meetings and other events, representatives of governments and civil society – international and intergovernmental organizations, Islamic charities and UN agencies – were urged to support the Movement's neutral, impartial and independent humanitarian activities in the region and beyond. Salalah, Oman, remained an important logistical hub for the ICRC's assistance operations to aid conflict-affected people in Yemen.

Detainees in Bahrain, Kuwait, Qatar and Saudi Arabia – including migrants – were visited in accordance with standard ICRC procedures; particularly vulnerable inmates were monitored individually. Findings from these visits were confidentially shared with the authorities concerned, with a view to helping them improve detainees' treatment and living conditions. Following discussions with the Saudi Arabian defence ministry, the ICRC visited 297 people – including minors – detained in relation to the conflict in Yemen; these were the first such visits of the organization to detainees in the country since 1994. At the request of the defence ministry, the ICRC assisted in the repatriation of 52 Yemeni minors after their release from detention.

Families in the region used Movement family-links services to restore or maintain contact with relatives separated from them by armed conflict, detention or migration. Families contacted relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba; some did so through video calls. The ICRC enabled former internees resettled in Oman to spend time with their relatives, during ICRC-organized visits. In relation to the 1990–1991 Gulf War: former Iraqi POWs received attestations of captivity for use in processing State assistance and legal claims; and the ICRC-chaired Tripartite Commission reviewed its approach to searching for remains of missing persons.

GCC National Societies drew on the ICRC's support to reinforce their capacity to respond to local and international emergencies. For example, National Society staff and volunteers trained in applying the Safer Access Framework, and attended a course on large-scale health emergencies. At training sessions, the ICRC

emphasized the importance of conducting humanitarian activities in line with the Fundamental Principles and in coordination with other Movement components. Regular meetings among the region's National Societies helped reinforce this message and promote coordination. The ICRC's partnership with the Kuwait Red Crescent Society became more operational after the signing of four agreements on providing assistance to people in need in Iraq, Lebanon and Syria.

CIVILIANS

Following dialogue with the Saudi Arabian authorities, the ICRC visited for the first time and checked on the situation of nine people resettled in a counselling and care centre in Riyadh, after their release from the Guantanamo Bay internment facility. In Bahrain, the authorities and the ICRC continued their dialogue on the protection concerns of people arrested in relation to the ongoing unrest.

Members of dispersed families keep in touch through visits, video calls or RCMs

Family members separated by armed conflict, detention or migration maintained or restored contact through family-links services offered by GCC National Societies and the ICRC. Families contacted relatives at the Guantanamo Bay internment facility; some made video calls for the first time, and/or sent RCMs or parcels to them. Nine former internees who had resettled in Oman spent time with their relatives, during ICRC-organized visits (see also *Yemen*). Three tracing cases were resolved; the families were put in touch with their relatives at the Jordan–Syria border (see *Jordan*).

With the ICRC's support, GCC National Societies strove to expand their capacity to provide family-links services across the region. The Kuwait Red Crescent Society took steps to improve the delivery of these services to migrants (see also *People deprived of their freedom*). The Qatar Red Crescent Society incorporated an action plan on family-links services in its contingency planning and disaster preparedness. The ICRC continued to urge the Bahraini, Emirati, Kuwaiti and Saudi Arabian National Societies to incorporate family-links services in their contingency planning. It met with migrant communities and the relevant agencies in Kuwait to gain a fuller understanding of the humanitarian needs of vulnerable migrants and of the existing mechanisms for referring them to the appropriate services.

Experts review data on persons who went missing during the 1990–1991 Gulf War

With the ICRC chairing and acting as a neutral intermediary in the Tripartite Commission – comprising Iraq, Kuwait and former coalition States (France, Saudi Arabia, the United Kingdom of Great Britain and Northern Ireland, and the United States of America) – and with the UN Mission in Iraq as an observer, the parties involved pursued efforts to clarify the fate of persons missing in relation to the 1990–1991 Gulf War. Two experts hired by the ICRC – a researcher and a forensic expert – continued their comprehensive review of the data held by the commission and the methods for collecting such data.

The commission organized several exhumation missions in Iraq and Kuwait, but no human remains were recovered. However, following announcements made by the commission through the media, a few witnesses came forward with new information on possible locations of some remains of people.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detaining authorities in the region discuss how to improve the delivery of health-care services

The ICRC visited detainees in Bahrain, Kuwait, Qatar and Saudi Arabia in accordance with its standard procedures. Particularly vulnerable people – foreigners, women, people arrested in relation to the ongoing unrest in Bahrain, and security detainees in Kuwait – were followed up individually. In Kuwait, more migrants detained in police stations were visited than in past years. In Saudi Arabia, following dialogue with the defence ministry, the ICRC visited 297 people – including 59 minors – detained in relation to the conflict in Yemen (see below); these were the first such visits of the organization to detainees in Saudi Arabia since 1994. With the help of ICRC delegates, the detainees sent news of their whereabouts to their families – who had yet to be informed of their relatives' detention – in Saudi Arabia, Yemen and other countries.

After these visits, the authorities in the countries concerned received confidential feedback and, where appropriate, recommendations for improving detainees' living conditions and treatment – particularly during arrest and the initial stages of detention – and for reinforcing respect for judicial guarantees and the principle of *non-refoulement*. Dialogue between the authorities and the ICRC also focused on improving penitentiary services to better address issues related to detainees' health care. Based on these discussions, the ICRC developed training programmes for penitentiary personnel in Bahrain and Kuwait, with a view to implementing them in 2017. At an ICRC regional workshop in Kuwait, around 25 prison health staff from Bahrain, Kuwait and Qatar exchanged best practices in providing health-care services in places of detention.

Moreover, the Kuwaiti government supported the participation of three officials from the health ministry and one from the interior ministry in an ICRC-organized seminar on fostering respect for medical ethics in places of detention (see *Jordan*). With ICRC support, two prison doctors from Bahrain attended a course on prison health care in Basel, Switzerland. Authorities in the region learnt more about designing and managing detention facilities during study tours abroad.

Yemeni children are repatriated, upon their release from detention

At the request of the Saudi Arabian defence ministry and with the agreement of all parties concerned, the ICRC assisted in the repatriation of 52 Yemeni children. With ICRC support, Kuwaiti authorities resumed the use of a video-call system in a women's prison; subsequently, three women contacted their families abroad.

Through the ICRC, some migrants whose countries did not have diplomatic representation in Kuwait requested for travel documents from their embassies outside the country. Some 120 documents were delivered to the migrants by the ICRC, thereby reducing the time that they spent in detention prior to their deportation.

A total of 2,315 former Iraqi POWs who had been held in Saudi Arabia during the 1990–1991 Gulf War received attestations of captivity, which enabled them to apply for financial assistance in Iraq or helped facilitate legal procedures in the third countries where they had resettled.

ACTORS OF INFLUENCE

GCC States and organizations support ICRC activities for conflict-affected people in the region

During high-level meetings and other events, the ICRC's dialogue with the GCC authorities sought to further their awareness of IHL and humanitarian issues, and to gain their support for the organization's activities in the region, particularly in Iraq, Syria and Yemen. In Oman, dialogue with the authorities facilitated the transport of emergency aid, such as food, for conflict-affected people in Yemen, through the ICRC's logistics base in Salalah and across international shipping lines. During a visit to Oman, the ICRC's president and the national authorities discussed ways to strengthen the ICRC's presence in the country. Elsewhere in the region, the King Salman Centre in Saudi Arabia and the foreign affairs ministry of the United Arab Emirates pledged their support for the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM	Bahrain	Kuwait	Qatar	Saudi Arabia
ICRC visits				
Detainees visited	4,112	6,977	2,362	297
<i>of whom women</i>		1,326	191	
<i>of whom minors</i>	152	26		59
Detainees visited and monitored individually	12	37	5	297
<i>of whom women</i>		13	2	
<i>of whom boys</i>		57		
Detainees newly registered	8	32	4	297
<i>of whom women</i>		13	2	
<i>of whom boys</i>		19	2	36
Number of visits carried out	6	73	4	2
Number of places of detention visited	2	30	4	2
Restoring family links				
RCMs collected		118		182
RCMs distributed		67		
Phone calls made to families to inform them of the whereabouts of a detained relative		17		
Detainees released and transferred/repatriated by/via the ICRC				52
People to whom a detention attestation was issued		2,315		

To supplement these efforts, the ICRC organized or participated in country-level and regional forums. Representatives of governments, National Societies, regional or multilateral bodies, civil society and faith-based organizations from the wider Arab world learnt more about the ICRC's activities in the region – including the Health Care in Danger project – at forums on humanitarian action organized in Kuwait for both local and regional entities. Humanitarian actors in the region and the ICRC also exchanged views on specific humanitarian issues, such as the role of technology and innovation in their operations and post-traumatic psychological disorders among humanitarian personnel.

The ICRC maintained contact with State and humanitarian agencies throughout the region, such as the GCC secretariat, with a view to discussing possibilities for cooperation.

Kuwaiti and Qatari military personnel and legal experts strengthen their grasp of IHL

The ICRC continued to remind the GCC States taking part in the military coalition in Yemen of their obligations under IHL; it also engaged the Saudi Arabian authorities in dialogue on the conduct of military operations in Yemen.

Over 100 senior Kuwaiti and Qatari officers furthered their understanding of IHL, and of the ICRC's mandate and role in armed conflict, at annual courses organized by command and staff colleges and the ICRC. At the request of a military educational institute for field officers in Kuwait, the ICRC lent its expertise for a training exercise where 136 participating students learnt more about taking humanitarian considerations into account while planning military operations. A group of 13 Saudi Arabian military officers learnt more about IHL and related topics at a training session in Geneva, Switzerland.

To encourage the ratification of IHL treaties and respect for the law, the ICRC continued supporting the participation of State officials in IHL-related events. Ten GCC representatives attended a meeting, in Switzerland, of national IHL committees and other IHL-implementing bodies from around the world; the meeting was organized by the Swiss authorities, the Swiss Red Cross and the ICRC. Participants in the meeting discussed best practices among national IHL committees for promoting and helping develop domestic laws and policies to ensure respect for IHL; they paid particular attention to the protection due to IDPs and migrants in armed conflict, and to those seeking and providing health care (see *International law and policy*). In Bahrain, the Judicial and Legal Studies Institute conducted, with ICRC support, an advanced course for government officials, of whom 20 were interior ministry and military justice personnel. Officials from the Saudi Arabian defence ministry attended an advanced IHL course in San Remo.

The ICRC maintained its network of legal professionals, diplomats and academics. Eight legal professionals from Kuwait and Qatar – including a representative from the Organisation of Islamic Cooperation – attended advanced IHL courses abroad (see *Lebanon* and *Tunis*). Diplomats and/or academics attended IHL courses organized by the Kuwait Institute for Judicial Studies and a regional IHL seminar at the Emirates Diplomatic Institute; the latter aimed to build the capacities of diplomats specializing in IHL. The delegation also continued to provide publications to universities, with a view to encouraging students to pursue further studies in IHL.

RED CROSS AND RED CRESCENT MOVEMENT

GCC National Societies strengthen their ability to work in violence-affected areas

GCC National Societies continued to address humanitarian concerns in the region, including the need for separated family members to reconnect (see *Civilians*). Aided by ICRC expertise, GCC National Societies took steps to mitigate violence-related risks faced by their staff and volunteers while working in volatile areas. For example, they enhanced their communication capacities to more efficiently promote IHL, particularly the protection due to health personnel – in line with the Health Care in Danger project – and the red cross and red crescent emblems. At advanced workshops, 35 members of the Saudi Arabian Red Crescent's emergency response team learnt more about applying the Safer Access Framework, and about best practices in operating internationally. The Qatari and Lebanese National Societies, together with the ICRC, organized an advanced course on responding to large-scale health emergencies (see *Lebanon*).

The Kuwaiti National Society and the ICRC signed agreements to strengthen their partnership in providing assistance to people in need in Iraq, Lebanon and Syria.

Regular meetings, including those held by the Arab Red Crescent and Red Cross Organization, helped ensure coordination among the region's National Societies, thereby maximizing impact (see, for example, *Afghanistan* and *Jordan*). The ICRC emphasized the importance of conducting humanitarian activities in line with the Fundamental Principles, and in coordination with other Movement components, at training sessions, such as a workshop for 20 Bahrain Red Crescent Society volunteers. At their annual meeting, legal advisers from GCC National Societies discussed how to strengthen the managerial capacities, organizational structure and legal bases of their National Societies.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		26			
RCMs distributed		16			
Phone calls facilitated between family members		169			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		6	3		
People located (tracing cases closed positively)		3			
Tracing cases still being handled at the end of the reporting period (people)		1,528	12	2	48
<i>including people for whom tracing requests were registered by another delegation</i>		1,396			
Documents					
People to whom travel documents were issued		3			
Official documents relayed between family members across borders/front lines		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		13,748	1,517	237	
			Women	Girls	Boys
Detainees visited and monitored individually		351	15		57
Detainees newly registered		341	15		57
Number of visits carried out		85			
Number of places of detention visited		38			
RCMs and other means of family contact					
RCMs collected		300			
RCMs distributed		67			
Phone calls made to families to inform them of the whereabouts of a detained relative		17			
Detainees released and transferred/repatriated by/via the ICRC		52			
People to whom a detention attestation was issued		2,315			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Visits carried out by health staff			18	
Places of detention visited by health staff	Structures		5	

MAIN FIGURES AND INDICATORS

PROTECTION FIGURES AND INDICATORS

	WORLD	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
People deprived of their freedom						
All categories/all statuses						
Detainees visited	987,203	323,816	169,871	274,587	95,317	123,612
Detainees visited and monitored individually	33,056	18,245	601	4,672	1,485	8,053
Detainees newly registered	21,528	11,994	151	2,794	637	5,952
Detainees released	21,913	3,687	150	1,030	341	16,705
<i>of whom repatriated or transferred by/via the ICRC</i>	63	10			1	52
Number of visits carried out	4,825	1,894	344	686	524	1,377
Number of places of detention visited	1,649	627	131	345	223	323
Number of contexts	98	40	14	15	18	11
Detainees visited by their relatives with ICRC/National Society support	14,843	106	207	5,522	787	8,221
Detained women						
Women detainees visited	52,286	13,007	10,509	19,224	4,333	5,213
Women detainees visited and monitored individually	1,575	858	56	192	91	378
Women detainees newly registered during the reporting period	1,242	735	12	123	40	332
Women detainees released	584	321	13	54	55	141
Women detainees visited by their relatives with ICRC/National Society support	197	6	21	80	40	50
Detained minors						
Detained minors visited	19,957	7,664	3,985	4,070	1,509	2,729
Detained minors visited and monitored individually	2,751	1,584	53	279	17	818
Detained minors newly registered during the reporting period	2,518	1,412	46	263	13	784
Detained minors released	2,132	678	7	68	5	1,374
Detained minors visited by their relatives with ICRC/National Society support	750	1	22	86	1	640
International armed conflict (Third Geneva Convention)						
Prisoners of war (POWs) visited	35	34			1	
POWs newly registered	11	11				
Number of visits carried out	17	7			10	
Number of places of detention visited	4	3			1	
International armed conflict (Fourth Geneva Convention)						
Civilian internees (CIs) and others visited	2,583	39			4	2,540
CIs and others newly registered	1,733				2	1,731
CIs and others released	14,470	6			1	14,463
<i>of whom transferred or repatriated by/via the ICRC</i>	53				1	52
Number of visits carried out	415	11			11	393
Number of places of detention visited	48	11			3	34

	WORLD	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Restoring family links						
Red Cross messages (RCMs)						
RCMs collected	166,471	136,459	961	12,914	711	15,426
<i>of which from detainees</i>	23,911	6,443	861	8,795	245	7,567
<i>of which from unaccompanied minors/separated children</i>	4,265	4,213	47	5		
<i>of which from civilians</i>	138,295	125,803	53	4,114	466	7,859
RCMs distributed	143,701	118,354	682	10,918	592	13,155
<i>of which to detainees</i>	11,738	3,208	614	4,306	193	3,417
<i>of which to unaccompanied minors/separated children</i>	2,346	2,333	12	1		
<i>of which to civilians</i>	129,617	112,813	56	6,611	399	9,738
RCMs not distributed (back to sender)	13,839	10,837	52	1,508	46	1,396
Other means of family contact						
Phone calls facilitated between family members	570,113	428,645	83,995	17,989	21,057	18,427
Phone calls made to families to inform them of the whereabouts of a detained relative	29,841	5,947	40	2,292	470	21,092
Names published in the media	10,429	8,455		1,369		605
Names published on the ICRC family-links website	16,057	5,766	188	1,384	8,719	
Reunification, transfers and repatriations						
People reunited with their families	910	887	1	6	9	7
Civilians transferred	1,412	468	27		910	7
Human remains transferred	1,595	173	17	1,355	50	
Civilians repatriated	50	44				6
Human remains repatriated	464					464
Tracing requests						
People for whom a tracing request was newly registered	18,045	8,355	710	2,414	1,112	5,454
<i>of whom women</i>	2,192	1,197	90	346	131	428
<i>of whom minors at the time of disappearance</i>	6,460	4,780	183	665	62	770
Tracing cases closed positively (subject located or fate established)	4,751	2,190	194	792	372	1,203
Tracing cases closed negatively (subject not located or fate not established)	5,308	2,527	198	764	78	1,741
Tracing cases still being handled at the end of the reporting period (people)	73,436	16,898	1,326	19,654	19,376	16,182
<i>of whom women</i>	6,471	1,893	163	1,261	2,148	1,006
<i>of whom minors at the time of disappearance</i>	11,697	6,493	255	2,744	780	1,425
Unaccompanied minors (UAMs) and separated children (SC)						
UAMs/SC newly registered	3,541	3,510	16	9		6
<i>by the ICRC and/or the National Society</i>	3,504	3,489		9		6
<i>of whom girls</i>	1,239	1,238				1
UAMs/SC reunited with their families ¹	1,409	1,403		3		3
<i>by the ICRC and/or the National Society</i>	836	831		3		2
<i>of whom girls</i>	264	264				
UAMs/SC cases still being handled at the end of the reporting period	4,637	4,615		19		3
<i>of whom girls</i>	1,670	1,662		7		1
Unaccompanied demobilized child soldiers²						
Demobilized child soldiers newly registered	397	379	16			2
<i>by the ICRC and/or the National Society</i>	380	378				2
<i>of whom girls</i>	36	36				
Demobilized child soldiers reunited with their families ¹	295	293				2
<i>by the ICRC and/or the National Society</i>	227	225				2
<i>of whom girls</i>	18	18				
Cases of demobilized child soldiers still being handled at the end of the reporting period	205	205				
<i>of whom girls</i>	49	49				
Documents						
People to whom travel documents were issued	5,475	345		223	62	4,845
People to whom a detention attestation was issued	11,299	212	7	154	171	10,755
Other attestations issued	204	17	10	65	72	40
Documents transmitted/transferred	927	91	1	3	39	793
People approaching the ICRC						
People who visited or telephoned ICRC offices in the field	995,893	16,233	5,967	86,762	13,964	872,967

1. Figures for UAMs and SC and for unaccompanied demobilized child soldiers reunited with their families are included in the figure *People reunited with their families*.

2. Figures for unaccompanied demobilized child soldiers are included in the figures for UAMs and SC.

ASSISTANCE FIGURES AND INDICATORS

	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Economic security						
Civilians (residents, internally displaced people, returnees, etc.)						
Food commodities	14,699,000	2,877,895	2,831	282,596	232,093	11,303,585
Essential household items	5,101,185	1,221,071	4,522	299,402	261,672	3,314,518
Productive inputs	2,639,773	2,066,110	14,726	96,158	16,093	446,686
Cash	838,895	332,841	171,658	88,572	44,761	201,063
Vouchers	21,425	13,782			3,864	3,779
Services and training	2,060,981	1,396,434	140,077	410,846	4,007	109,617
Of whom internally displaced people (IDPs)						
Food commodities	11,391,970	2,178,847	217	181,545	18,202	9,013,159
Essential household items	3,932,158	984,521	369	217,864	20,132	2,709,272
Productive inputs	581,788	432,309	4,337	15,602	620	128,920
Cash	492,237	165,577	163,596	26,174	17,388	119,502
Vouchers	4,548	4,538			10	
Services and training	144,193	107	138,227	5,458	401	
Detainees						
Food commodities	113,470	93,633		13,132	6,705	
Essential household items	396,866	137,305	1,756	115,212	31,996	110,597
Productive inputs	37,229	37,104	125			
Cash	4,613	2,599	115	1,567	64	
Vouchers	2	2				
Services and training	5,483	952	4,517	14		
Total for all target populations						
Food commodities	14,812,470	2,971,528	2,831	295,728	238,798	11,303,585
Essential household items	5,498,051	1,358,376	6,278	414,614	293,668	3,425,115
Productive inputs	2,677,002	2,103,214	14,851	96,158	16,093	446,686
Cash	843,240	335,440	171,773	90,139	44,825	201,063
Vouchers	21,427	13,784			3,864	3,779
Services and training	2,066,464	1,397,386	144,594	410,860	4,007	109,617
Water and habitat						
Civilians						
Beneficiaries	28,061,308	3,283,508	106,798	534,687	1,506,291	22,630,024
Of whom IDPs						
Beneficiaries	5,619,243	323,379	916	12,128		5,282,820
Detainees						
Beneficiaries	355,665	193,754	36,531	93,088	3,498	28,794
Wounded and sick						
Beds	16,744	3,382	242	3,792	1,580	7,748
Total for all projects						
Beneficiaries (civilians and detainees)	28,416,973	3,477,262	143,329	627,775	1,509,789	22,658,818
Beds (wounded and sick)	16,744	3,382	242	3,792	1,580	7,748
Primary health care						
Health centres supported						
Health centres supported	271	98	16	61	28	68
Average catchment population	8,804,725	1,808,503	128,413	2,308,397	592,099	3,967,313
Activities						
Antenatal consultations	356,406	212,849	39	85,565		57,953
Immunizations (patients)	2,545,241	1,389,994		718,291		436,956
<i>Of whom children aged 5 or under who were vaccinated against polio</i>	1,401,355	761,012		370,995		269,348
Curative consultations	3,805,082	1,167,919	29,655	1,240,357		1,367,151
<i>Of which curative consultations for females</i>	1,042,992	340,816	3,228	271,778		427,170
Referrals to a second level of care	53,203	11,692	157	12,913		28,441
<i>Of whom gynaecological/obstetric cases</i>	8,374	2,391	1	1,002		4,980

	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Hospital support						
Hospitals						
Supported hospitals that provided data	143	55		17		71
Supported hospitals that did not provide data	298	37	15	51	86	109
Patients whose treatment was paid for by the ICRC (total)	2,807	277	1,495	236		799
Women	773	41	550	43		139
Men	1,465	204	713	111		437
Children	569	32	232	82		223
Admissions						
Weapon-wounded patients admitted (total)	54,167	15,374		2,878		35,915
Women	2,916	2,185		178		553
Men	49,091	11,887		2,486		34,718
Children	2,160	1,302		214		644
Of whom patients admitted with injuries caused by mines or explosive remnants of war (total)	4,707	1,782		874		2,051
Women	335	66		107		162
Men	3,986	1,589		649		1,748
Children	386	127		118		141
Non-weapon-wounded surgical patients admitted (total)	148,347	28,888		46,803		72,656
Women	26,416	6,938		12,099		7,379
Men	100,896	17,198		23,714		59,984
Children	21,035	4,752		10,990		5,293
Operations performed	182,066	52,031		39,350		90,685
Internal medicine and paediatric patients admitted (total)	237,472	22,511		119,545		95,416
Women	43,573	5,486		31,700		6,387
Men	120,169	5,072		36,390		78,707
Children	73,730	11,953		51,455		10,322
Gynaecological/obstetric patients admitted (total)	148,557	9,414		67,555		71,588
Women	145,760	9,379		64,925		71,456
Girls	2,797	35		2,630		132
Outpatient consultations						
Surgical outpatients (total)	735,122	154,133		201,455		379,534
Women	92,162	15,420		48,735		28,007
Men	545,992	122,298		98,657		325,037
Children	96,968	16,415		54,063		26,490
Internal medicine and paediatric outpatients (total)	973,223	156,447		246,140		570,636
Women	259,628	48,292		84,823		126,513
Men	456,909	43,108		82,745		331,056
Children	256,686	65,047		78,572		113,067
Gynaecological/obstetric outpatients (total)	289,250	26,558		136,746		125,946
Women	282,032	26,519		130,838		124,675
Children	7,218	39		5,908		1,271
First aid						
Supported first-aid posts that provided data	14	10		4		
Supported first-aid posts that did not provide data	110	9	8	63	30	
Wounded persons treated in the first-aid posts (total)	386	84		302		
Women	6	6				
Men	371	70		301		
Children	9	8		1		

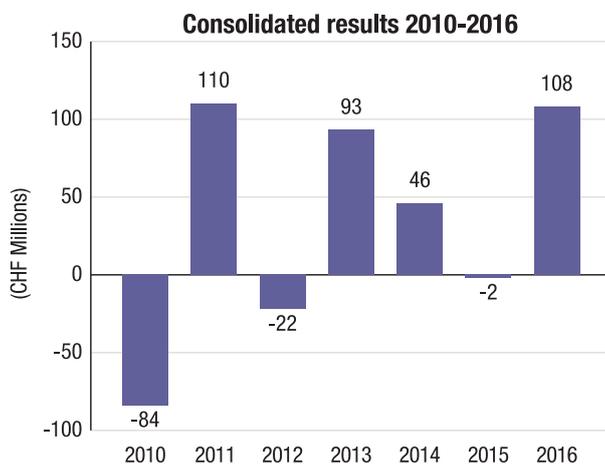
	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Physical rehabilitation						
Physical rehabilitation projects supported	139	45	18	53	1	22
Activities						
Patients receiving services (total)	398,409	38,184	19,608	224,175		116,442
Women	80,634	7,903	7,338	41,954		23,439
Men	178,246	16,012	6,901	114,874		40,459
Children	139,529	14,269	5,369	67,347		52,544
Amputees receiving services (total)	84,513	9,406	1,739	52,975		20,393
Women	11,121	1,972	378	5,102		3,669
Men	66,659	6,748	1,255	45,468		13,188
Children	6,733	686	106	2,405		3,536
New patients fitted with prostheses (total)	10,514	2,044	499	5,603		2,368
Women	1,689	414	118	743		414
Men	7,769	1,453	327	4,374		1,615
Children	1,056	177	54	486		339
Prostheses delivered (total)	22,363	4,023	894	12,598		4,848
Women	3,219	824	178	1,488		729
Men	17,162	2,854	647	10,168		3,493
Children	1,982	345	69	942		626
Of which for victims of mines or explosive remnants of war (total)	5,826	356	77	4,576		817
Women	339	42	8	260		29
Men	5,363	309	69	4,220		765
Children	124	5		96		23
Non-amputees receiving services (total)	313,633	28,531	17,869	171,202		96,031
Women	69,512	5,922	6,960	36,853		19,777
Men	111,559	9,224	5,646	69,401		27,288
Children	132,562	13,385	5,263	64,948		48,966
New patients fitted with orthoses (total)	50,457	2,641	5,999	19,221		22,596
Women	8,315	395	1,193	3,275		3,452
Men	13,206	666	1,389	6,445		4,706
Children	28,936	1,580	3,417	9,501		14,438
Orthoses delivered (total)	97,533	5,420	9,302	38,332		44,479
Women	15,588	831	2,002	5,771		6,984
Men	22,748	1,068	2,091	10,629		8,960
Children	59,197	3,521	5,209	21,932		28,535
Of which for victims of mines or explosive remnants of war (total)	740	27	93	263		357
Women	66	6	30	19		11
Men	590	19	37	222		312
Children	84	2	26	22		34
Patients receiving physiotherapy	83,531	7,849	4,272	51,176		20,234
Women	20,911	1,630	2,374	11,970		4,937
Men	31,002	3,093	1,647	19,052		7,210
Children	31,618	3,126	251	20,154		8,087
Walking aids delivered (total)	42,970	9,464	941	28,758		3,807
Women	6,505	1,707	357	3,804		637
Men	31,210	6,934	520	21,609		2,147
Children	5,255	823	64	3,345		1,023
Wheelchairs or tricycles delivered (total)	6,321	844	1,257	3,013		1,207
Women	1,432	255	319	611		247
Men	3,032	505	486	1,562		479
Children	1,857	84	452	840		481
Components delivered to non-ICRC projects						
Artificial feet	4,113			4,113		
Artificial knees	116			116		
Alignment systems	474			474		
Orthotic knee joints (pairs)	18			18		

1. Sum of available data, which may not always reflect the extent of ICRC operations

FINANCE AND ADMINISTRATION

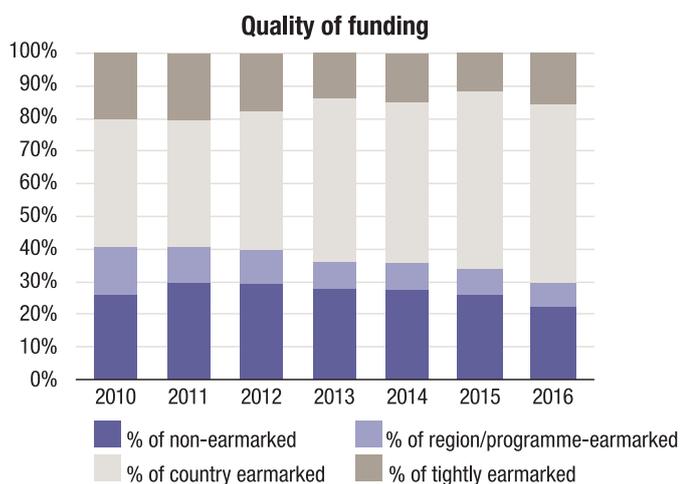
THE FINANCIAL YEAR 2016

The 2016 financial year yielded a consolidated surplus of KCHF 107,302. Strong donor support for the field operations was the main driver for this result. Another key driver was the positive behaviour of the financial markets with regards to foreign exchange risk exposure. This helped to reduce the adverse impact of negative interest rates on holdings, which the Swiss National Bank introduced in January 2015 to limit the strengthening of the Swiss franc.



The 2015 field funding shortfall of KCHF -58,703 was deemed too significant to be borne by the 2016 financial year; hence, the ICRC committed some of its reserves for future operations. The 2016 results enabled the ICRC to partially rebuild its reserves for future operations to the equivalent of 2.1 months' worth of expenditures. The current environment remains unpredictable and volatile and sustaining the 2016 level of funding is not guaranteed. A pragmatic and reasonable amount of reserves is paramount for the ICRC to quickly respond to humanitarian crises and to face unexpected risks.

The decrease in flexible funding (i.e. non-earmarked or loosely earmarked contributions), which is vital to preserve the ICRC operational capacity, remained worrisome. In order to respond in the most efficient manner to increasingly volatile contexts, the ICRC needs 35% to 40% of its income to be either non-earmarked or region/programme-earmarked. Over the past years, the trend has been a rise in country-earmarked contributions, which continued in 2016: both quality funding segments (non-earmarked and region/programme-earmarked) dropped to their lowest historical level in years, a total of 30% compared to 41% in 2010.



APPEALS 2016: OPERATIONS

The initial field budget of KCHF 1,525,496 increased by KCHF 88,321, to KCHF 1,613,817, as a result of 12 budget extensions, launched in response to immense humanitarian needs in several contexts. These contexts included Burundi and Libya, where hostilities resurged or intensified; the Syrian Arab Republic, where the ICRC and the National Society saw some improvements in their access to people in need; and Iraq, where certain developments in the conflict were projected, based on an internal analysis. One budget extension covered the Lake Chad region, where violence persisted in Cameroon (covered by the Yaoundé regional delegation), Chad, Niger and Nigeria; and another was for Armenia and Azerbaijan, following the escalation of the Nagorno-Karabakh conflict. Other budget extensions were issued to elicit support for the ICRC's activities to alleviate the severe plight of asylum seekers in Jordan, and of migrants in Greece (the latter covered by the Paris regional delegation). Therefore the final budget is KCHF 1,613,817.

The total field expenditure amounted to KCHF 1,462,014 in 2016, compared to KCHF 1,412,618 in 2015. The 2016 level of spending corresponds to an implementation rate of 90.6% of the final field budget. Direct contributions to field operations reached KCHF 1,508,756, up 12% from 2015.

APPEALS 2016: HEADQUARTERS

The final headquarters budget was KCHF 204,245. The actual level of expenditures was KCHF 203,662. This corresponded to an implementation rate of 99.7% of the budget. The importance and continued expansion of the field activities, and ongoing organizational transformations, required additional support from headquarters.

STATEMENT OF INCOME

After consolidating the results of the field and headquarters budgets, and the controlled funds and foundations, the ICRC ended up with an overall surplus of KCHF 107,302 in 2016, compared to a deficit of KCHF -2,440 in 2015. The operating result reflected the effect of increased direct funding to the field because of the large number of highly visible operations, which was partly offset by operational limitations in various contexts marked with heightened security and/or access constraints. The non-operating result was buoyed by relative currency stability and the better performing financial markets.

BALANCE SHEET

No significant changes occurred in the consolidation perimeter since the introduction in 2001 of International Financial Reporting Standards (IFRS). Significant drivers in the balance sheet remained long-term donor commitments and human resources.

AUDITORS OPINION AND INTERNAL CONTROL

In 2015, the ICRC amended the presentation of the consolidated financial statements under IFRS to provide greater clarity. As an additional move to increase the transparency of its financial processes, the ICRC prepared to share the 2016 management letter and details on fraud cases, with members of the Donor Support Group as per their requirements.

As per Swiss legal requirements regarding internal control systems, the external auditors have confirmed unreservedly the existence of such a system at the ICRC and have provided an unqualified audit opinion on the IFRS-compliant consolidated financial statements.

CONSOLIDATED FINANCIAL STATEMENTS OF THE ICRC 2016

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CONSOLIDATED STATEMENT OF INCOME

FOR THE YEAR ENDED 31 DECEMBER

(CHF million)	Note	2016	2015
Contributions	[2A]	1,661	1,502
Staff costs	[3B]	-661	-587
Purchase of goods and materials	[3A]	-351	-372
Rentals	[3D]	-160	-164
Other expenses	[3A]	-391	-365
Operating expenditure		-1,563	-1,488
Net surplus of operating activities		98	14
Foreign exchange result, net		2	-9
Financial income, net		7	-1
Other income and expenses, net		-	-6
Net surplus/(deficit) of non-operating activities		9	-16
Surplus/(deficit) for the year		107	-2

CONSOLIDATED STATEMENT OF OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED 31 DECEMBER

(CHF million)	Note	2016	2015
Surplus/(deficit) for the year		107	-2
Other comprehensive income			
Re-measurement losses on defined benefit plan that will not be reclassified to profit or loss	[4F]	-80	-7
Comprehensive surplus/(deficit) for the year		27	-9

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AT 31 DECEMBER

(CHF million)	Note	2016	2015
Cash and cash equivalents	[4A]	290	156
Investments	[4C]	201	196
Accounts receivable	[2B]	200	184
Inventories	[3F]	73	58
Prepayments		23	19
Total Current assets		787	613
Investments	[4C]	103	105
Accounts receivable	[2B]	48	84
Tangible assets	[3G]	199	203
Intangible assets	[3G]	60	51
Total Non-current assets		410	443
Total Assets		1,197	1,056
Accounts payable and accrued expenses		69	60
Provisions for operational claims		5	7
Loans and borrowings	[4B]	1	1
Employee benefit liabilities	[3B]	52	56
Deferred income	[2C]	188	125
Total Current liabilities		315	249
Loans and borrowings	[4B]	18	19
Employee benefit liabilities	[4F]	454	369
Deferred income	[2C]	56	92
Total Non-current liabilities		528	480
Total Liabilities		843	729
Unrestricted reserves	[2D]	277	302
Restricted reserves	[2D]	77	25
Total Reserves		354	327
Total Liabilities and reserves		1,197	1,056

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

CONSOLIDATED STATEMENT OF CHANGES IN RESERVES

FOR THE YEAR ENDED 31 DECEMBER

(CHF million)	Note	Total Unrestricted reserves	Restricted reserves			Total Reserves
			Funding of operations	Funds and foundations	Total	
		[2Da]	[2Db]	[2Dc]		
Balance at 1 January 2016		302	-12	37	25	327
Net surplus for the year		55	51	1	52	107
Other comprehensive loss	[4F]	-80	-	-	-	-80
Allocation to restricted reserves		-	-	-	-	-
Balance at 31 December 2016		277	39	38	77	354
Balance at 1 January 2015		277	21	38	59	336
Net deficit for the year		57	-58	-1	-59	-2
Other comprehensive loss	[4F]	-7	-	-	-	-7
Allocation to restricted reserves		-25	25	-	25	-
Balance at 31 December 2015		302	-12	37	25	327

CONSOLIDATED STATEMENT OF CASH-FLOWS

FOR THE YEAR ENDED 31 DECEMBER

(CHF million)	Note	2016	2015
Surplus/(deficit) for the year		107	-2
Adjustments to reconcile surplus/(deficit) to net cash from operating activities			
- Non-cash items		25	-1
- Items relating to investing activities		-14	11
- Working capital adjustments		47	-40
Net cash from/(used in) operating activities		165	-32
Purchase of tangible assets	[3G]	-23	-34
Proceeds from the sale of tangible assets		4	7
Purchase of intangible assets	[3G]	-19	-19
Purchase of investments		-85	-81
Proceeds from the sale of investments		91	64
Sale of short-term deposits, net		-	30
Income from investments, net and interest received		3	3
Net cash used in investing activities		-29	-30
Repayments of long-term loans	[4B]	-1	-1
Net cash used in financing activities		-1	-1
Net increase/(decrease) in cash and cash equivalents		135	-63
Cash and cash equivalents at the beginning of the year		156	224
Effect of exchange rate differences on cash		-1	-5
Net increase/(decrease) in cash and cash equivalents		135	-63
Cash and cash equivalents at the end of the year	[4A]	290	156

AT 31 DECEMBER 2016

EXPLANATORY NOTES TO THESE CONSOLIDATED FINANCIAL STATEMENTS

The notes have been organized into four sections to present how the ICRC funds its activities, runs its operations and manages the funds provided by donors. Each section of the notes presents the financial information and any material accounting policies that are relevant to an understanding of the activities of the ICRC.

1. Activities	2. Funding	3. Operations	4. Management of funds
1A. Activities	2A. Contributions	3A. Operating expenses	4A. Cash and cash equivalents
1B. Significant accounting policies	2B. Accounts receivable	3B. Staff costs	4B. Loans and borrowings
1C. Significant accounting judgments	2C. Deferred income	3C. Related parties	4C. Investments
1D. Changes in accounting policies	2D. Reserves	3D. Rentals	4D. Financial risk management
1E. Standards issued but not yet effective		3E. Overheads and administrative costs	4E. Fair value
		3F. Inventories	4F. Employee benefit liabilities
		3G. Tangible and intangible assets	
		3H. Commitments	

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

1. ACTIVITIES AND BASIS FOR ACCOUNTING

1A. Activities

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance.

It directs and coordinates the international relief activities conducted by the International Red Cross and Red Crescent Movement (hereafter “the Movement”) in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the Movement. The Movement is made up of the following components: the International Committee of the Red Cross, the National Red Cross and Red Crescent Societies, and the International Federation of Red Cross and Red Crescent Societies. The ICRC is formally recognized in the 1949 Geneva Conventions and by the International Conference of the Red Cross and Red Crescent. As a humanitarian non-profit organization domiciled in Switzerland, it was granted United Nations observer status in October 1990. Under Article 60 of the Swiss Civil Code, it has the legal form of an association. Its registered office is at 19, Avenue de la Paix, 1202 Geneva, Switzerland. The ICRC Assembly is the supreme governing body of the ICRC.

The ICRC’s principal tasks are to:

- ▶ visit prisoners of war and civilian detainees;
- ▶ search for missing persons;
- ▶ transmit messages between family members separated by conflict;
- ▶ reunite dispersed families;
- ▶ provide food, water and medical assistance to civilians without access to these basic necessities;
- ▶ spread knowledge of international humanitarian law (IHL);
- ▶ monitor compliance with IHL;
- ▶ draw attention to violations and contribute to the development of IHL; and
- ▶ enhance the capacity of National Societies to fulfil their responsibilities as Red Cross and Red Crescent institutions providing humanitarian services in their respective countries.

The ICRC (but not its staff) is exempt from taxes in Switzerland and most countries in which its delegations are based.

1B. Significant accounting policies and basis of preparation

This note contains the ICRC’s significant accounting policies that relate to the consolidated financial statements as a whole. Accounting policies specific to one note are described in that note.

Statement of compliance

The consolidated financial statements have been prepared in compliance with the International Financial Reporting Standards (IFRS) as adopted by the International Accounting Standards Board (IASB).

The IFRS do not contain specific guidelines for non-profit and non-governmental organizations concerning the accounting treatment and presentation of consolidated financial statements. Where the IFRS are silent or do not give guidance on how to treat transactions specific to the not-for-profit sector, accounting policies have been based on the general IFRS principles, as detailed in the basis of measurement of the IASB Conceptual Framework for Financial Reporting. The consolidated financial statements have been prepared using the historical cost convention, except when otherwise indicated.

The consolidated financial statements were authorized for issue by the Assembly on 27 April 2017.

Functional and presentation currency

The ICRC’s functional and presentation currency is the Swiss franc (CHF). All financial information presented has been rounded to the nearest CHF million, except when otherwise indicated. The financial information in the following notes is presented in CHF million with one decimal place and may result in rounding-off addition differences.

Transactions in currencies other than the Swiss franc are converted into Swiss francs at rates which approximate the actual rates at the transaction date. At the reporting date, monetary assets and liabilities denominated in foreign currency are converted into Swiss francs at the rate of exchange at that date. Non-monetary assets and liabilities in foreign currency that are stated at historical cost are translated at the foreign exchange rate at the date of the transaction. Realized and unrealized exchange differences are reported in the consolidated statement of income.

The principal rates of exchange are shown below:

	Closing rate		Average rate	
	2016	2015	2016	2015
USD	1.0253	0.9893	0.9870	0.9638
EUR	1.0719	1.0843	1.0914	1.0745
GBP	1.2553	1.4700	1.3480	1.4756
AUD	0.7385	0.7196	0.7329	0.7250

Basis of consolidation

The consolidated financial statements of the ICRC cover the activities of the Geneva headquarters, all ICRC delegations, seven funds and two foundations. The general purpose of the funds and foundations is to help finance the ICRC's humanitarian work. The following seven funds are separate reporting entities:

- ▶ Clare Benedict Fund
- ▶ Omar El Mukhtar Fund
- ▶ Augusta Fund
- ▶ Florence Nightingale Medal Fund
- ▶ French Fund Maurice de Madre
- ▶ Paul Reuter Fund
- ▶ Jean Pictet Fund

The following two foundations are separate legal entities:

- ▶ Foundation for the ICRC
- ▶ ICRC Special Fund for the Disabled

The ICRC applied IFRS 10 and assessed its relationships with these funds and foundations. Control exists when the investor is exposed, or has rights, to variable returns from its involvement with its investees and has the ability to affect those returns through its power over the investees. Taking into consideration the activities, decision-making processes, benefits and related risks associated with the entities, the ICRC concluded that, in substance, the funds and foundations listed above are controlled by the ICRC and should be consolidated into the ICRC financial statements.

The ICRC reviews its significant judgments and assumptions made in determining that it has control of other entities on an annual basis. Intragroup balances and transactions, and any unrealized gains from such transactions, are eliminated when the consolidated financial statements are prepared. The financial statements of the funds and foundations are prepared for the same reporting period as the ICRC, using consistent accounting policies.

1C. Significant accounting judgments, estimates and assumptions

All significant accounting judgments, estimates and assumptions specific to one note are described in that note. In particular, the ICRC has applied judgment in developing its accounting policies with respect to contributions (refer to Note [2A]). Estimates and assumptions are particularly relevant for the determination of the non-current employee benefit liabilities (refer to Note [4F]).

The ICRC is subject to risks and uncertainties which may lead to actual results differing from these estimates, both positively and negatively. Specific financial risks for the ICRC are discussed in Note [4D] on *Financial risk management objectives and policies*.

1D. Changes in accounting policies and disclosures

The ICRC has adopted all new or amended standards (IFRS) and interpretations (IFRS IC) which are effective for the financial year 2016. The implementation of the new or amended standards has not had any material impact on the ICRC's consolidated financial statements.

1E. Standards issued but not yet effective

The IASB has issued a number of new IFRS standards, amended standards and IFRS IC, which are not yet effective for the financial year ended 31 December 2016. The ICRC is currently assessing the effect of implementing IFRS 9 "Financial Instruments", IFRS 15 "Revenue from Contracts with Customers" and IFRS 16 "Leases", which are not yet adopted. All are effective for annual periods beginning on or after 1 January 2018, except for the IFRS 16 "Leases" which is effective one year later.

All other new or amended standards and interpretations not yet effective are currently not expected to have any material impact on the ICRC's consolidated financial statements.

2. FUNDING

2A. Contributions

- ▶ Contributions, designated for general use by the ICRC, are recognized as revenue upon receipt of a written confirmation from the donor. In the absence of such a confirmation, the contribution is recognized upon receipt of cash.
- ▶ Contributions received after the reporting date, but designated for use in the reporting period, are recognized as revenue in the reporting period.
- ▶ Contributions designated for use after the reporting date are reported as deferred income in the consolidated statement of financial position and recognized as revenue in the year designated by the donor.
- ▶ Contributions that are based on contracts for specific projects are reported as deferred income and recognized as revenue as the associated expense is incurred.
- ▶ Contributions that will fall due after five years or are estimated as unlikely to be paid are not accounted for and are disclosed as contingent assets owing to uncertainties associated with their receipt. In 2016, contributions amounting to CHF 1.4 million (2015: CHF 4.1 million) were considered contingent assets.
- ▶ Contributions are mainly received in cash but may be received in kind (goods or fixed assets) or in services (staff, means of transport or rent).
- ▶ Contributions in kind and in services are recognized as revenue at their estimated fair value on the date of receipt of the goods or services or the date the donated fixed assets are available for use.
- ▶ Contributions in cash for direct funding of the costs of purchasing or constructing specific fixed assets are fully recognized under operating income upon receipt of the cash.

Range of donors

Contributions and joint appeals are received from a wide range of donors:

(CHF million)	2016	2015
Governments	1,407.5	1,266.9
European Commission	160.2	123.7
Private sources	51.0	66.9
National Societies and the International Federation	31.1	34.7
Public sources	8.1	8.0
International and supranational organizations	2.7	2.1
Total Contributions	1,661.0	1,502.0

Public sources are defined as cantons and municipalities, whereas private sources are defined as individuals, foundations, legacies, private companies and associations. International and supranational organizations include UN agencies and non-governmental organizations.

Earmarking

- ▶ Contributions restricted to no other purpose than general ICRC field operations are considered non-earmarked.
- ▶ Contributions restricted to a given region, country or programme (worldwide) are considered loosely earmarked.
- ▶ Contributions restricted to a country and project or sub-programme are tightly earmarked.

The table below shows the overall framework for the earmarking of contributions.

(CHF million)	2016	2015
Non-earmarked contributions	377.5	391.4
Loosely earmarked contributions	121.2	123.5
Country-earmarked contributions	907.0	808.8
Tightly earmarked contributions	254.8	178.6
Total Contributions	1,661.0	1,502.0

2B. Accounts receivable

- ▶ Contributions receivable are amounts due from donors and recognized upon receipt of a written agreement. The accounts receivable are stated at nominal value, net of an allowance to cover the risk of non-payment.
- ▶ Management specifically analyses contributions receivable, historical trends and current economic trends when assessing the adequacy of the allowance. The allowance is made on the basis of a specific individual review of all significant open positions. For those positions not specifically reviewed, the allowance is made using different rates based on the ageing of the receivables and in light of past experience. The amount of impairment loss is recognized in the consolidated statement of income. When a contribution receivable is uncollectible, it is derecognized.
- ▶ Contributions receivable due more than 12 months and less than five years after the reporting date are recorded as long-term receivables and discounted to their present value. The carrying values of long-term receivables and deferred income are based on the estimated expected future cash-flows, discounted using the rates on the dates the pledges were signed. The long-term receivables and deferred income were not discounted at 31 December 2015 and 31 December 2016, as the discount rate to be used was negative.

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

The nature of the accounts receivable is as follows:

(CHF million)	2016	2015
Contributions receivable in less than 12 months	194.2	174.4
Other receivables	5.8	9.5
Sub-total Current accounts receivable	200.0	184.0
Contributions receivable in more than 12 months	48.0	84.0
Total Accounts receivable	248.0	268.0

There are no standard payment terms for contributions, as the timing of payments is usually specified in each donor contract.

2C. Deferred income

Revenue relating to future years is recorded as deferred income. Revenue deferred for more than 12 months after the reporting date is recorded as non-current and discounted to its present value at the reporting date.

(CHF million)	Note	2016	2015
Deferred income related to contributions in less than 12 months		188.0	125.0
Deferred income related to contributions in more than 12 months		45.4	80.9
Deferred income related to government loans	[4B]	10.8	11.0
Sub-total Non-current deferred income		56.0	92.0
Total Deferred income		244.0	217.0

2D. Reserves

Reserves are composed of the surplus or deficit from operating and non-operating activities. Accumulated reserves are classified as either restricted (permanently or temporarily) or unrestricted reserves.

a. Unrestricted reserves

Unrestricted reserves designated by the Assembly are not subject to any legal or third-party restrictions and can be allocated as the ICRC Assembly sees fit. Unrestricted reserves may be designated for specific purposes to meet future obligations or risks.

(CHF million)	At 1 January 2015	Use/release during 2015	Allocation 2015	At 31 December 2015	Use/release during 2016	Allocation 2016	At 31 December 2016
Future operations	265.4	-25.0	10.4	250.8	-	20.1	270.9
Assets replacement	216.0	-1.0	16.9	231.9	-0.5	20.8	252.2
Operational risks	24.8	-5.3	2.3	21.8	-2.8	2.3	21.3
Financial risks	22.6	-0.3	7.2	29.5	-2.1	3.2	30.7
Specific projects	0.8	-	0.1	0.9	-	0.5	1.4
Human resources	-267.3	-3.1	37.5	-233.0	-70.9	4.2	-299.7
General reserves	14.4	-14.4	-	-	-	-	-
Total Unrestricted reserves	277.0	-49.0	74.0	302.0	-76.0	51.0	277.0

Future operations reserves

The future operations reserves are intended for situations with insufficient operational funding. The theoretical level is estimated at CHF 516.0 million (in 2015: CHF 471.8 million) based on an average of four months of expenses in cash, kind and services (including overheads) over the previous four years and the next year's initial budget, both at headquarters and in the field.

Assets replacement reserves

The ICRC sets aside funds for capital expenses on real estate and equipment, in order to be able to make investments that are essential for its operations regardless of short-term financial fluctuations. These reserves also contain funds received from donors for specific fixed assets, and the corresponding reserves are amortized over the life of the related asset.

Operational risks reserves

These are reserves relating to insurance coverage and to potential litigation.

Financial risks reserves

The financial risks reserves cover the risks of exchange rate variations and price fluctuations in securities. The foreign-exchange reserve target amount is estimated at the value at risk (VaR) using a 95% confidence interval (see Note [4D] for the method of calculation).

Specific projects reserves

Allocations for specific projects relate to contracts signed by ICRC headquarters during the financial year for which goods and/or services had not been delivered by the end of the year.

Human resources reserves

The human resources reserves include the effects of under-coverage of the defined benefit pension plan for CHF -307.7 million (2015: CHF -241.0 million). The human resources reserves have shown a negative balance since 2011, when changes in employee benefit accounting resulted in the immediate recognition of re-measurement gains and losses in the period in which they arise.

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

Other human resources reserves of CHF 8.0 million (2015: CHF 8.0 million) were initially set aside to cover future payments to management and staff under agreements for post-employment benefits, including early retirement. In 2013, management decided to optimize the headquarters' structures via restructuring, reorganization, relocation and outsourcing. As a consequence, the ICRC signed a restructuring plan with the staff representatives in July 2014. The plan covers all Geneva-based staff who lose their jobs because of these optimization efforts. Restructuring is expected to be completed by 31 December 2018. The existing human resources reserves have been increased to cover the expected future impact of this new plan.

b. Temporarily restricted reserves for the funding of operations

Donors' restricted contributions

Donors' restricted contributions may exceed specific expenses incurred in the field or at headquarters for the reporting period, resulting in a temporary surplus in funding. The cumulative excess is carried forward to the following year and recorded in reserves as *Donors' restricted contributions*. When the surplus funds cannot be used, the ICRC either obtains agreement from the donors to reallocate the funds for a different use or reimburses the funds to the donor, in which case they are recognized as a liability.

Field operations with temporary deficit funding

The ICRC incurs expenses for field operations which may not be fully funded by designated contributions, resulting in a temporary deficit for the reporting period. At year-end, management estimates the expected funding necessary to cover the expenses incurred and allocates non-earmarked and loosely earmarked contributions available to field operations. The net position is reported as *Field operations with temporary deficit funding* in the reserves. Changes in these estimates could result in the need to re-assess the temporarily restricted reserves for the funding of operations.

The changes in temporarily restricted reserves for the funding of operations are summarized as follows:

(CHF million)	At 1 January 2015	Increase/ (decrease) during 2015	At 31 December 2015	Increase/ (decrease) during 2016	At 31 December 2016
Field operations with temporary surplus funding	29.0	10.4	39.4	49.3	88.7
Headquarters restricted contributions	0.3	0.4	0.7	-0.4	0.3
Donors' restricted contributions	29.3	10.8	40.1	48.9	89.0
Field operations with temporary deficit funding	-7.9	-44.4	-52.3	2.3	-50.0
Total Reserves for the funding of operations	21.0	-33.0	-12.0	51.0	39.0

c. Permanently restricted reserves for the funds and foundations

The reserves relating to the seven funds and two foundations controlled by the ICRC are permanently restricted for the ICRC, as the use and allocation of these reserves are decided by the respective boards of the funds and foundations.

The permanently restricted reserves are summarized as follows:

(CHF million)	2016	2015
Foundation for the International Committee of the Red Cross	24.3	24.2
French Fund Maurice de Madre	4.8	4.7
ICRC Special Fund for the Disabled	3.6	3.2
Clare Benedict Fund	2.2	2.2
Omar El Mukhtar Fund	1.0	1.0
Paul Reuter Fund	0.7	0.6
Jean Pictet Fund	0.6	0.6
Florence Nightingale Medal Fund	0.6	0.5
Augusta Fund	0.1	0.1
Total Reserves for the funds and foundations	38.0	37.0

The 32nd International Conference of the Red Cross and Red Crescent validated the dissolution of the Augusta Fund and the transfer of its capital to the Florence Nightingale Medal Fund in December 2015. The ICRC was instructed to make the arrangements for this dissolution in 2016. The net assets of the Augusta Fund, as reported in their statutory financial statements at 31 December 2016, will be transferred to the Florence Nightingale Medal Fund in 2017.

3. OPERATIONS

3A. Operating expenses

Operating expenses are defined as direct programme-oriented expenses incurred in order to carry out the ICRC's humanitarian mission. Non-operating expenses are defined as not directly related to the ICRC's mission and/or incurred in the management of cash and investments.

For management reporting purposes, costs are analysed as relating to "field", "headquarters" or "funds and foundations", and the effect of IAS 19 on staff costs is shown separately. The breakdown of operating expenses for the past two years is as follows:

2016 (CHF million)	Field	Headquarters	Funds and Foundations	IAS 19 effect	Total 2016
Staff costs	529.1	148.2	2.1	-18.8	661.0
Purchase of goods and materials	348.6	2.3	0.2	-	351.0
Rentals	157.0	3.3	0.1	-	160.0
Other expenses					
- General expenditure	81.6	31.5	0.3	-	113.4
- Financial assistance	99.5	0.8	1.6	-	101.9
- Mission costs	67.4	6.2	0.4	-	74.0
- Sub-contracted maintenance	60.9	2.3	0.2	-	63.4
- Depreciation	28.9	9.1	-	-	38.0
Sub-total Other expenses	338.3	49.9	2.4	-	391.0
Total 2016 Operating expenditure	1,373.0	203.7	4.8	-18.8	1,563.0

2015 (CHF million)	Field	Headquarters	Funds and Foundations	IAS 19 effect	Total 2015
Staff costs	487.0	142.5	2.3	-44.8	587.0
Purchase of goods and materials	368.5	3.5	0.1	-	372.0
Rentals	160.9	3.1	0.1	-	164.0
Other expenses					
- General expenditure	70.5	31.7	0.3	-	102.5
- Financial assistance	93.2	2.2	1.4	-	96.8
- Mission costs	66.3	5.3	0.3	-	71.9
- Sub-contracted maintenance	57.5	3.3	0.1	-	60.9
- Depreciation	21.8	10.6	-	-	32.4
Sub-total Other expenses	309.3	53.1	2.2	-	365.0
Total 2015 Operating expenditure	1,325.7	202.2	4.6	-44.8	1,488.0

Operating expenses are mostly in cash but can take the form of goods (in kind) or services. Operating expenses in kind and in services amounted to CHF 3.6 million and CHF 7.2 million respectively (2015: CHF 4.9 million and CHF 8.0 million).

3B. Staff costs

(CHF million)	Note	2016	2015
Wages and salaries		530.5	498.1
Social insurance and social benefits		70.3	28.3
Staff costs as contributed services		3.6	4.9
Post-employment benefit costs for defined contribution plans		5.4	5.0
Post-employment benefit costs for defined benefit plans	[4F]	50.8	50.7
Total Staff costs		661.0	587.0

The ICRC has a defined contribution plan for its employees: the "Contribution Suppletive Plan". The expected contributions for this plan in 2017 amount to CHF 12.3 million. At 31 December 2016, the ICRC recognized a liability of CHF 35.8 million (2015: CHF 30.4 million) with respect to this plan within non-current employee liabilities (see Note [4F]). Expenses for defined contribution post-employment benefit plan are recognized in the period in which the related services are provided by the staff.

The ICRC has three defined benefit plans for its employees. For post-employment defined benefit plans, the total pension cost and the defined benefit liability are determined by applying the projected unit credit method using actuarial assumptions. The components of the defined benefit cost are recognized and presented as follows:

- ▶ Within other non-operating expenses/(income): net interest on the net defined benefit liability/(asset) comprising the interest income on plan assets (measured using the same discount rate as that applied for the defined benefit obligation) and the interest expense (increase in present value of the defined benefit obligation as the date of settlement moves one period closer).
- ▶ In other comprehensive income: all re-measurement gains and losses on defined benefit plans are immediately recognized as other comprehensive income in the period they occur.

Further details of the ICRC's defined benefit plans and the related liabilities can be found in Note [4F].

Current employee benefit liabilities are broken down as follows:

(CHF million)	2016	2015
Social security and insurance contributions	13.1	17.3
Salaries due to staff	12.8	13.1
Staff vacation accruals	26.2	25.9
Total Current employee benefit liabilities	52.0	56.0

The average number of employees during these financial years was as follows:

	2016	2015
In the field		
Mobile staff hired by ICRC	2,148	2,004
Mobile staff seconded by National Societies	108	103
Resident staff under ICRC contract	12,209	11,430
	14,465	13,537
At headquarters		
Staff hired by ICRC	984	969
Total Average number of employees	15,449	14,506

3C. Related parties and management compensation

The ICRC defines related parties as key management personnel or persons with authority and responsibility for planning, directing and controlling the ICRC's activities. Related parties are the ICRC directors and senior management, and close members of their families or households. The members of the Assembly – the supreme governing body of the ICRC – are also identified as related parties.

There were no transactions with key management personnel except those described below. With the exception of the president and the permanent vice-president, none of the other members of the Assembly, or any person related to them, received any remuneration from the ICRC during the year. Neither the non-permanent members of the Assembly, nor persons related to or having business ties with them, received remuneration from the ICRC during the year.

The salaries and benefits of the ICRC's president, permanent vice-president, six directors and head of Internal Audit are set by the Remuneration Commission. Their total remuneration below includes employer expenses for social insurance and social benefits. They received no other salaries or benefits (e.g. fringe benefits, loans, etc.).

(CHF million)	2016	2015
Short-term employee benefits	2.9	2.9
Post-employment benefits and other long-term benefits	0.7	0.8
Total Remuneration of related parties	3.6	3.7

3D. Rentals

Lease incentives received are recognized in the consolidated statement of income as an integral part of the total lease expense.

(CHF million)	2016	2015
Premises and equipment	58.4	53.8
Transport	98.5	107.3
Sub-total Operating leases	156.9	161.1
Rentals as contributed services	3.4	3.0
Total Rentals	160.0	164.0

The ICRC committed to pay the following non-cancellable rentals in the coming years:

(CHF million)	2016	2015
Due within 12 months	10.0	9.1
Due within 2 to 5 years	17.9	11.3
Due in over 5 years	1.1	2.4
Total Non-cancellable lease payable	29.0	22.8

3E. Overheads and administrative costs

For internal reporting purposes, an additional 6.5% is added to the budget of each operation for cash and service movements as a contribution provided to headquarters. Headquarters support includes services essential to an operation's success, such as human resources, finance, logistics and IT. In internal and donor reporting, the re-measurement of pension gains and losses (IAS 19 effect on pension plans) is presented separately.

a. Overheads

The following analysis reconciles these audited financial statements with the emergency appeals for the past two years:

2016 (CHF million)	Field	Headquarters	Funds and Foundations	IAS 19 effect	Total 2016
Consolidated contributions	1,508.8	147.2	4.4	-	1,661.0
Less funds and foundations	-	-	-4.4	-	-4.4
Internal allocation from field budget	-	89.0	-	-	89.0
Income as per appeals	1,508.8	236.2	-	-	1,745.0
Consolidated operating expenditure	-1,373.0	-203.7	-4.8	18.8	-1,563.0
Less funds and foundations	-	-	4.8	-	4.8
Less IAS 19 effect on pension plans	-	-	-	-18.8	-18.8
Internal allocation to headquarters budget	-89.0	-	-	-	-89.0
Expenditure as per appeals	-1,462.0	-203.7	-	-	-1,665.7

2015 (CHF million)	Field	Headquarters	Funds and Foundations	IAS 19 effect	Total 2015
Consolidated contributions	1,351.2	147.1	3.9	-	1,502.0
Less funds and foundations	-	-	-3.9	-	-3.9
Internal allocation from field budget	-	85.9	-	-	85.9
Income as per appeals	1,351.2	233.0	-	-	1,584.2
Consolidated operating expenditure	-1,326.7	-201.2	-4.6	44.8	-1,488.0
Less funds and foundations	-	-	4.6	-	4.6
Less IAS 19 effect on pension plans	-	-	-	-44.8	-44.8
Internal allocation to headquarters budget	-85.9	-	-	-	-85.9
Expenditure as per appeals	-1,412.6	-201.2	-	-	-1,613.8

b. Administrative costs

The following cost centres at headquarters are classified as administrative rather than direct programme-oriented expenses:

- ▶ The president's office, the directorate and management
- ▶ Finance and administration
- ▶ Human resources
- ▶ Fundraising
- ▶ Information systems and archives

Their total administrative cost in 2016 amounts to CHF 134.5 million, which represents 8.5% of the ICRC's operating expenses (2015: CHF 135.5 million or 8.9%).

3F. Inventories

- ▶ Inventories held at headquarters, at the principal regional distribution centres in Nairobi (Kenya), Abidjan (Ivory Coast) and Amman (Jordan), and in the main warehouses in the Democratic Republic of Congo, Iraq, the Philippines, Russia and Ukraine are considered uncommitted inventories at 31 December 2016. The expense is recognized at the moment such inventories are delivered or consumed.
- ▶ Inventories are recorded at cost and include expenses incurred in acquiring the inventories and bringing them to their present location and condition. The ICRC periodically reviews its inventory for excess, obsolescence and declines in market value below cost, and records an allowance against the inventory balance for any such declines. Obsolete inventories are written off.
- ▶ In various delegations, certain inventories are held on behalf of beneficiaries for operational reasons. These are considered committed and are included in expenses owing to the nature of ICRC operations. Committed goods in the field are not recorded in inventory unless they have not yet been designated.

(CHF million)	2016	2015
Medical and physical rehabilitation	27.1	25.5
Relief	32.2	17.3
Water and habitat	8.5	7.0
Other inventories, net of allowances for obsolete inventories	5.5	8.2
Total Inventories	73.0	58.0

The allowance for obsolete inventories at 31 December 2016 was CHF 7.3 million (2015: CHF 3.6 million).

3G. Tangible and intangible assets

- ▶ Tangible assets are measured on initial recognition at cost.
- ▶ Contributed assets are either assets funded by contributions in cash for assets, or assets donated in kind, which are recognized at their fair value.
- ▶ Subsequent expenses are capitalized only when they increase the future economic benefits embodied in the item of property and equipment and are otherwise recognized in the consolidated statement of income.

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

- ▶ Intangible assets acquired separately are measured on initial recognition at cost.
- ▶ Internally generated intangible assets are not capitalized when the expenses attributable to the asset cannot be reliably measured; they are therefore reflected in the consolidated statement of income in the year in which the expense is incurred.
- ▶ Depreciation and amortization of tangible and intangible assets with finite useful lives is calculated using the “straight line” method so as to depreciate/amortize the acquisition cost over the asset’s estimated useful life, which is as follows:

Tangible assets	Useful life
Buildings and land improvements – Switzerland	20 to 70 years
Buildings – other countries	3 to 20 years
Fixed installations	10 years
Equipment and vehicles	5 to 8 years
Hardware (IT equipment)	3 years
Land	Not depreciated
Intangible assets	
Software	5 years

- ▶ Tangible and intangible assets with finite useful lives are assessed for impairment whenever there is an indication that the asset may be impaired. The amortization period and method are reviewed at least at each financial year-end.
- ▶ Intangible assets with indefinite useful lives are tested for impairment annually. Such intangibles are not amortized. The useful life of an intangible asset with an indefinite life is reviewed annually to determine whether indefinite life assessment continues to be supportable. If not, the change in the useful life assessment from indefinite to finite is made on a prospective basis.

2016 (CHF million)	Land, buildings and fixed installations	Equipment	Vehicles	Total Tangible assets	Total Intangible assets
Net carrying value 1 January 2016	147.8	9.2	46.2	203.0	51.0
Additions	7.4	2.7	13.1	23.2	19.3
Disposals	-	-0.1	-0.6	-0.7	-
Depreciation charge for the year	-9.4	-3.0	-14.7	-27.1	-10.9
Net carrying value 31 December 2016	145.8	8.9	43.9	199.0	60.0
Gross value	227.6	35.0	107.3	369.9	112.6
Accumulated depreciation	-81.8	-26.1	-63.4	-171.3	-52.9
Net carrying value 31 December 2016	145.8	8.9	43.9	199.0	60.0

2015 (CHF million)	Land, buildings and fixed installations	Equipment	Vehicles	Total Tangible assets	Total Intangible assets
Net carrying value 1 January 2015	148.2	7.2	41.0	196.4	40.0
Additions	8.1	4.7	21.5	34.3	19.1
Disposals	-0.1	-0.1	-2.5	-2.7	-
Depreciation charge for the year	-8.4	-2.6	-13.8	-24.8	-7.9
Net carrying value 31 December 2015	147.8	9.2	46.2	203.0	51.0
Gross value	221.6	33.6	109.3	364.5	93.0
Accumulated depreciation	-73.8	-24.4	-63.1	-161.3	-42.0
Net carrying value 31 December 2015	147.8	9.2	46.2	203.0	51.0

A majority of the land, buildings and fixed installations are located in Switzerland, with a gross value of CHF 195.5 million (2015: CHF 190.2 million).

At 31 December 2016, tangible assets included work in progress for CHF 2.7 million, for construction and renovation of buildings (2015: CHF 2.4 million).

Intangible assets included CHF 23.1 million for software in development acquired externally (2015: CHF 20.4 million). The ICRC still uses some fully amortized software with a gross value of CHF 29.3 million.

3H. Commitments

Capital and contractual commitments

(CHF million)	2016	2015
Commitments for vehicle purchases and building renovations	7.7	7.6
Commitments toward IT projects	2.9	4.7
Total Capital commitments	10.6	12.3
Open purchase orders	62.9	38.1
Total Contractual commitments	62.9	38.1

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

4. MANAGEMENT OF FUNDS

4A. Cash and cash equivalents

- ▶ The ICRC considers cash on hand, cash at banks and short-term deposits with an original maturity of three months or less to be *Cash and cash equivalents*. Term deposits with an original maturity of over three months are classified as current and/or non-current investments (refer to Note [4C]).
- ▶ Cash at banks earns interest at floating rates based on prevailing bank rates.
- ▶ Short-term deposits are made for varying periods of between one day and three months – depending on the immediate cash requirements of the ICRC – and earn interest at the applicable short-term deposit rates.
- ▶ Bank overdrafts that are repayable on demand and form an integral part of the ICRC's cash management are included as a component of cash and cash equivalents in the consolidated statement of cash-flows.

(CHF million)	2016	2015
Cash at banks and on hand, net of overdrafts	218.5	150.9
Short-term deposits	71.3	5.0
Total Cash and cash equivalents	290.0	156.0

At 31 December 2016, the ICRC could draw on CHF 155.0 million (2015: CHF 90.0 million) of undrawn committed borrowing facilities in respect of which all prior conditions had been met.

4B. Loans and borrowings

Interest-free loans are recorded at fair value at initial recognition, which is the present value of expected future cash-flows, discounted using a market interest rate. The difference between the cost and the fair value at initial recognition is recognized as deferred income in Note [2C]. The deferred income is subsequently recognized over the loan period.

At 31 December 2016, there are two interest-free loans related to buildings, both granted by a governmental body. The nominal values of these unsecured loans are:

- ▶ CHF 9.8 million (2015: CHF 9.8 million) for the training centre in Ecogia, Geneva (final repayment in 2049); and
- ▶ CHF 26.0 million (2015: CHF 26.0 million) for the logistics building in Geneva (final repayment in 2060).

The terms of loan repayment are as follows:

(CHF million)	2016	2015
Due within 12 months	0.6	0.6
Due within 2 to 5 years	2.3	2.3
Due in over 5 years	15.7	16.3
Total Unsecured interest-free loans	18.6	19.2

4C. Investments

In accordance with its documented investment management policy, the ICRC classifies its investments in two categories:

a. At fair value through profit or loss

- ▶ Financial assets at fair value through profit or loss are financial assets held-for-trading. A financial asset is classified in this category if acquired principally for the purpose of selling in the short term and presented within current assets.
- ▶ Held-for-trading investments are recognized and derecognized on the trade date that the ICRC, or the portfolio manager acting on behalf of the ICRC, commits to purchasing or selling them.
- ▶ The financial assets held-for-trading are measured at fair value through profit or loss (Refer to Note [4E]).
- ▶ Fair value gains or losses, and dividend and interest income, are recognized in the consolidated statement of income. Transaction costs are also recognized in the consolidated statement of income as incurred.

b. Held-to-maturity

- ▶ When the ICRC has the positive intent and ability to hold debt securities to maturity, such financial assets are classified as held-to-maturity. Bonds in this category are classified as current investments if expected to be settled within 12 months; otherwise, they are classified as non-current assets.
- ▶ Held-to-maturity investments are recognized initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, held-to-maturity investments are measured at amortized cost using the effective interest rate, less any impairment losses.
- ▶ At the end of each reporting period, the ICRC assesses whether there is objective evidence that a debt security measured at amortized cost is impaired. If there is objective evidence that an impairment loss on financial assets measured at amortized cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash-flows (excluding future credit losses that have not been incurred), discounted at the financial asset's original effective interest rate.
- ▶ If, in a subsequent year, the amount of the estimated impairment loss increases or decreases because of an event occurring after the impairment was recognized, the previously recognized impairment loss is increased or reduced by adjusting the bond's carrying amount. Any reversal is limited to the extent that the new carrying amount does not exceed the amortized cost that would have been reached in the absence of impairment.

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

(CHF million)	Note	2016	2015
Investments at fair value through profit or loss			
- Quoted equity securities		92.2	87.2
- Quoted debt securities		74.8	73.3
- Short-term deposits with an original maturity over three months	[4A]	3.6	3.0
Investments held-to-maturity			
- Quoted debt securities with a maturity below 12 months		30.2	32.4
Sub-total Current investments		201.0	196.0
Investments held-to-maturity			
- Quoted debt securities with a maturity over 12 months, net		103.0	105.0
Sub-total Non-current investments		103.0	105.0
Total Investments		304.0	301.0

4D. Financial risk management objectives and policies

The ICRC has various financial assets, such as cash and cash equivalents, investments, other financial assets and accounts receivable. The main financial liabilities comprise loans, accounts payable and accrued expenses.

The main risks arising from these financial assets and liabilities are market risk and its subsets (foreign currency and interest rate risks, as well as equity price risk), credit/counterparty risk and liquidity risk, which are summarized below.

These risks are managed through several treasury policies. Compliance with these policies is monitored by the Treasury Committee, which is composed of the director of financial resources and logistics, the head of finance, the head of accounting and the treasurer. These financial risk management policies in force have been approved by the Assembly Council. These various policies are submitted by the Treasury Committee to the Assembly Council for adoption.

a. Foreign currency exposure and risks

The foreign currency risk is the risk that the financial statements for a particular period or as at a certain date may be affected by changes in the value of transactions executed in foreign currencies owing to fluctuations.

Exposure to fluctuations in foreign exchange (FX) rates arises from transactions denominated in currencies other than the Swiss franc. For instance, the ICRC is exposed to currency risk through contributions pledged in foreign currencies.

In addition, exchange rate fluctuations can have a significant impact on the consolidated statement of income. The currencies giving rise to this risk are primarily the euro, the pound sterling and the US, Australian and Canadian dollars. The FX exposure on the long-term receivables in foreign currencies is offset by the FX exposure on the related deferred income liability. No hedge accounting is applied.

Forward foreign currency contracts

At year-end, the following positions of forward foreign currency contracts were open:

(CHF million)	2016	2015
Purchase of foreign currencies	6.5	6.0
Sale of foreign currencies	-47.3	-37.0

Exposure management

The ICRC uses derivative financial instruments – spots, forward contracts and swaps – to hedge its exposure to foreign currency risks. The forward foreign currency contracts have maturities of less than 12 months after the reporting date. Where necessary, the contracts are swapped at maturity. In accordance with its treasury policies, the ICRC uses derivative instruments exclusively for hedging purposes.

Such derivative financial instruments are recognized at fair value, initially on the date on which a derivative contract is entered into and subsequently at each reporting date. Derivatives are carried as assets when the fair value is positive and as liabilities when the fair value is negative. Any gains or losses arising from changes in fair value on derivatives during the year are recognized immediately.

With respect to other monetary assets and liabilities held in foreign currencies, the ICRC ensures that its exposure is kept to an acceptable level. In addition, the ICRC is buying or selling foreign currencies when necessary.

To limit exposure over investments, the ICRC's investment management policy defines which currencies may be used for investments. At 31 December 2016, all investments are denominated in Swiss francs, with the exception of CHF 93.8 million (2015: CHF 88.8 million).

Exposure measurement

The ICRC uses a Value at Risk (VaR) computation to estimate the potential annual loss in the fair value of its financial assets and liabilities denominated in foreign currency.

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

The VaR estimates are made assuming normal market conditions, using a 95% confidence interval over a 15-day period. The ICRC cannot predict actual future movements of exchange rates. Therefore, the VaR numbers below do not represent actual losses or consider the effects of favourable movements in underlying variables. Accordingly, these VaR numbers are indicative of future movements over a one-year time horizon, and are based on historical data to best estimate future movements.

The estimated potential annual loss from the ICRC's foreign currency exposure is as follows:

(CHF million)	2016	2015
On income	-6.0	-9.5
On expenses	-5.9	-16.0
On investment portfolios	-8.0	-11.8
Value at Risk - Potential loss on foreign currencies	-19.9	-37.3

b. Equity price and interest rate risks

Investments in equity securities are exposed to equity price risk.

The ICRC is exposed to interest rate risks through its investments in debt securities, term deposits and other funds. These financial assets, except for a large portion of the debt securities that are held-to-maturity, are stated at fair value and are thus affected by interest rate changes. In addition, interest income recognized on floating-rate debt securities changes in response to movements in interest rates.

Sensitivity analysis for quoted equity securities at fair value through profit or loss

The ICRC's investments in the equity of other entities that are publicly traded are generally included in one of the following two equity indexes: the Swiss Performance Index (SPI) for Swiss shares and MSCI World for non-Swiss shares.

The table below summarizes the impact of increases/decreases in the two equity indexes on the ICRC's surplus for the year. The analysis is based on the assumption that the equity indexes have increased/decreased by 5% with all other variables – particularly foreign currency rates – held constant and that all the equity instruments moved according to the historical correlation with the index:

(CHF million)	Impact on ICRC's surplus/(deficit)	
	2016	2015
Equity index	+/-5%	+/-5%
SPI	+/-1.9	+/-1.8
MSCI World	+/-2.7	+/-2.6

Sensitivity analysis for quoted debt securities at fair value through profit or loss

A change of 100 basis points in interest rates at the end of the year – assuming that all other variables, particularly foreign currency rates, remain constant – would not have a material impact on ICRC's surplus/(deficit).

To limit this market exposure, the ICRC's Investment and Treasury Committees have clarified the organization's tolerance for risk and volatility in investment guidelines based on investment management policy. Portfolio managers are required to trade all investments at stock exchanges handling large volumes and with market makers. All selected financial assets must meet specific criteria defined in the policy, such as quality and negotiability of securities, minimum counterparty ratings, maximum percentages of total invested fund, etc. The Investment Committee – which consists of the director of financial resources and logistics, the head of finance and two external members – manages the market and interest rate risks.

The ICRC has also allowed portfolio managers to use futures contracts to hedge exposure to market risk. The futures contracts have maturities of less than 12 months after the reporting date.

c. Credit/counterparty risk

The ICRC's treasury policies focus on security of cash and cash equivalents. At headquarters, these positions are held in banks regulated by the Swiss National Bank (SNB) or by the central banks of any EU member states with a long-term rating of at least A-/A3 (Standard & Poor's and Moody's). In 2016, the number of bank counterparties did not change. For field positions, there is no significant exposure to banks in risky countries.

ICRC receivables are mostly with governments and government agencies, where credit risk is considered to be low. In addition, the ICRC has a relatively broad government donor base. The largest donor contributed 25% of overall income (2015: 28%) and the top five donors contributed 63% (2015: 64%).

Investments are allowed only in liquid securities and only with counterparties that have a high credit rating. The ICRC's investment policy defines the maximum exposure to a single counterparty in order to ensure diversification of investments.

Accounts receivable are offset against accounts payable only if the offsetting criteria are met. At the reporting date, there were no significant concentrations of credit risk. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the consolidated statement of financial position.

d. Liquidity risk

The ICRC maintains a secure level of working capital at all times. This is reassessed and quantified periodically, based on cash-flow forecasts. The ICRC's objective is to strike a balance between funding continuity and flexibility by maintaining sufficient funds in the form of cash in hand, cash at banks or deposits with initial maturities of three months or less, to meet short-term liabilities. Interest-bearing loans and borrowings, which are debt requiring servicing costs, are kept to a minimum.

In addition, the ICRC has liquidity risk associated with forward foreign currency cover. Funds in the appropriate foreign currency are retained to settle forward contracts when they become due, or the contract is swapped forward until sufficient foreign currency is available.

The table below summarizes the maturity profile of the ICRC's financial liabilities.

2016 (CHF million)	Note	Total 2016	Undiscounted amounts		
			< 1 year	2 – 5 years	> 5 years
Accounts payable and accrued expenses		69.0	69.0	-	-
Loans and borrowings	[4B]	19.0	0.6	2.3	15.7
Derivative financial instruments		54.0	54.0	-	-
Total 2016 financial liabilities		142.0	123.6	2.3	15.7

2015 (CHF million)	Note	Total 2015	Undiscounted amounts		
			< 1 year	2 – 5 years	> 5 years
Accounts payable and accrued expenses		60.0	60.0	-	-
Loans and borrowings	[4B]	20.0	1.6	2.3	16.3
Derivative financial instruments		43.0	43.0	-	-
Total 2015 financial liabilities		123.0	104.6	2.3	16.3

e. Capital management

By its nature, the ICRC does not have "capital". Rather, it views the reserves as a proxy for capital in terms of IAS 1. The target and position of the various reserves are indicated in Note [2D]. There were no changes in the organization's approach to reserves management during the year under review. The Assembly policy is to maintain a strong level of reserves so as to maintain stakeholder and donor confidence and to sustain future development of operations.

4E. Fair value

A number of the ICRC's accounting policies and disclosures require the determination of fair value, both for financial and non-financial assets and liabilities. Fair value has been determined for measurement and/or disclosure purposes based on the methods outlined below.

a. Fair value measurement

- ▶ Fair value estimates are made at a specific point in time, based on market conditions and information about the financial instruments concerned. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and therefore cannot be determined with precision. Changes in assumptions could significantly affect estimates.
- ▶ The fair values of cash and cash equivalents, accounts receivable, bank overdrafts, accounts payable and accrued expenses are not materially different from the carrying amounts.
- ▶ The fair value of equity and debt securities is determined by reference to their quoted closing price at the reporting date, or, if unquoted, using a valuation technique. The valuation techniques employed include market multiple and discounted cash-flow analysis using expected future cash-flows and a market interest rate.
- ▶ In accordance with the ICRC's investment strategy, investments held-for-trading are measured at fair value through profit or loss, because their performance is actively monitored and they are managed on a fair value basis. The debt securities held-to-maturity are measured at amortized cost. Their fair value is determined for impairment testing and disclosed in the table below.
- ▶ Interest-free loans are recorded at fair value on initial recognition, which is the present value of the expected future cash-flows, discounted using a market interest rate.
- ▶ Derivative financial instruments are stated at fair value. The net result of marking derivative financial instruments at the reporting date was a gain of CHF 0.1 million (2015: loss of CHF 0.2 million). The fair value of forward currency contracts is calculated by reference to current forward foreign currency rates for contracts with similar maturity profiles. The fair value of futures exchange contracts is their market price at the reporting date.

b. Fair value hierarchy

Set out below is a comparison by class of the carrying amounts and fair values of the ICRC's financial assets and liabilities and their corresponding fair value measurement levels. The ICRC determines the fair value of financial instruments on the basis of the following hierarchy:

- ▶ **Level 1:** The fair value of financial instruments quoted in active markets is based on their quoted closing price at the reporting date.
- ▶ **Level 2:** The fair value of financial instruments that are not traded in an active market is determined by using valuation techniques based on observable market data.
- ▶ **Level 3:** This level includes instruments where one or more of the significant inputs are not based on observable market data.

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

There was no transfer between the fair value measurement levels during the reporting periods ended 31 December 2015 and 31 December 2016.

2016 (CHF million)	Note	Carrying value	Fair value	Fair value hierarchy		
				Level 1	Level 2	Level 3
Financial assets						
- Investments at fair value through profit or loss	[4C]	170.6	170.6	170.6	-	-
- Investments held-to-maturity	[4C]	133.2	135.4	135.4	-	-
Financial liabilities						
- Unsecured interest-free loans	[4B]	-18.6	-27.5	-	-27.5	-

2015 (CHF million)	Note	Carrying value	Fair value	Fair value hierarchy		
				Level 1	Level 2	Level 3
Financial assets						
- Investments at fair value through profit or loss	[4C]	163.5	163.5	163.5	-	-
- Investments held-to-maturity	[4C]	137.4	139.4	139.4	-	-
Financial liabilities						
- Unsecured interest-free loans	[4B]	-19.2	-26.1	-	-26.1	-

4F. Employee benefit liabilities

a. Description of the ICRC's post-employment defined benefit plans

The ICRC operates three post-employment plans which are treated as defined benefit plans for IAS 19 purposes. All plans are administered separately.

Pension plan

- ▶ The pension plan is an independent pension foundation called the ICRC Pension Fund. This separate legal entity is registered with the Swiss supervisory authority in the canton of Geneva. As such, it must comply with the compulsory insurance requirements set out in the Swiss Federal Law on Occupational Retirement, Survivors' and Disability Pension Funds (LPP/BVG in the French/German acronym). The fund undertakes to respect at least the minimum requirements imposed by the LPP/BVG and its ordinances.
- ▶ The pension plan covers all staff working at headquarters or in the field and hired in Geneva (mobile staff); it is the ICRC's most significant post-employment benefit plan.
- ▶ The pension plan is a funded plan providing retirement benefits as well as benefits on death and disability.
- ▶ The ICRC Pension Fund Board is responsible for the fund's management. The board consists of six representatives appointed by the ICRC and six representatives elected by the pension plan participants.
- ▶ In general, the ICRC must make contributions to the ICRC Pension Fund for each plan participant covered and as defined in the fund's regulations, i.e. it must contribute 2% of pensionable salary up to 1 January following a participant's 24th birthday and 17% of pensionable salary thereafter. Should the ICRC Pension Fund become underfunded (from a Swiss legal funding perspective), then the ICRC could be required to make additional contributions. While the ICRC has the option to contribute in excess of the amounts specified in the fund's regulations, it usually makes contributions as per the regulations.
- ▶ The ICRC Pension Fund Board decided to switch from a defined benefit plan to a defined contribution scheme in accordance with Swiss law starting on 1 January 2014. However, under the IFRS, the plan remains classified as a defined benefit plan.

Early retirement plan

- ▶ The ICRC has a plan that offers all staff working at headquarters and mobile staff the possibility of taking early retirement from the age of 58. The plan covers the period from the date of ICRC retirement up to the date of retirement under Swiss law for those staff.
- ▶ The early retirement plan is an unfunded plan providing retirement benefits that are generally based on a maximum annual social security pension for single participants under certain conditions. The amounts that the ICRC must contribute in any given year are equal to the amounts of benefits that are due for that year.
- ▶ This unfunded plan is not subject to any minimum funding requirements. Allocations made to cover the cost of future early retirements are included in the human resources reserves (Refer to Note [2D] on *Reserves*). Future financial commitments arising from early retirement benefits are borne by the ICRC. A commission on enhanced old-age security (*Prévoyance Vieillesse Améliorée*) ensures compliance with the rules. The Collective Staff Agreement is reviewed every three years and may change the benefits provided under the plan in the future.

End-of-service plan

- ▶ The ICRC has agreed to provide post-employment benefits to local staff hired/working in the field (resident staff) in accordance with the legislation of the countries concerned and the local collective staff agreements. The benefits are based on one month of compensation for every year of service up to a maximum of 12 months, except in countries where local regulations require otherwise (Afghanistan, Kenya, the Philippines and Sudan).
- ▶ The end-of-service plan is an unfunded plan.
- ▶ The present value of future financial commitments due for end-of-service indemnities (e.g. end of employment, retirement, severance pay, etc.) is borne by the ICRC. As there is only a lump-sum benefit at the end of service, there are no pensioners.

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

- ▶ The Human Resources Department is in charge of the plan's governance. Potential risk exposure is derived from future changes to local regulations on post-employment benefits or to local collective staff agreements.

b. Disclosures for the post-employment benefit plans

- ▶ The net obligation in respect of defined benefit plans is calculated separately for each plan by estimating the amount of future benefits that employees have earned in return for their service in the current and prior periods. That benefit is discounted to determine its present value. The fair value of the pension plan assets is deducted.
- ▶ When the calculation results in a benefit to the organization, the recognized asset is limited to benefits available in the form of refunds from the plan or reductions in future contributions to the plan.

The ICRC's total non-current employee benefit liabilities at the reporting date are as follows:

(CHF million)	Note	2016	2015
Pension plan			
- Present value of defined benefit obligation		1,576.8	1,458.2
- Fair value of plan assets		-1,274.1	-1,220.0
Under-coverage of pension plan		302.7	238.2
End-of-service plan		75.1	64.0
Early retirement plan		40.0	36.5
Unfunded plans		115.1	100.5
Defined contribution plans	[3B]	35.8	30.4
Total Non-current employee benefit liabilities		454.0	369.0

The following tables summarize the components of net benefit expense recognized in the consolidated statement of income:

Components of defined benefit expense

(CHF million)	Note	2016	2015
Interest expense on defined benefit obligation		14.9	19.1
Interest income on plan assets		-10.0	-13.3
Net interest on net defined benefit obligation		4.9	5.8
Total Service cost		49.4	49.3
Administration costs, excluding costs for managing plan assets		1.4	1.4
Expense recognized within staff costs	[3B]	50.8	50.7
Total Defined benefit expense		55.7	56.5

Re-measurements of net defined benefit liability recognized in other comprehensive income

(CHF million)	2016	2015
Actuarial gains/(losses):		
- Due to changes in financial assumptions	0.7	-39.3
- Due to changes in demographic assumptions	-50.9	31.4
- Due to experience adjustments	-66.3	-3.6
Actuarial losses on defined benefit obligation	-116.5	-11.5
Foreign currency adjustment on defined benefit obligation	-1.1	6.9
Excess/(Insufficient) return on plan assets, excluding amounts in net interest	37.1	-2.1
Total Re-measurement losses recognized in other comprehensive income	-80.0	-7.0

Changes in the present value of defined benefit obligation

The following table summarizes the movements in the defined benefit obligation. As the pension plan is the most significant post-employment benefit plan, information is provided separately for this plan.

(CHF million)	Pension plan	Unfunded plans	Total 2016	Pension plan	Unfunded plans	Total 2015
Defined benefit obligation at 1 January	1,458.2	100.5	1,558.7	1,431.5	99.5	1,531.0
Current service cost	36.5	12.9	49.4	37.1	12.2	49.3
Interest expense	11.7	3.3	15.0	15.9	3.2	19.1
Employee contributions	22.7	-	22.7	21.4	-	21.4
Net benefits paid	-62.2	-9.3	-71.5	-55.4	-11.4	-66.8
Actuarial losses	109.9	6.6	116.5	7.7	3.9	11.6
Foreign exchange adjustment	-	1.1	1.1	-	-6.9	-6.9
Defined benefit obligation at 31 December	1,576.8	115.1	1,691.9	1,458.2	100.5	1,558.7

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

Changes in the fair value of the assets owned by the ICRC Pension Fund

(CHF million)	2016	2015
Fair value of pension plan assets at 1 January	1,220.0	1,161.2
Employer contributions	47.9	83.0
Employee contributions	22.7	21.4
Net benefits paid	-62.2	-55.4
Interest income on plan assets	10.0	13.3
Excess/(insufficient) return on plan assets	37.1	-2.1
Actual administration costs paid, excluding costs for managing plan assets	-1.4	-1.4
Fair value of pension plan assets at 31 December	1,274.1	1,220.0

Following its liquidation, the Avenir Foundation paid the ICRC's share to the ICRC Pension Fund, amounting to CHF 37.5 million, as an additional employer contribution in 2015.

Fair values of pension plan assets by asset category

(CHF million)	2016	2015
Cash and cash equivalents	71.8	80.7
Gold	8.9	9.8
Equities:		
- Domestic (Swiss) equities	204.2	197.1
- Foreign equities	288.8	286.1
Bonds:		
- Domestic (Swiss) bonds	339.2	329.6
- Foreign bonds	107.0	93.4
Properties:		
- Domestic (Swiss) direct investments in properties	149.7	141.3
- Foreign direct investments in properties	2.3	3.1
- Domestic (Swiss) property funds	59.4	35.9
- Foreign property funds	42.8	43.0
Total Pension plan assets at 31 December	1,274.1	1,220.0

All plan assets, except direct investments in properties and cash and cash equivalents, are listed. The assessment of the market values of the direct investments in properties led to a revaluation of the related plan assets by + CHF 28.3 million in December 2015 (+ CHF 14.9 million in December 2012). The next appraisal by an independent real estate appraiser will be carried out in 2018, unless significant market changes occur before then.

No pension plan assets are occupied or used by the ICRC.

The ICRC Pension Fund performs periodic asset-liability studies, *inter alia*, to assess its risk capacity and help ensure that it has the right asset strategy to achieve the required rate of return. In addition, stop-loss insurance was contracted to limit the fund's exposure to disability and death risks.

Actuarial assumptions

The actuarial valuations involve making assumptions about discount rates, interest crediting rates, future salary increases, mortality rates, employee turnover and future pension increases. Due to the complexity of the valuation and the determination of the assumptions to be used, and the long-term nature of these plans, these estimates are sensitive to changes in assumptions. All assumptions are reviewed at each reporting date.

For the pension plan and early retirement plan:

- ▶ In determining the appropriate discount rate, management considers the yield at the reporting date on corporate bonds in Switzerland with at least an AA rating that have maturity dates approximating the terms of the ICRC's obligations and that are denominated in the functional currency.
- ▶ Future salary and pension increases are based on expected future inflation rates for Switzerland.
- ▶ The publicly available LPP/BVG 2016 generational mortality tables have been used with an increasing load to reflect the additional risks taken by ICRC staff assigned to field operations.

For the end-of-service plan:

- ▶ Discount rate is based on the average expected salary increase for all resident staff. These salary increase rates are expressed as a range that reflects the various material financial environments (countries) for which the obligation has been calculated.

Principal actuarial assumptions used

(CHF million)	Pension plan		Unfunded plans			
			Early retirement		End-of-service	
	2016	2015	2016	2015	2016	2015
Discount rate	0.66%	0.83%	0.48%	0.83%	5.00%	5.00%
Future salary increase rate	1.50%	1.75%	1.50%	1.75%	5.00%	5.00%
Employee rotation rate	17.80%	18.40%	-	-	-	-

Sensitivity analysis on discount rate

The ICRC deems the discount rate to be the most significant actuarial assumption to which the pension plan defined benefit obligation is most sensitive. A decrease/increase of 0.25 basis points would increase/decrease the pension plan defined benefit obligation by CHF 56.8 million (2015: CHF 48.1million).

2017 expected contribution amounts and benefit payments

(CHF million)	Pension plan	Unfunded plans	
		Early retirement	End-of-service
Expected employer contributions for 2017	45.6	3.9	6.1
Expected employee contributions for 2017	21.5	-	-
Expected benefits payments for 2017	-95.9	-3.9	-6.1
Expected duration for the obligation at 31 December 2016	14.4 years	5.9 years	-

To the Assembly of
The International Committee of the Red Cross (ICRC), Geneva

Lancy, 6 April 2017

Statutory auditor's report on the audit of the consolidated financial statements



Opinion

We have audited the consolidated financial statements of The International Committee of the Red Cross (ICRC), which comprise the consolidated statement of financial position as at 31 December 2016 and the consolidated statement of comprehensive income, consolidated statement of changes in reserves and consolidated statement of cash flows for the year then ended 31 December 2016, and notes to the consolidated financial statements, including a summary of significant accounting policies on pages 521 to 540.

In our opinion the accompanying consolidated financial statements give a true and fair view of the consolidated financial position as at 31 December 2016, and its consolidated financial performance and its consolidated cash flows for the year then ended 31 December 2016 in accordance with International Financial Reporting Standards (IFRS) and comply with Swiss law.



Basis for opinion

We conducted our audit in accordance with Swiss law, International Standards on Auditing (ISAs) and Swiss Auditing Standards. Our responsibilities under those provisions and standards are further described in the *Auditor's responsibilities for the audit of the consolidated financial statements* section of our report.

We are independent of The International Committee of the Red Cross in accordance with the provisions of Swiss law and the requirements of the Swiss audit profession, as well as the IESBA Code of Ethics for Professional Accountants, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.



Other information in the annual report

The Directorate and the Assembly are responsible for the other information in the annual report. The other information comprises all information included in the annual report, but does not include the consolidated financial statements, the stand-alone financial statements and our auditor's reports thereon.

Our opinion on the consolidated financial statements does not cover the other information in the annual report and we do not express any form of assurance conclusion thereon.

In connection with our audit of the consolidated financial statements, our responsibility is to read the other information in the annual report and, in doing so, consider whether the other information is materially inconsistent with the consolidated financial statements or our

knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.



Responsibility of the Directorate and Assembly for the consolidated financial statements

The Directorate and the Assembly are responsible for the preparation of the consolidated financial statements that give a true and fair view in accordance with IFRS and the provisions of Swiss law, and for such internal control as the Directorate and the Assembly determine is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, the Directorate and the Assembly are responsible for assessing The International Committee of the Red Cross' ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directorate and the Assembly either intend to liquidate the Group or to cease operations, or has no realistic alternative but to do so.



Auditor's responsibilities for the audit of the consolidated financial statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Swiss law, ISAs and Swiss Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

A further description of our responsibilities for the audit of the consolidated financial statements is located at the website of EXPERTsuisse: <http://www.expertsuisse.ch/en/audit-report-for-public-companies>. This description forms part of our auditor's report.



Report on other legal and regulatory requirements

In accordance with article 69b CC in relation to article 728a para. 1 item 3 CO and the Swiss Auditing Standard 890, we confirm that an internal control system exists, which has been designed for the preparation of consolidated financial statements according to the instructions of the Directorate and the Assembly.

We recommend that the consolidated financial statements submitted to you be approved.

Ernst & Young Ltd



Laurent Bludzien
Licensed audit expert
(Auditor in charge)



Paul Geiger
Swiss Certified Accountant

Enclosure

- ▶ Consolidated financial statements (consolidated statement of income, consolidated statement of other comprehensive income, consolidated statement of financial position, consolidated statement of cash flows, consolidated statement of changes in reserves and notes)

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A. INCOME AND EXPENDITURE RELATED TO THE 2016 APPEALS (in KCHF)

	BUDGET			EXPENDITURE (Cash, kind and services)						
	2016 Initial budget	Amendments	2016 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2016 Total Expenditure	Overheads (already included in the total expenditure)
1. Appeals 2016: Operations										
Africa	609,777	31,994	641,771	90,456	423,804	53,540	35,478	2,779	606,056	36,868
Americas	80,229		80,229	22,525	26,861	17,766	6,869	1,041	75,062	4,581
Asia and the Pacific	236,315		236,315	41,000	131,844	33,706	13,547	2,354	222,451	13,536
Europe and Central Asia	133,767	6,135	139,901	25,755	59,128	17,037	7,755	797	110,473	6,736
Near and Middle East	465,407	50,193	515,600	52,920	349,019	28,111	16,020	1,902	447,971	27,258
Stock in kind										
Total Appeals 2016: Operations (field)	1,525,496	88,321	1,613,817	232,655	990,657	150,160	79,669	8,874	1,462,014	88,979
2. Appeals 2016: Headquarters										
Headquarters General										
Governing and Controlling Bodies	7,378	2,771	10,149						9,851	
Office of the Director-General	11,105	198	11,302						11,620	
Operations	50,336	1,770	52,106						52,627	
International Law and Policy	17,660	222	17,882						16,960	
Communication and Information	34,797	201	34,998						35,632	
Human Resources	28,592	2,532	31,124						29,059	
Financial Resources and Logistics	46,669	14	46,682						47,913	
Total Appeals 2016: Headquarters	196,538	7,707	204,245						203,662	
3. Total foundations and funds									5,407	
4. Operating activities-related contributions and expenditure (According to consolidated profit and loss statement)										
Total income and expenditure									1,671,083	
Deduction of field non-operating income										
Deduction of headquarters non-operating income										
Deduction of overheads									-88,979	
Deduction of cross-charging (foundations and funds)									-626	
Reconciliation with IFRS requirements (IAS 19)									-18,778	
Total operating activities related contributions and expenditure									1,562,700	

N.B. As the figures in this document have been rounded off, adding them up may give a slightly different result from the total presented. Therefore, the figures may also vary slightly from the amounts indicated in other documents.

INCOME (Cash, kind and services)							FUNDING OF OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Overheads	Kind contributions	Services contributions	2016 Total Income		2015 Donors' restricted contributions brought forward	2015 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2016 Donors' restricted contributions	2016 Field operations with temporary deficit financing	
621,968	1,463		2,658	1,529	627,617		6,205	-29,517	142	15,145	-16,755	
73,849	114			35	73,998		42	-5,790			-6,812	
213,197	813		160	848	215,017			-9,300		100	-16,834	
118,229	57		102	288	118,676			-4,938		4,873	-1,608	
473,499	1,870		1,377	1,532	478,278		32,858	-2,783	122	68,532	-8,029	
			-514		-514		636			121		
1,500,742	4,317		3,782	4,231	1,513,073		39,741	-52,328	264	88,772	-50,037	
137,504	1,215	88,979		2,715	230,413							
-71				101	31		129			110		
10	847				858							
1,480	18			214	1,712		96			42		
1,301	59				1,360		169			148		
423					423							
515					515							
2,277	4				2,281							
143,439	2,143	88,979		3,030	237,592		393			300		
5,024					5,024							
1,649,206	6,460	88,979	3,782	7,262	1,755,689		40,134	-52,328	264	89,072	-50,037	
	-4,234				-4,234							
	-1,295				-1,295							
		-88,979			-88,979							
-626					-626							
1,648,580	931	-	3,782	7,262	1,660,555		40,134	-52,328	264	89,072	-50,037	

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE APPEALS 2016: OPERATIONS (in KCHF)

	BUDGET			EXPENDITURE BY PROGRAMME (Cash, kind and services)							2016 Total Expenditure	Overheads (already included in the total expenditure)
	2016 Initial budget	Amendments	2016 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General				
AFRICA												
Algeria	2,867		2,867	1,215	316	687	313	20	2,551	156		
Burundi	6,762	4,376	11,138	3,356	4,686	1,166	887	36	10,130	618		
Central African Republic	43,401		43,401	4,213	28,458	3,223	2,756	182	38,831	2,367		
Chad	7,483	1,527	9,009	1,701	4,879	1,058	764	42	8,444	515		
Congo, Democratic Republic of the	66,547		66,547	16,566	39,366	4,942	2,126	253	63,254	3,806		
Eritrea	4,419		4,419	889	3,253	494	206	31	4,872	297		
Ethiopia	20,080		20,080	4,377	10,240	2,856	1,445	70	18,988	1,159		
Guinea	6,931		6,931	1,937	2,427	938	1,061	49	6,412	391		
Liberia	5,852		5,852	714	2,145	972	1,445	50	5,326	325		
Libya	13,653	6,622	20,275	2,122	10,993	2,527	2,799	87	18,528	1,131		
Mali	44,523		44,523	4,399	29,373	2,777	1,285	187	38,021	2,321		
Mauritania	4,744		4,744	1,161	1,501	614	457	29	3,762	230		
Morocco	2,027		2,027	759	255	500	134	11	1,659	101		
Niger	23,262	7,784	31,046	2,790	24,534	1,566	1,435	118	30,442	1,837		
Nigeria	66,078	11,107	77,185	5,929	70,808	4,160	2,581	156	83,634	5,086		
Rwanda	6,076		6,076	2,991	1,441	781	484	36	5,734	350		
Somalia	73,660		73,660	4,875	56,107	2,990	1,746	174	65,892	4,007		
South Sudan	129,095		129,095	8,951	100,610	5,803	4,841	282	120,488	7,345		
Sudan	10,617		10,617	2,403	3,770	2,339	1,477	125	10,114	617		
Uganda	4,269		4,269	2,461		668	325	42	3,495	213		
Abidjan (regional)	10,497		10,497	1,994	3,963	2,199	1,711	68	9,935	606		
Antananarivo (regional)	3,760		3,760	1,132	1,691	468	347	31	3,668	224		
Dakar (regional)	8,333		8,333	1,657	2,997	2,033	1,147	151	7,986	487		
Harare (regional)	8,291		8,291	1,963	3,336	1,384	665	42	7,390	451		
Nairobi (regional)	10,220		10,220	4,052	3,128	2,353	44	373	9,951	607		
Pretoria (regional)	2,556		2,556	777		878	541	31	2,227	136		
Tunis (regional)	5,332		5,332	1,579	2,372	898	338	28	5,216	318		
Yaoundé (regional)	18,442	578	19,021	3,492	11,157	2,266	2,118	73	19,106	1,166		
TOTAL AFRICA	609,777	31,994	641,771	90,456	423,804	53,540	35,478	2,779	606,056	36,868		
AMERICAS												
Colombia	31,002		31,002	8,705	13,855	3,064	1,166	522	27,313	1,667		
Haiti	2,905		2,905	542	1,107	393	694	19	2,755	168		
Brasilia (regional)	8,214		8,214	1,915	1,611	2,935	1,246	130	7,837	478		
Caracas (regional)	3,124		3,124	1,141		678	880	45	2,744	167		
Lima (regional)	6,026		6,026	2,409	911	1,697	848	65	5,930	362		
Mexico City (regional)	19,086		19,086	5,410	9,210	3,112	1,359	192	19,282	1,177		
Washington (regional)	6,975		6,975	2,403	168	3,115	676	68	6,430	392		
New York	2,896		2,896			2,772			2,772	169		
TOTAL AMERICAS	80,229		80,229	22,525	26,861	17,766	6,869	1,041	75,062	4,581		

N.B. As the figures in this document have been rounded off, adding them up may give a slightly different result from the total presented. Therefore, the figures may also vary slightly from the amounts indicated in other documents.

INCOME (Cash, kind and services)					FUNDING OF OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	2016 Total income	2015 Donors' restricted contributions brought forward	2015 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2016 Donors' restricted contributions	2016 Field operations with temporary deficit financing	
										AFRICA
2,044	1			2,045			23		-483	Algeria
11,504	4	6		11,513		-2,355			-972	Burundi
31,308	328	146	122	31,904	4,121		89		-2,717	Central African Republic
8,443	2			8,444						Chad
60,809	26	1,031	229	62,095					-1,159	Congo, Democratic Republic of the
6,382	1			6,382		-2,281			-771	Eritrea
20,658	69	26		20,753		-3,177			-1,412	Ethiopia
6,400	12			6,412						Guinea
5,225	4		97	5,326						Liberia
20,413	1			20,414	2,084			3,971		Libya
41,216	25	1	7	41,250		-4,618			-1,389	Mali
3,761	1			3,762						Mauritania
1,653	6			1,659						Morocco
34,439	14	351		34,803		-4,361				Niger
96,869	18	298	178	97,362		-3,192		10,536		Nigeria
5,732	1			5,734						Rwanda
65,566	4	525	25	66,121		-2,168			-1,940	Somalia
120,233	505	278	703	121,719		-4,351			-3,119	South Sudan
10,892	185			11,076		-2,058			-1,095	Sudan
3,459	6	1		3,466			30			Uganda
8,601	4			8,604					-1,331	Abidjan (regional)
3,213	1		87	3,301					-367	Antananarivo (regional)
7,969	17			7,986						Dakar (regional)
8,024	5			8,029				638		Harare (regional)
10,012	-57	-4		9,951						Nairobi (regional)
2,224	3			2,227						Pretoria (regional)
5,212	4			5,216						Tunis (regional)
19,708	274		80	20,063		-956				Yaoundé (regional)
621,968	1,463	2,658	1,529	627,617	6,205	-29,517	142	15,145	-16,755	TOTAL AFRICA
										AMERICAS
28,514	10		4	28,528	42	-3,871			-2,614	Colombia
2,700	29		26	2,755						Haiti
6,748	55			6,803					-1,034	Brasilia (regional)
2,055	1			2,057					-687	Caracas (regional)
5,921	4		5	5,930						Lima (regional)
18,711	13			18,724		-1,919			-2,477	Mexico City (regional)
6,429	1			6,430						Washington (regional)
2,772	0			2,772						New York
73,849	114		35	73,998	42	-5,790			-6,812	TOTAL AMERICAS

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE APPEALS 2016: OPERATIONS (CONT.) (in KCHF)

	BUDGET			EXPENDITURE BY PROGRAMME (Cash, kind and services)							2016 Total Expenditure	Overheads (already included in the total expenditure)
	2016 Initial budget	Amendments	2016 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General				
ASIA AND THE PACIFIC												
Afghanistan	88,424		88,424	12,718	65,894	4,494	1,431	680	85,216	5,193		
Bangladesh	8,167		8,167	1,804	4,215	1,150	553	63	7,785	475		
Myanmar	33,697		33,697	5,931	19,924	2,091	1,982	350	30,278	1,847		
Nepal	2,593		2,593	799	902	483	241	48	2,473	151		
Pakistan	17,754		17,754	1,377	9,722	3,503	2,060	176	16,837	1,027		
Philippines	17,439		17,439	3,895	8,526	2,501	1,159	225	16,305	995		
Sri Lanka	9,791		9,791	3,572	4,041	727	270	83	8,693	531		
Bangkok (regional)	13,586		13,586	3,606	4,692	2,815	1,200	326	12,639	771		
Beijing (regional)	13,519		13,519	776	6,748	4,957	1,227	83	13,791	811		
Jakarta (regional)	4,354		4,354	802	224	2,672	550	34	4,283	261		
Kuala Lumpur (regional)	6,366		6,366	1,430	799	2,914	619	77	5,839	356		
New Delhi (regional)	12,646		12,646	2,108	4,254	3,073	740	178	10,353	631		
Suva (regional)	7,977		7,977	2,182	1,901	2,326	1,516	33	7,958	486		
TOTAL ASIA AND THE PACIFIC	236,315		236,315	41,000	131,844	33,706	13,547	2,354	222,451	13,536		
EUROPE AND CENTRAL ASIA												
Armenia	2,525	229	2,754	418	1,798	443	343	37	3,039	185		
Azerbaijan	7,552	3,321	10,873	1,903	6,298	732	624	55	9,612	587		
Georgia	8,967		8,967	2,105	4,250	854	301	90	7,601	464		
Ukraine	64,341		64,341	5,930	32,946	2,906	1,779	215	43,775	2,666		
Moscow (regional)	16,970		16,970	2,932	6,263	3,164	1,541	114	14,013	855		
Paris (regional)	6,447	2,585	9,032	4,230	495	2,183	691	37	7,635	466		
Tashkent (regional)	14,910		14,910	3,107	6,833	2,168	1,307	122	13,537	826		
Western Balkans (regional)	4,937		4,937	2,989	246	416	610	72	4,333	264		
Brussels	3,036		3,036	49		2,837	206	19	3,112	190		
London	4,082		4,082	2,091		1,334	354	37	3,815	233		
TOTAL EUROPE AND CENTRAL ASIA	133,767	6,135	139,901	25,755	59,128	17,037	7,755	797	110,473	6,736		
NEAR AND MIDDLE EAST												
Egypt	4,107		4,107	546	1,762	911	286	76	3,580	219		
Iran, Islamic Republic of	5,550		5,550	1,029	1,058	1,561	705	68	4,421	270		
Iraq	119,530	17,104	136,634	15,187	80,593	6,490	2,208	336	104,814	6,379		
Israel and the Occupied Territories	52,014		52,014	16,395	22,612	5,945	2,711	219	47,882	2,922		
Jordan	34,520	7,896	42,416	3,897	27,889	3,206	1,137	472	36,600	2,206		
Lebanon	41,818		41,818	4,890	29,185	1,679	3,140	204	39,098	2,386		
Syrian Arab Republic	151,421	25,192	176,613	3,475	150,304	2,431	3,228	299	159,737	9,727		
Yemen	49,399		49,399	5,062	35,170	3,608	1,889	192	45,920	2,787		
Kuwait (regional)	7,048		7,048	2,438	446	2,279	717	38	5,918	361		
TOTAL NEAR AND MIDDLE EAST	465,407	50,193	515,600	52,920	349,019	28,111	16,020	1,902	447,971	27,258		
STOCK IN KIND												
TOTAL FIELD	1,525,496	88,321	1,613,817	232,655	990,657	150,160	79,669	8,874	1,462,014	88,979		

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INCOME (Cash, kind and services)					FUNDING OF OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	2016 Total Income	2015 Donors' restricted contributions brought forward	2015 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2016 Donors' restricted contributions	2016 Field operations with temporary deficit financing	
ASIA AND THE PACIFIC										
86,011	356	129	343	86,838		-3,342			-1,719	Afghanistan
6,831	3			6,833					-952	Bangladesh
28,075	218	0	294	28,586		-2,178			-3,870	Myanmar
3,350	93			3,443		-970				Nepal
16,147	21	16	18	16,202		-1,907			-2,543	Pakistan
13,919	29			13,947		-904			-3,262	Philippines
8,326	3			8,329					-364	Sri Lanka
12,734	5			12,739				100		Bangkok (regional)
11,938	19	3	141	12,100					-1,690	Beijing (regional)
4,283	0			4,283						Jakarta (regional)
5,136	4			5,140					-699	Kuala Lumpur (regional)
8,989	60	12		9,061					-1,292	New Delhi (regional)
7,460	3		53	7,516					-442	Suva (regional)
213,197	813	160	848	215,017		-9,300		100	-16,834	TOTAL ASIA AND THE PACIFIC
EUROPE AND CENTRAL ASIA										
3,038	1			3,039						Armenia
9,601	2		9	9,612						Azerbaijan
7,595	6			7,601						Georgia
49,334	34	102	204	49,674		-1,025		4,873		Ukraine
17,876	4		46	17,926		-3,913				Moscow (regional)
7,634	1			7,635						Paris (regional)
11,895	5		29	11,929					-1,608	Tashkent (regional)
4,330	3			4,333						Western Balkans (regional)
3,111	0			3,112						Brussels
3,814	1			3,815						London
118,229	57	102	288	118,676		-4,938		4,873	-1,608	TOTAL EUROPE AND CENTRAL ASIA
NEAR AND MIDDLE EAST										
3,429	1			3,430		-633			-783	Egypt
4,335	5		81	4,421						Iran, Islamic Republic of
133,324	479	300	261	134,364	6,558			36,108		Iraq
42,191	188		367	42,746	41	-2,150			-7,246	Israel and the Occupied Territories
31,433	29	468		31,930	4,671					Jordan
37,906	13		224	38,143	4,073		43	3,161		Lebanon
169,884	377	360	553	171,174	12,581		79	24,097		Syrian Arab Republic
45,091	775	249	38	46,154	4,934			5,167		Yemen
5,907	1		9	5,918						Kuwait (regional)
473,499	1,870	1,377	1,532	478,278	32,858	-2,783	122	68,532	-8,029	TOTAL NEAR AND MIDDLE EAST
		-514		-514	636			121		STOCK IN KIND
1,500,742	4,317	3,782	4,231	1,513,073	39,741	-52,328	264	88,772	-50,037	TOTAL FIELD

C. CONTRIBUTIONS IN 2016

SUMMARY OF ALL CONTRIBUTIONS (in CHF)

	Appeals 2016: Headquarters	Appeals 2016: Operations	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
1. Governments	136,886,099	1,263,088,137	1,653,506	1,401,627,741	1,195,740	547,123	1,403,370,604
2. European Commission ¹		160,183,688		160,183,688			160,183,688
3. Supranational and international organizations					2,242,954	451,249	2,694,203
4. National Societies	2,294,803	23,954,136	- 22,751	26,226,189	300,000	3,488,488	30,014,677
5. Public sources	15,000	5,271,768		5,286,768		2,559,228	7,845,996
6. Private sources	4,411,438	46,645,717	- 200,025	50,857,129	43,363	215,562	51,116,055
Grand total	143,607,339	1,499,143,445	1,430,730	1,644,181,514	3,782,058	7,261,650	1,655,225,223

1. Member of the Donor Support Group

Reconciliation between the 2016 consolidated contributions and the summary of all contributions to the ICRC (see above)

Total consolidated contributions to the ICRC	1,655,225,223
Contributions received from funds and foundations consolidated in ICRC accounts:	
ICRC Special Fund for the Disabled	5,024,330
Elimination of the contributions provided by funds and foundations to the ICRC actions	-625,501
International conference fees and miscellaneous income	931,248
Total contributions to the ICRC as disclosed in the consolidated accounts (see A. Income and expenditure related to the 2016 Emergency and Headquarters Appeals above)	1,660,555,300

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1. GOVERNMENTS (in CHF)

	Appeals 2016: Headquarters	Appeals 2016: Operations	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Afghanistan	9,813			9,813		182,280	192,093
Algeria	37,526			37,526			37,526
Andorra	10,863	32,589		43,452			43,452
Argentina	149,055			149,055			149,055
Armenia	13,758			13,758			13,758
Australia ¹	2,870,758	29,298,664		32,169,422			32,169,422
Austria	657,300	4,508,588		5,165,888			5,165,888
Bahamas	33,411			33,411			33,411
Belgium ¹	543,150	28,195,767		28,738,917			28,738,917
Bulgaria	92,373			92,373			92,373
Cameroon		32,120		32,120			32,120
Canada ¹	1,940,760	55,190,725		57,131,485			57,131,485
Chile	38,324	143,715		182,039			182,039
China	660,000	492,250		1,152,250			1,152,250
Costa Rica	30,056			30,056			30,056
Cuba	1,865			1,865			1,865
Cyprus	21,822			21,822			21,822
Czech Republic	758,635	200,733		959,368			959,368
Denmark ¹		18,400,633		18,400,633			18,400,633
Equatorial Guinea		50		50			50
Estonia	86,364	588,096		674,460			674,460
Finland ¹	1,086,300	9,687,341		10,773,641	1,195,740		11,969,381
France ¹	543,150	16,547,405		17,090,555			17,090,555
Georgia	13,758			13,758			13,758
Germany ¹	1,892,450	121,075,125		122,967,575			122,967,575
Greece	54,360			54,360			54,360
Guyana	1,228			1,228			1,228
Haiti		100		100			100
Holy See	2,944	16,685		19,629			19,629
Hungary	54,185			54,185			54,185
Iceland	78,536	200,000		278,536			278,536
Iran, Islamic Republic of	25,143			25,143			25,143
Iraq						183,420	183,420
Ireland ¹	141,076	15,274,250		15,415,326			15,415,326
Israel	108,097			108,097			108,097

1. GOVERNMENTS (CONT.) (in CHF)

	Appeals 2016: Headquarters	Appeals 2016: Operations	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Italy ¹	7,093,120	8,872,952		15,966,072			15,966,072
Japan ¹		51,595,858		51,595,858			51,595,858
Kazakhstan	4,862			4,862			4,862
Korea, Republic of	292,745	2,346,610		2,639,355			2,639,355
Kuwait ¹	203,200	9,873,909		10,077,109			10,077,109
Lebanon			31,506	31,506			31,506
Liechtenstein	200,000	500,000		700,000			700,000
Lithuania	5,455	21,628		27,083			27,083
Luxembourg ¹	889,760	9,146,191		10,035,951			10,035,951
Malta		43,553		43,553			43,553
Mexico		868,139		868,139			868,139
Monaco	98,775	21,950		120,725			120,725
Montenegro	9,597			9,597			9,597
Netherlands ¹	7,722,619	45,687,600		53,410,219			53,410,219
New Zealand		1,622,000	1,622,000	3,244,000			3,244,000
Nicaragua	4,936			4,936			4,936
Norway ¹	2,274,260	68,867,658		71,141,918			71,141,918
Oman		204,515		204,515			204,515
Pakistan	4,139			4,139			4,139
Panama	23,558			23,558			23,558
Poland		653,199		653,199			653,199
Portugal	100,000			100,000			100,000
Romania		109,980		109,980			109,980
San Marino	20,000			20,000			20,000
Saudi Arabia	190,740			190,740			190,740
Singapore	64,981			64,981			64,981
Slovakia	35,000	164,745		199,745			199,745
Slovenia		113,721		113,721			113,721
Spain		6,704,730		6,704,730			6,704,730
Sri Lanka	19,988			19,988			19,988
Sweden ¹	5,903,050	68,383,492		74,286,542			74,286,542
Switzerland ¹	80,149,420	65,687,647		145,837,067		181,423	146,018,489
Tajikistan	3,832			3,832			3,832
Thailand	99,767			99,767			99,767
Togo	1,951			1,951			1,951
United Arab Emirates ¹	101,460	9,776,000		9,877,460			9,877,460
United Kingdom of Great Britain and Northern Ireland ¹	91,909	224,095,235		224,187,144			224,187,144
United States of America ¹	19,319,915	387,841,991		407,161,906			407,161,906
Total from governments	136,886,099	1,263,088,137	1,653,506	1,401,627,741	1,195,740	547,123	1,403,370,604

1. Member of the Donor Support Group

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2. EUROPEAN COMMISSION¹ (in CHF)

	Appeals 2016: Headquarters	Appeals 2016: Operations	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Directorate General Development and Cooperation (EuropeAid)		1,643,550		1,643,550			1,643,550
Directorate General Humanitarian Aid (ECHO)		158,540,138		158,540,138			158,540,138
Total from European Commission		160,183,688		160,183,688			160,183,688

1. Member of the Donor Support Group

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3. SUPRANATIONAL AND INTERNATIONAL ORGANIZATIONS (in CHF)

	Appeals 2016: Headquarters	Appeals 2016: Operations	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Danish Refugee Council					73,630		73,630
Médecins Sans Frontières					28,326		28,326
WFP					2,140,998	451,249	2,592,247
Total from Supranational organizations					2,242,954	451,249	2,694,203

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4. NATIONAL SOCIETIES (in CHF)

	Appeals 2016: Headquarters	Appeals 2016: Operations	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Albania		1,205		1,205			1,205
Andorra		1,112		1,112			1,112
Australia		18,975		18,975			18,975
Austria	16,502	542,255		558,757			558,757
Azerbaijan		6,544		6,544			6,544
Belgium		2,939		2,939			2,939
Bulgaria		2,700		2,700			2,700
Cambodia	3,272			3,272			3,272
Canada		996,256		996,256		317,445	1,313,701
China		449,967		449,967			449,967
China/Hong Kong						11,426	11,426
Cook Islands		517		517			517
Costa Rica		4,649		4,649			4,649
Croatia	800			800			800
Czech Republic		7,735		7,735			7,735
Denmark		2,768,185		2,768,185		347,449	3,115,634
Dominica		172		172			172
Estonia		9,299		9,299			9,299
Finland		488,687		488,687		303,610	792,297
France		326,880		326,880			326,880
Germany	1,003,826			1,003,826			1,003,826
Iceland	20,148	120,000		140,148		124,844	264,992
Iran, Islamic Republic of		40,000		40,000			40,000
Israel						400	400
Italy	132,333			132,333			132,333
Japan	799,611	1,209,122		2,008,733		408,200	2,416,933
Korea, Republic of		519,974		519,974			519,974
Kuwait		671,720		671,720	300,000		971,720
Latvia		24,453		24,453			24,453
Liechtenstein	2,500	328,366		330,866			330,866
Lithuania		6,080		6,080			6,080
Luxembourg		234,165		234,165			234,165
Monaco	4,337	28,192		32,529		16,471	49,000
Morocco		1,492		1,492			1,492
Netherlands		3,413,416		3,413,416		174,805	3,588,222
New Zealand		268,921		268,921		245,572	514,494
Norway	20,191	7,215,140		7,235,331		196,768	7,432,099
Pakistan		11,192		11,192			11,192
Paraguay						231	231
Philippines		10,225		10,225			10,225
Portugal						4,514	4,514
Romania		14,200		14,200			14,200
Serbia	1,000			1,000			1,000
Singapore		18,200		18,200			18,200
Slovakia		3,740		3,740			3,740
Slovenia		45,462		45,462			45,462
Spain		1,074		1,074			1,074
Suriname			268	268			268
Sweden	100,000	2,033,377	-23,019	2,110,358		910,317	3,020,674
Switzerland		150,000		150,000		54,292	204,292
Thailand		36,163		36,163			36,163
Tonga		192		192			192
Trinidad and Tobago		9,151		9,151			9,151

4. NATIONAL SOCIETIES (CONT.) (in CHF)

	Appeals 2016: Headquarters	Appeals 2016: Operations	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
United Kingdom of Great Britain and Northern Ireland	190,000	1,853,261		2,043,261		372,145	2,415,407
United States of America		51,375		51,375			51,375
Vanuatu	284			284			284
Viet Nam		7,405		7,405			7,405
Total from National Societies	2,294,803	23,954,136	- 22,751	26,226,189	300,000	3,488,488	30,014,677

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5. PUBLIC SOURCES (in CHF)

	Appeals 2016: Headquarters	Appeals 2016: Operations	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Anières		50,000		50,000			50,000
Balerna		2,000		2,000			2,000
Bellevue		4,000		4,000			4,000
Bellinzona, City of		5,000		5,000			5,000
Belp		2,000		2,000			2,000
Bregaglia		1,000		1,000			1,000
Centre-Val de Loire		32,268		32,268			32,268
Chippis		1,000		1,000			1,000
Fribourg, Canton of		30,250		30,250			30,250
Gemeinden des Fürstentums Liechtenstein		100,000		100,000			100,000
Geneva, Canton of		4,700,000		4,700,000		2,192,352	6,892,352
Geneva, City of	15,000	51,500		66,500			66,500
Grand-Saconnex, City of		20,000		20,000			20,000
Hauterive		2,800		2,800			2,800
Laconnex		1,000		1,000			1,000
Montreux		1,000		1,000			1,000
Pully		2,000		2,000			2,000
Rüschlikon		2,000		2,000			2,000
Satigny		3,000		3,000			3,000
Silvaplana		5,000		5,000			5,000
Steinach		1,000		1,000			1,000
Versoix, City of						366,876	366,876
Veyrier		2,000		2,000			2,000
Wädenswil, City of		10,300		10,300			10,300
Wallisellen		5,000		5,000			5,000
Weiach		1,000		1,000			1,000
Wettingen		5,000		5,000			5,000
Wetzikon		5,000		5,000			5,000
Zurich, Canton of		215,000		215,000			215,000
Others and less than CHF 1,000		11,650		11,650			11,650
Total from public sources	15,000	5,271,768		5,286,768		2,559,228	7,845,996

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6. PRIVATE SOURCES (in CHF)

	Appeals 2016: Headquarters	Appeals 2016: Operations	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Direct mail fundraising campaigns		15,233,815		15,233,815			15,233,815
Online donations		1,585,038		1,585,038			1,585,038
Spontaneous donations from private individuals							
Stürm, Peter		5,200		5,200			5,200
Other private individuals		5,919,721	- 25	5,919,696		39,802	5,959,499
Total spontaneous donations from private individuals		5,924,921	- 25	5,924,896		39,802	5,964,699
Donations from foundations/funds							
Arjay Foundation		140,000		140,000			140,000
Eckenstein-Geigy Stiftung		100,000		100,000			100,000
Ernst Göhner Stiftung	300,000			300,000			300,000
Fondation des immeubles pour les organisations internationales (FIPOI)						122,448	122,448
Fondation Johann et Luzia Grässli		100,000		100,000			100,000
Fondation Lombard Odier ¹	500,000	200		500,200			500,200
Fondation Lumen Spei		50,000		50,000			50,000
Fondation de bienfaisance du groupe Pictet		150,000		150,000			150,000
Fondation pour le Comité international de la Croix Rouge	588,647		-200,000	388,647			388,647
Françoise Stiftung	165,710			165,710			165,710
Gebauer Stiftung		150,000		150,000			150,000
Link Foundation		35,599		35,599			35,599
Mine-Ex Stiftung		1,000,000		1,000,000			1,000,000
Stanley Thomas Johnson Foundation		100,000		100,000			100,000
Swiss Re Foundation ¹	500,000	500,000		1,000,000		20,000	1,020,000
The OPEC Fund for International Development		293,550		293,550			293,550
The Philips Foundation ¹		455,706		455,706			455,706
Others and less than CHF 10,000	2,107,080	6,806,272		8,913,352	41,113		8,954,465
Total donations from foundations/funds	4,161,438	9,881,326	-200,000	13,842,764	41,113	142,448	14,026,326
1. Member of the Corporate Support Group							
Legacies		8,604,501		8,604,501			8,604,501
Donations from private companies							
ABB Asea Brown Boveri Ltd ¹		500,000		500,000			500,000
Crédit Suisse Group ¹	250,000	250,000		500,000			500,000
F. Hoffmann La Roche Ltd ¹		500,000		500,000			500,000
Famille Firmenich		50,000		50,000			50,000
LafargeHolcim Ltd ¹		500,000		500,000			500,000
Novartis International AG ¹		662,236		662,236			662,236
Zurich Insurance Group ¹		500,000		500,000			500,000
Other private companies		1,705,797		1,705,797	2,250	33,312	1,741,359
Total donations from private companies	250,000	4,668,033		4,918,033	2,250	33,312	4,953,595
Donations from associations and service clubs							
Comité International Olympique		160,000		160,000			160,000
UEFA		108,880		108,880			108,880
Other associations and service clubs		178,502		178,502			178,502
Total donations from associations and service clubs		447,382		447,382			447,382
Various donors		300,700		300,700			300,700
Total from private sources	4,411,438	46,645,717	-200,025	50,857,129	43,363	215,562	51,116,055

1. Member of the Corporate Support Group

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D. CONTRIBUTIONS IN KIND, IN SERVICES AND TO INTEGRATED PROJECTS (IPs) 2016 (in CHF)

	Donations in kind (excluding IPs)		Donations in services (excluding IPs)		Donations for IPs				Grand total		Number of days of employee service
	Headquarters	Field	Headquarters	Field	Kind	Services	Cash	Total IPs	Total kind	Total services	
National societies											
Canada				317,445						317,445	1,027
China/Hong Kong				11,426						11,426	33
Denmark				347,449						347,449	1,182
Finland				303,610						303,610	1,279
Iceland				124,844						124,844	420
Israel				400						400	
Japan				408,200						408,200	1,436
Kuwait		300,000							300,000		
Monaco				16,471						16,471	52
Netherlands				174,805						174,805	357
New Zealand				245,572						245,572	805
Norway			113,964	78,244		4,559	2,174,927	2,179,486		196,768	680
Paraguay				231						231	9
Portugal				4,514						4,514	19
Sweden				802,585		107,731	599,628	707,359		910,317	3,120
Switzerland				54,292						54,292	214
United Kingdom of Great Britain and Northern Ireland				372,145						372,145	1,294
Subtotal		300,000	113,964	3,262,234		112,290	2,774,555	2,886,846	300,000	3,488,488	11,927
Governments											
Afghanistan				182,280						182,280	
Finland		1,195,740							1,195,740		
Iraq				183,420						183,420	
Switzerland			181,423							181,423	500
Subtotal		1,195,740	181,423	365,700					1,195,740	547,123	500
Supranational and international organizations											
Danish Refugee Council		73,630							73,630		
Médecins Sans Frontières		28,326							28,326		
WFP		2,140,998		451,249					2,140,998	451,249	
Subtotal		2,242,954		451,249					2,242,954	451,249	
Public sources											
Geneva, Canton of				2,192,352						2,192,352	
Versoix, City of				366,876						366,876	
Subtotal				2,559,228						2,559,228	
Private sources											
Spontaneous donations from private individuals				39,802						39,802	
Fondation des immeubles pour les organisations internationales (FIPOI)				122,448						122,448	
Swiss Re Foundation ¹				20,000						20,000	
Other foundations, funds		41,113							41,113		
Other private companies		2,250	33,312						2,250	33,312	
Subtotal		43,363	175,760	39,802					43,363	215,562	
Grand total		3,782,058	3,030,375	4,118,985		112,290	2,774,555	2,886,846	3,782,058	7,261,650	12,427

1. Member of the Corporate Support Group

N.B. As the figures in this document have been rounded off, adding them up may give a slightly different result from the total presented. Therefore, the figures may also vary slightly from the amounts indicated in other documents.

E. COMPARATIVE BALANCE SHEET AND STATEMENT OF INCOME FOR THE LAST FIVE YEARS (in KCHF)

	2016	2015	2014	2013	2012
Balance Sheet					
Current assets	787,173	613,220	669,667	750,097	597,259
Non-current assets	409,878	442,810	400,481	451,768	538,993
Total Assets	1,197,051	1,056,030	1,070,148	1,201,865	1,136,252
Liabilities	-843,283	-729,094	-733,988	-717,891	-811,353
Total Net Assets	353,768	326,936	336,160	483,974	324,899
Restricted reserves for funds and foundations	37,838	37,183	38,029	36,946	36,200
Restricted reserves for funding of current operations	39,036	-12,194	21,428	37,191	3,922
Unrestricted reserves designated by the Assembly	276,894	301,947	276,703	409,837	284,777
Total Reserves	353,768	326,936	336,160	483,974	324,899
Statement of Income					
Contributions	1,660,556	1,502,354	1,343,455	1,223,635	1,013,359
Operating expenditure	-1,562,700	-1,488,710	-1,312,674	-1,143,430	-1,048,461
Net result of operating activities	97,856	13,644	30,781	80,205	-35,102
Net result of non-operating activities	9,446	-16,082	15,421	12,755	13,539
Net result for the year	107,302	-2,438	46,202	92,960	-21,563
Administrative costs	134,545	135,529	130,322	120,881	116,574
Ratios					
Reserves in % of total assets	29.6%	31.0%	31.4%	40.3%	28.6%
Assets-to-reserves ratio	3.4	3.2	3.2	2.5	3.5
Administrative costs in % of operating expenditure	8.6%	9.1%	9.9%	10.6%	11.1%

F. ASSISTANCE ITEMS FIGURES

The statistical data in the following tables can be summarized as follows.

RECEIPT OF ASSISTANCE ITEMS BY CONTRIBUTIONS IN KIND, CASH FOR KIND AND PURCHASES IN 2016

All assistance items received as contributions in kind or purchased by the ICRC and inventoried in the context of reception between 1 January and 31 December 2016. The figures for contributions in kind cover all material support received as a gift but do not include any services received, such as the provision of human resources and/or logistical means. The figures for assistance item purchases comprise all procurements carried out both with non-earmarked and with earmarked financial contributions ("cash for kind"). The grand total is CHF 307,338,925.

RECEIPT OF ASSISTANCE ITEMS BY CONTEXT IN 2016

All assistance items received as contributions in kind or purchased by the ICRC and inventoried in the context of reception between 1 January and 31 December 2016.

DELIVERY OF ASSISTANCE ITEMS IN 2016

All assistance items delivered by the ICRC in the field between 1 January and 31 December 2016. These goods were either purchased or received in kind during 2016 or taken from stock already constituted at the end of 2015.

RECEIPT OF ASSISTANCE ITEMS BY CONTRIBUTIONS IN KIND AND PURCHASES IN 2016

(by donor and purchase, according to stock entry date)

Donors	Food	Relief kits	Blanket	Economic security*	Medical	Physical rehabilitation	Water and habitat	Grand total
	(Kg)	(each)	(each)	(CHF)	(CHF)	(CHF)	(CHF)	(CHF)
National societies		10,000		300,000				300,000
Kuwait		10,000		300,000				300,000
Governments	300,000	9,400	144,400	1,162,975				1,162,975
Finland	300,000	9,400	144,400	1,162,975				1,162,975
Various donors	2,411,557	1		2,216,863	40,373	18,168	32,890	2,308,295
Danish Refugee Council				40,740			32,890	73,630
Motivation Charitable Trust					12,047	15,918		27,966
Médecins Sans Frontières					28,326			28,326
Other foundations and funds		1		13,148				13,148
Other private companies						2,250		2,250
World Food Program	2,411,557			2,162,975				2,162,975
Total contributions in kind	2,711,557	19,401	144,400	3,679,838	40,373	18,168	32,890	3,771,270
National societies	417,422	45,693	82,504	2,759,999	376,318	230,001	44,221	3,410,539
Austria		11,354	35,348	466,011				466,011
Denmark			47,156	596,675				596,675
Kuwait		24,478		671,728				671,728
Netherlands		3,213		492,579	293,318	230,001		1,015,898
Norway					83,000			83,000
Sweden	180,855			207,721			44,221	251,942
United Kingdom of Great Britain and Northern Ireland	236,567	6,648		325,286				325,286
Governments	2,289,225	35,293		3,219,058	132,386			3,351,444
Austria	69,915	5,539		523,524				523,524
France	2,219,310	29,754		2,645,533				2,645,533
Liechtenstein				50,000				50,000
Oman					132,386			132,386
Various donors		18,522	23,851	395,258				395,258
Fondation Lumen Spei		10,869		47,840				47,840
Gemeinden Fürstentum Liechtenstein				100,001				100,001
The OPEC Fund for International Development		7,653	23,851	247,416				247,416
Total contributions in cash for kind	2,706,647	99,508	106,355	6,374,315	508,704	230,001	44,221	7,157,240
ICRC								
ICRC purchases	98,703,326	4,494,140	3,067,111	209,574,321	40,595,501	6,990,017	39,250,576	296,410,415
Total ICRC	98,703,326	4,494,140	3,067,111	209,574,321	40,595,501	6,990,017	39,250,576	296,410,415
Grand total	104,121,530	4,613,049	3,317,866	219,628,474	41,144,578	7,238,187	39,327,687	307,338,925

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

RECEIPT OF ASSISTANCE ITEMS BY CONTEXT IN 2016 (CHF)

Context	Gifts in kind and cash for kind				Purchases by the ICRC				Total received				Total
	Economic security*	Medical	Physical rehabilitation	Water and habitat	Economic security*	Medical	Physical rehabilitation	Water and habitat	Economic security*	Medical	Physical rehabilitation	Water and habitat	
AFRICA	5,055,551			44,221	74,624,525	2,754,795	401,437	8,526,455	79,680,076	2,754,795	401,437	8,570,676	91,406,983
Burundi					369,170	4,841	112	83,013	369,170	4,841	112	83,013	457,136
Cameroon	450,734				4,094,259	2,392	397	117,733	4,544,993	2,392	397	117,733	4,665,516
Central African Republic	772,952				1,831,986	11,198	1,247	966,548	2,604,938	11,198	1,247	966,548	3,583,931
Chad					1,226,528	57,740		8,479	1,226,528	57,740		8,479	1,292,746
Congo, Democratic Republic of the	1,209,183				1,993,415	162,671	5,660	312,863	3,202,598	162,671	5,660	312,863	3,683,792
Côte d'Ivoire					7,586,150	2,842		120,184	7,586,150	2,842		120,184	7,709,177
Eritrea					974,521			317,101	974,521			317,101	1,291,622
Ethiopia	487,815				193,020	125,699	4,770	489,193	680,835	125,699	4,770	489,193	1,300,497
Guinea					74,435	1,658		48,275	74,435	1,658		48,275	124,368
Guinea-Bissau					607	10,552	567	6,800	607	10,552	567	6,800	18,525
Kenya					11,466,031	1,927,495	87,040	1,342,358	11,466,031	1,927,495	87,040	1,342,358	14,822,924
Liberia					103,499	4,853	11	101,390	103,499	4,853	11	101,390	209,753
Libya					914,593		165,318	7,697	914,593		165,318	7,697	1,087,608
Madagascar					96,929	425		32,162	96,929	425		32,162	129,515
Mali					3,706,358	24,636	108,813	243,199	3,706,358	24,636	108,813	243,199	4,083,006
Mauritania					88,108	2,098		2,689	88,108	2,098		2,689	92,894
Morocco					10,316				10,316				10,316
Niger	350,708				7,146,923	14,156	2,329	157,375	7,497,630	14,156	2,329	157,375	7,671,491
Nigeria	951,021				27,611,116	115,646	1,620	2,633,204	28,562,137	115,646	1,620	2,633,204	31,312,606
Rwanda					47,649	3,878	980	150,659	47,649	3,878	980	150,659	203,165
Senegal					84,211	66	26	223,351	84,211	66	26	223,351	307,654
Somalia	341,852				1,262,087	10,659		89,028	1,603,939	10,659		89,028	1,703,626
South Sudan	491,286			44,221	171,482	243,429	1,357	825,900	662,767	243,429	1,357	870,121	1,777,675
Sudan					1,086	256	21,159	721	1,086	256	21,159	721	23,220
Tunisia					39,973	25,021		43,595	39,973	25,021		43,595	108,588
Uganda					3,251,033	1,809	29	7,660	3,251,033	1,809	29	7,660	3,260,532
Zimbabwe					279,043	776		195,279	279,043	776		195,279	475,098
AMERICAS					590,518	50,825	3,018	519,626	590,518	50,825	3,018	519,626	1,163,987
Colombia					490,877	16,352	3,018	427,460	490,877	16,352	3,018	427,460	937,708
Haiti					35,461	2,470		20,941	35,461	2,470		20,941	58,872
Mexico					19,758	31,937		70,922	19,758	31,937		70,922	122,617
Peru					44,422	65		303	44,422	65		303	44,790
ASIA AND THE PACIFIC	286,807	95,047	248,169		12,129,494	2,697,588	324,081	5,004,503	12,416,301	2,792,635	572,250	5,004,503	20,785,689
Afghanistan	231,783	83,000	232,251		3,790,182	730,023	-68,457	1,153,593	4,021,964	813,023	163,794	1,153,593	6,152,374
Bangladesh					24,978	8,894		109,384	24,978	8,894		109,384	143,256
Cambodia					17,305	86,828	87,110	22,748	17,305	86,828	87,110	22,748	213,991
China					3,507,263	966	27,609	1,986,482	3,507,263	966	27,609	1,986,482	5,522,320
India		12,047			61,872	54,378	36,633	106,848	61,872	66,425	36,633	106,848	271,779
Indonesia						1,675				1,675			1,675
Korea, Democratic People's Republic of					23,001	1,413	4,858	636,437	23,001	1,413	4,858	636,437	665,709
Myanmar					726,822	154,370	20,225	418,730	726,822	154,370	20,225	418,730	1,320,147
Nepal					1,943	19,657	360	348	1,943	19,657	360	348	22,309
Pakistan	55,025		15,918		3,321,350	1,531,592	208,060	25,030	3,376,375	1,531,592	223,978	25,030	5,156,975
Papua New Guinea					105,919	28,527	242	17,403	105,919	28,527	242	17,403	152,090
Philippines					494,186	41,590	4,729	42,871	494,186	41,590	4,729	42,871	583,377

RECEIPT OF ASSISTANCE ITEMS BY CONTEXT IN 2016 (CONT.) (CHF)

Context	Gifts in kind and cash for kind				Purchases by the ICRC				Total received				Total
	Economic security*	Medical	Physical rehabilitation	Water and habitat	Economic security*	Medical	Physical rehabilitation	Water and habitat	Economic security*	Medical	Physical rehabilitation	Water and habitat	
Sri Lanka					31,015	35,701		478,656	31,015	35,701		478,656	545,371
Thailand					15,033	1,973	2,711	5,974	15,033	1,973	2,711	5,974	25,692
Korea, Republic of					8,624				8,624				8,624
EUROPE AND CENTRAL ASIA	40,740	28,326		32,890	11,693,954	1,767,582	58,094	2,430,629	11,734,694	1,795,909	58,094	2,463,519	16,052,215
Armenia					31,761	2,974	156	125,491	31,761	2,974	156	125,491	160,382
Azerbaijan					109,063	16,363	745	102,151	109,063	16,363	745	102,151	228,322
Georgia					73,229	7,831		16,856	73,229	7,831		16,856	97,916
Kyrgyzstan					100,728	45,002	62	36,740	100,728	45,002	62	36,740	182,531
Russian Federation					3,035,584	45,796	2,893	202	3,035,584	45,796	2,893	202	3,084,475
Tajikistan					27,397	7,098		79,286	27,397	7,098		79,286	113,782
Ukraine	40,740	28,326		32,890	8,316,191	1,642,518	54,238	2,069,904	8,356,931	1,670,844	54,238	2,102,794	12,184,807
NEAR AND MIDDLE EAST	4,671,055	425,704			108,467,777	6,479,187	742,762	17,587,520	113,138,832	6,904,891	742,762	17,587,520	138,374,006
Egypt					56,225	29,468		11,137	56,225	29,468		11,137	96,829
Iran, Islamic Republic of					8,192,092			195,471	8,192,092			195,471	8,387,564
Iraq	1,989,366				22,816,475	748,880	10,228	283,862	24,805,841	748,880	10,228	283,862	25,848,811
Israel and the occupied territories					567,977	410,264	91,240	746,710	567,977	410,264	91,240	746,710	1,816,192
Jordan	489,700				4,463,046	3,021,951		1,739,776	4,952,746	3,021,951		1,739,776	9,714,473
Lebanon					255,416	755,879	568,751	5,442,371	255,416	755,879	568,751	5,442,371	7,022,416
Syrian Arab Republic	1,695,223	293,318			70,120,029	870,122	53,448	6,965,368	71,815,252	1,163,440	53,448	6,965,368	79,997,508
Yemen	496,766	132,386			1,996,517	642,624	19,094	2,202,826	2,493,283	775,010	19,094	2,202,826	5,490,213
Neutral stocks					2,068,053	26,845,524	5,460,625	5,181,842	2,068,053	26,845,524	5,460,625	5,181,842	39,556,044
Neutral stocks					2,068,053	26,845,524	5,460,625	5,181,842	2,068,053	26,845,524	5,460,625	5,181,842	39,556,044
Grand total	10,054,153	549,077	248,169	77,111	209,574,321	40,595,501	6,990,017	39,250,576	219,628,474	41,144,578	7,238,187	39,327,687	307,338,925

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

DELIVERY OF ASSISTANCE ITEMS IN 2016

Context	Economic Security*		Medical	Physical Rehabilitation	Water and Habitat	Total
	(CHF)	(Kg)	(CHF)	(CHF)	(CHF)	(CHF)
AFRICA	84,638,830	82,683,895	10,683,103	1,703,006	10,982,345	108,007,285
Burkina Faso			1,012			1,012
Burundi	502,828	404,216	97,347		112,425	712,599
Cabo Verde	1,319	8				1,319
Cameroon	4,673,151	5,391,275	184,346	1,585	114,090	4,973,172
Central African Republic	4,082,582	2,295,193	1,057,926	33,267	1,488,435	6,662,211
Chad	1,428,064	1,241,400	129,619		17,255	1,574,937
Congo					3,134	3,134
Congo, Democratic Republic of the	5,383,865	2,855,013	929,117	189,566	657,733	7,160,282
Côte d'Ivoire	179,148	21,524	84,743		13,013	276,904
Eritrea	1,053,672	19,836			252,258	1,305,930
Ethiopia	2,775,722	465,664	70,290	366,494	500,170	3,712,676
Guinea	90,981	16,312	25,925		116,196	233,102
Guinea-Bissau	3,559	13	47,774	5,113	8,159	64,604
Kenya	205,952	25,569	24,129		35,340	265,421
Liberia	160,341	36,565	69,791	11	131,649	361,793
Libya	2,661,834	1,252,755	1,307,496	165,318	111,865	4,246,514
Madagascar	112,600	62,973	15,509		31,774	159,884
Mali	3,924,615	5,834,686	886,338	166,673	253,541	5,231,167
Mauritania	125,119	15,400	47,474		23,255	195,848
Morocco	10,316	-				10,316
Niger	8,136,216	15,042,455	416,318	32,167	120,541	8,705,242
Nigeria	31,465,619	30,143,513	1,431,512	70,501	3,119,421	36,087,054
Rwanda	58,008	146,565	25,106	1,379	154,598	239,092
Senegal	77,778	32,397	176	26	232,544	310,524
Somalia	7,191,463	4,557,153	2,317,277		765,137	10,273,877
South Sudan	8,976,409	12,339,053	1,387,965	200,853	1,312,648	11,877,875
Sudan	679,309	276,813	39,920	432,650	1,137,390	2,289,268
Tunisia	62,265	1,170	25,423		3,522	91,210
Uganda	56,816	8,786	11,667	21	11,383	79,886
Western Sahara	755	6	35,826	37,381	320	74,282
Zimbabwe	558,525	197,584	13,080		254,546	826,151
AMERICAS	943,599	217,418	260,425	147,175	557,675	1,908,875
Bolivia, Plurinational State of	1,842	-		7,355		9,197
Colombia	673,900	52,964	49,010	64,019	428,987	1,215,916
El Salvador	401	90			656	1,057
Haiti	72,996	159,825	52,058	679	25,343	151,075
Honduras	1,512	273				1,512
Mexico	95,647	4,257	87,414	75,122	92,215	350,398
Peru	93,369	-	65		8,823	102,258
United States of America	3,931	10				3,931
Venezuela, Bolivarian Republic of			71,879		1,651	73,530

DELIVERY OF ASSISTANCE ITEMS IN 2016

Context	Economic Security*		Medical	Physical Rehabilitation	Water and Habitat	Total
	(CHF)	(Kg)	(CHF)	(CHF)	(CHF)	(CHF)
ASIA AND THE PACIFIC	7,563,040	4,847,570	9,012,923	3,547,724	3,900,197	24,023,883
Afghanistan	4,812,320	3,723,649	5,677,236	1,514,886	1,707,708	13,712,149
Bangladesh	74,706	1,900	55,106	106,413	127,782	364,007
Cambodia	48,969	12,703	91,333	112,183	25,742	278,226
China	126,022	-		36,867		162,889
Fiji	47,851	15,388	26,261			74,113
India	31,227	4,226	34,742	22,438	87,119	175,526
Indonesia	6,374	4	1,675		9,925	17,975
Jammu and Kashmir	6,739	-	60	5,550	149	12,498
Korea, Democratic People's Republic of	152,970	382	481,136	299,622	814,249	1,747,977
Korea, Republic of	8,624	-				8,624
Malaysia	4,300	-				4,300
Myanmar	658,122	14,239	275,796	348,009	480,935	1,762,861
Nepal	6,411	570	39,305	18,470	2,011	66,197
Pakistan	204,822	19,638	1,958,070	1,075,925	25,984	3,264,801
Papua New Guinea	137,832	11,687	44,720	242	19,513	202,307
Philippines	1,158,450	1,039,597	305,775	6,989	112,910	1,584,123
Sri Lanka	56,824	3,568	19,736	128	483,874	560,562
Thailand	20,477	20	1,973		2,298	24,748
EUROPE AND CENTRAL ASIA	14,881,089	6,112,940	2,265,551	53,015	2,497,536	19,697,191
Armenia	70,468	1,411	39,418	156	104,540	214,581
Azerbaijan	135,663	61,479	23,655	745	101,024	261,088
Georgia	169,657	68,208	17,405	2,431	17,150	206,644
Kosovo**	1,068	13	118		175	1,361
Kyrgyzstan	184,788	37,568	78,173	62	63,880	326,902
Russian Federation	1,525,982	425,075	33,507	471	205	1,560,166
Tajikistan	27,623	123	12,915		56,411	96,949
Ukraine	12,756,114	5,518,579	1,953,499	49,149	2,150,945	16,909,708
Uzbekistan	9,726	484	106,861		3,207	119,793
NEAR AND MIDDLE EAST	105,502,745	81,858,913	14,943,564	3,108,833	20,124,591	143,679,734
Egypt	93,853	124	34,070			127,923
Iran, Islamic Republic of	11,680	31	164		220	12,064
Iraq	21,203,635	16,538,474	1,886,669	986,637	512,395	24,589,336
Israel and the occupied territories	1,523,629	166,445	421,825	77,751	1,138,360	3,161,565
Jordan	2,369,771	1,020,418	372,203		1,893,287	4,635,262
Kuwait	12,772	-				12,772
Lebanon	463,544	216,915	1,578,692	1,733	455,626	2,499,595
Syrian Arab Republic	74,282,389	61,253,764	7,502,952	1,815,980	13,784,763	97,386,083
United Arab Emirates	2,688	2				2,688
Yemen	5,538,784	2,662,740	3,146,991	226,731	2,339,939	11,252,445
Grand total	213,529,304	175,720,736	37,165,568	8,559,752	38,062,345	297,316,968

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

** UN Security Council Resolution 1244

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STATUTORY FINANCIAL STATEMENTS OF THE ICRC SPECIAL FUND FOR THE DISABLED

STATEMENT OF INCOME

FOR THE YEAR ENDED 31 DECEMBER

(CHF Thousands)	Note	2016	2015
Contributions	[7]	5,024	4,584
Staff costs		-2,057	-2,265
Mission costs		-407	-282
Rentals		-117	-103
Sub-contracted maintenance		-151	-138
Purchase of goods and materials		-160	-113
Financial assistance		-1,505	-1,282
General expenditure		-246	-273
Depreciation		-37	-41
Operating expenses	[8]	-4,680	-4,497
Net surplus of operating activities		344	87
Foreign exchange result, net		54	-4
Financial income, net	[5]	25	-10
Net surplus/(deficit) of non-operating activities		79	-14
Surplus for the year		423	73

STATEMENT OF CHANGES IN RESERVES

(CHF Thousands)	Note	Restricted reserves		Unrestricted reserves		Total Reserves
		Temporarily restricted	Designated by the Board	Designated by the Board	Other reserves	
Balance at 1 January 2016	[6]	-404	2,784	2,784	786	3,166
Surplus for the year		344	79	79	-	423
Net allocation of unrealized portfolio result	[4]	-	-	-	-	-
Balance at 31 December 2016		-60	2,863	2,863	786	3,589
Balance at 1 January 2015		-491	2,798	2,798	829	3,136
Surplus for the year		87	-14	-14	-	73
Net allocation of unrealized portfolio result	[4]	-	-	-	-43	-43
Balance at 31 December 2015		-404	2,784	2,784	786	3,166

STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER

(CHF Thousands)	Note	2016	2015
Cash and cash equivalents		128	235
Investments	[5]	4,905	3,205
Accounts receivable	[9]	3,084	2,119
Current assets		8,117	5,559
Accounts receivable		543	1,683
Non-current assets		543	1,683
Assets		8,660	7,242
Accounts payable and accrued expenses	[9]	1,938	3
Deferred income		2,590	2,390
Current liabilities		4,528	2,393
Deferred income		543	1,683
Non-current liabilities		543	1,683
Liabilities		5,071	4,076
Temporarily restricted reserves for the funding of operations	[6]	-60	-404
Restricted reserves		-60	-404
Unrestricted reserves designated by the Council		2,863	2,784
Other unrestricted reserves		786	786
Unrestricted reserves		3,649	3,570
Reserves		3,589	3,166
Liabilities and reserves		8,660	7,242

NOTES TO THE FINANCIAL STATEMENTS

AS AT 31 DECEMBER 2016

1. ACTIVITIES

The year 1981 was declared by the United Nations to be the “International Year for Disabled Persons”. In the same year, when it was convened in Manila, Philippines, the 24th International Conference of the Red Cross and Red Crescent adopted a resolution recommending that “a special fund be formed for the benefit of the disabled and to promote the implementation of durable projects to aid disabled persons”. Pursuant to the ICRC Assembly’s decision No. 2 of 19–20 October 1983, the Special Fund for the Disabled (SFD) was subsequently established. Its objectives were twofold:

- ▶ to help finance long-term projects for disabled persons, in particular, the creation of workshops for the production of artificial limbs and orthotic appliances, and centres for rehabilitation and occupational retraining; and
- ▶ to participate not only in ICRC and National Society projects, but also in those of other humanitarian bodies working in accordance with ICRC criteria.

In January 2001, the ICRC Assembly converted the SFD into an independent foundation based in Geneva, Switzerland, under Swiss law. The primary objective of the “ICRC Special Fund for the Disabled” remained, to a large extent, unchanged, i.e. to support physical rehabilitation services in low-income countries, with priority given to former projects of the ICRC. The statutes of the foundation allows the opening of its board to members of other organizations, and the SFD has developed its own independent fundraising and financial management structure.

In 1983, the ICRC donated an initial 1 million Swiss francs to set up the SFD. Since then, the SFD has received various forms of support from certain governments, National Red Cross and Red Crescent Societies, foundations and public sources.

The Board is composed of 11 people, of whom 6 are ICRC representatives.

The SFD is hosted by the ICRC and therefore is consolidated into the ICRC’s consolidated financial statements in conformity with the IFRS.

2. BASIS OF PREPARATION

These statutory financial statements were prepared in compliance with Swiss law and are presented in accordance with the SFD’s Statutes. They were prepared in conformity with regulations of the Swiss law on commercial accounting and financial reporting (Swiss Code of Obligations Art. 957–963).

The financial statements were prepared using the historical cost convention, except for the investments at fair value.

All financial information presented in Swiss francs has been rounded to the nearest CHF thousands, except when otherwise indicated.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

3.1 Accounts receivable

Receivables are stated at their cost net of an allowance on outstanding amounts to cover the risk of non-payment. The main pledge receivables positions are recognized at the moment of a written confirmation, except for pledges falling due after five years, which are considered contingent assets only and are not recognized owing to uncertainties associated with their receipt; the organization recognizes this revenue when the written confirmation includes a clear and firm commitment from the donor and the realization of the income is virtually certain.

The organization maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make the required payments.

3.2 Reserves

– TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

Refer to note 6.

– UNRESTRICTED RESERVES DESIGNATED BY THE BOARD

These reserves are not subject to any legal or third-party restriction and can be applied as the Board sees fit. They include initial capital, as well as general reserves. These general reserves are the accumulation of excess funds set aside with no specific reservation or restriction and may be designated for specific purposes to meet future obligations or risks.

– OTHER UNRESTRICTED RESERVES

These other unrestricted reserves relate to the unrealized gains or losses on the investment portfolio of the organization.

4. CHANGES IN ACCOUNTING POLICIES AND DISCLOSURES

Net unrealized results on the investment portfolio is expensed from the financial year 2016 when it was allocated directly to other unrestricted reserves until the financial year 2015.

5. INVESTMENTS AND FINANCIAL INCOME, NET

In accordance with its documented investment management policy, the organization recognizes its investments at fair value. Financial assets at fair value are financial assets held-for-trading. A financial asset is classified under this category if acquired principally for the purpose of selling in the short term. All assets in this category are classified as current assets, as they are expected to be settled within 12 months.

(CHF Thousands)	2016	2015
Investments at fair value		
Quoted equity securities	1,413	976
Quoted debt securities	3,492	2,229
Total Current investments	4,905	3,205

(CHF Thousands)	2016	2015
Investments at fair value		
Realized portfolio result, net	-2	-45
Unrealized portfolio result, net	5	-
Securities income, net	22	35
Total Financial income, net	25	-10

6. RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

These temporarily restricted reserves include the following:

- ▶ Donors' restricted contributions: Some contributions received by the organization are earmarked for specific uses. At the end of the financial year, any such funds which have not yet been spent are recorded under this heading. In cases where the funds cannot be used, the foundation either obtains agreement for reallocation for a different use or reimburses the funds to the donor, in which case they are recognized as a liability before the effective payment takes place.
- ▶ Field operations with temporary deficit financing: This position relates to expenses which had not been financed by contributions received or pledged at 31 December.

(CHF Thousands)	At 31 December 2014	Increase/ (decrease)	At 31 December 2015	Increase/ (decrease)	At 31 December 2016
Donors' restricted contributions	-	-	-	-	-
Field operations with temporary deficit funding	-492	88	-404	344	-60
Total Restricted reserves for the funding of operations	-492	88	-404	344	-60

The funding of operations reserves are allocated by region, as follows:

(CHF Thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total
Field operations with temporary deficit funding					
Balance at 31 December 2014	-135	-205	-152	-	-492
Use of temporary deficit for operations	-	-	-58	-50	-108
Allocation to reserve	61	135	-	-	196
Balance at 31 December 2015	-74	-70	-210	-50	-404
Use of temporary deficit for operations	-74	-70	-150	-50	-344
Allocation to reserve	-	-	-	-	-
Balance at 31 December 2016	-	-	-60	-	-60
Total Temporarily restricted reserves - 2015	-74	-70	-210	-50	-404
Total Temporarily restricted reserves - 2016	-	-	-60	-	-60

7. CONTRIBUTIONS

- ▶ Contributions in cash are recognized on receipt of a written confirmation of donation from the donors, except for revenue relating to future years.
- ▶ Contributions from private sources are recognized upon receipt of unrestricted cash.
- ▶ Contributions restricted to no other purpose than general field operations are considered non-earmarked.
- ▶ Contributions to a given region, country or programme (worldwide) are considered loosely earmarked.
- ▶ Contributions to a country and to a project or sub-programme are tightly earmarked.

The contributions are either earmarked by region or not earmarked, and were allocated by region as follows:

2016 (CHF Thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2016
Australia	71	367	73	-	511
Italy	196	-	-	-	196
Liechtenstein	50	-	-	-	50
Monaco	5	-	-	-	5
Norway	501	158	473	-	1,132
Switzerland	100	100	100	-	300
United States of America	804	301	296	558	1,959
Governments	1,727	926	942	558	4,153
Liechtenstein	10	-	-	-	10
Monaco	5	-	-	-	5
Norway	-	12	119	-	131
National Societies	15	12	119	-	146
Geneva, Canton of	150	-	-	-	150
Geneva, City of	60	-	-	-	60
Public sources	210	-	-	-	210
Medicor Foundation	-	-	100	-	100
OPEC Fund for International Development	400	-	-	-	400
Other associations & service clubs	10	-	-	-	10
Other private companies	5	-	-	-	5
Private sources	415	-	100	-	515
Total 2016 Contributions	2,367	938	1,161	558	5,024

2015 (CHF Thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2015
Italy	158	-	-	-	158
Liechtenstein	50	-	-	-	50
Monaco	21	-	-	-	21
Norway	300	386	50	103	839
Switzerland	100	100	100	-	300
United States	1,116	302	520	300	2,238
Governments	1,745	788	670	403	3,606
Canada	6	-	-	-	6
Monaco	5	-	-	-	5
Norway	-	-	90	-	90
National Societies	11	-	90	-	101
Geneva, Canton of	150	-	-	-	150
Public sources	150	-	-	-	150
Fondation Pro Victimis	238	-	-	-	238
OPEC Fund for International Development	488	-	-	-	488
Other associations and service clubs	1	-	-	-	1
Private sources	727	-	-	-	727
Total 2015 Contributions	2,633	788	760	403	4,584

8. OPERATING EXPENSES

The operating expenses are allocated by region, as follows:

2016 (CHF Thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2016
Staff costs	985	369	348	355	2,057
Mission costs	185	62	122	38	407
Rentals	60	11	28	18	117
Sub-contracted maintenance	134	-	5	12	151
Purchase of goods and materials	75	26	17	42	160
Financial assistance	759	369	356	21	1,505
General expenditure	74	32	130	10	246
Depreciation	21	-	5	11	37
Total 2016 Operating expenses	2,293	869	1,011	507	4,680

2015 (CHF Thousands)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Total 2015
Staff costs	1,268	334	302	361	2,265
Mission costs	159	44	54	25	282
Rentals	38	21	32	12	103
Sub-contracted maintenance	122	1	3	12	138
Purchase of goods and materials	42	20	31	20	113
Financial assistance	773	211	297	1	1,282
General expenditure	156	22	86	9	273
Depreciation	15	-	13	13	41
Total 2015 Operating expenses	2,573	653	818	453	4,497

The staff working for the foundation are employed by the ICRC but seconded to and financed by the SFD.

9. RELATED PARTIES

9.1 Accounting support provided by the ICRC

The ICRC has been providing support to the SFD over the years, both at headquarters and in the field. This support includes logistical services, such as supply chain and transport, and administrative services, including bookkeeping, treasury, human resources and management. These pro bono services are estimated as follows:

(CHF Thousands)	2016	2015
Estimated value of the pro bono services provided to SFD	658	603

9.2 Current account with the ICRC

The balance of the current account with the ICRC is as follows:

(CHF Thousands)	2016	2015
Balance owed by the International Committee of the Red Cross	-	756
Balance due to the International Committee of the Red Cross	1,936	-

STATUTORY FINANCIAL STATEMENTS OF THE FOUNDATION FOR THE ICRC

STATEMENT OF INCOME

FOR THE YEAR ENDED 31 DECEMBER

(CHF Thousands)	Note	2016	2015
Contributions		-	-
Legal and external counsel		-13	-7
Operating expenses		-13	-7
Net deficit of operating activities		-13	-7
Foreign exchange result, net		71	-2
Financial income, net	[5]	668	248
Net surplus of non-operating activities		739	246
Surplus for the year, before contributions to the ICRC		726	239
Contributions to the ICRC		-589	-578
Surplus/(deficit) for the year		137	-339

STATEMENT OF CHANGES IN RESERVES

(CHF Thousands)	Note	Restricted reserves	Unrestricted reserves		Total Reserves
		Permanently restricted	Designated by the Board	Other reserves	
Balance at 1 January 2016		1,000	20,094	3,068	24,162
Surplus for the year		-	137	-	137
Net allocation of unrealized portfolio result	[4]	-	-	-	-
Balance at 31 December 2016		1,000	20,231	3,068	24,299
Balance at 1 January 2015		1,000	20,433	3,469	24,902
Deficit for the year		-	-339	-	-339
Net allocation of unrealized portfolio result	[4]	-	-	-401	-401
Balance at 31 December 2015		1,000	20,094	3,068	24,162

STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER

(CHF Thousands)	Note	2016	2015
Cash and cash equivalents		607	343
Investments	[5]	23,645	24,240
Accounts receivable		105	164
Current assets		24,357	24,747
Assets		24,357	24,747
Accounts payable and accrued expenses	[7]	58	585
Current liabilities		58	585
Liabilities		58	585
Permanently restricted reserves		1,000	1,000
Restricted reserves		1,000	1,000
Unrestricted reserves designated by the Board		20,231	20,094
Other unrestricted reserves		3,068	3,068
Unrestricted reserves		23,299	23,162
Reserves		24,299	24,162
Liabilities and reserves		24,357	24,747

NOTES TO THE FINANCIAL STATEMENTS

AS AT 31 DECEMBER 2016

1. ACTIVITIES

The Foundation for the International Committee of the Red Cross (FICRC) was created on 1 May 1931 in Geneva, Switzerland. Its statutes and objectives were revised on 25 October 2012.

The Foundation strives to secure long-term support for the ICRC by establishing a substantial endowment fund income, most of which will be freely available to the organization.

The Foundation Board is made up of representatives of business and political circles and the ICRC:

- ▶ 1 representative of the Swiss Confederation; and
- ▶ 3 members appointed by the ICRC.

FICRC is controlled by the ICRC and therefore is consolidated into the ICRC's consolidated financial statements in conformity with the IFRS.

2. BASIS OF PREPARATION

The statutory financial statements were prepared in compliance with Swiss law and are presented in accordance with the FICRC's Statutes. They were prepared in conformity with regulations of the Swiss law on commercial accounting and financial reporting (Swiss Code of Obligations Art. 957–963).

The financial statements were prepared using the historical cost convention, except for the investments at fair value.

All financial information presented in Swiss francs has been rounded to the nearest CHF thousands, except when otherwise indicated.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

3.1 Accounts receivable

Receivables are stated at their cost net of an allowance on outstanding amounts to cover the risk of non-payment. The main pledge receivables positions are recognized at the moment of a written confirmation, except for pledges falling due after five years, which are considered contingent assets only and are not recognized owing to uncertainties associated with their receipts; the organization recognizes this revenue when the written confirmation includes a clear and firm commitment from the donor, and the realization of the income is virtually certain.

The organization maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make the required payments.

3.2 Reserves

Reserves are classified as either restricted or unrestricted reserves.

– PERMANENTLY RESTRICTED RESERVES

The permanently restricted reserves are composed of inalienable capital.

– UNRESTRICTED RESERVES DESIGNATED BY THE BOARD

These are not subject to any legal or third-party restriction and can be applied as the Board sees fit. These general reserves are the accumulation of excess funds set aside with no specific reservation or restriction, and may be designated for specific purposes to meet future obligations or risks.

– OTHER UNRESTRICTED RESERVES

These other unrestricted reserves relate to the unrealized gains or losses on the investment portfolio of the organization.

3.3 Revenue recognition

- ▶ Contributions in cash are recognized on receipt of a written confirmation of donation from the donors, except for revenue relating to future years.
- ▶ Contributions from private sources are recognized upon receipt of unrestricted cash.
- ▶ Contributions restricted to no other purpose than general field operations are considered non-earmarked.
- ▶ Contributions to a given region, country or programme (worldwide) are considered loosely earmarked.
- ▶ Contributions to a country and to a project or sub-programme are tightly earmarked.

4. CHANGES IN ACCOUNTING POLICIES AND DISCLOSURES

Net unrealized results on the investment portfolio is expensed from the financial year 2016 when it was allocated directly to other unrestricted reserves until the financial year 2015.

5. INVESTMENTS AND FINANCIAL INCOME, NET

In accordance with its documented investment management policy, the organization recognizes its investments at fair value. Financial assets at fair value are financial assets held-for-trading. A financial asset is classified under this category if acquired principally for the purpose of selling in the short term. All assets in this category are classified as current assets, as they are expected to be settled within 12 months.

(CHF Thousands)	2016	2015
Investments at fair value		
Quoted equity securities	7,396	6,910
Quoted debt securities	16,249	17,330
Total Current investments	23,645	24,240

(CHF Thousands)	2016	2015
Investments at fair value		
Realized portfolio result, net	134	-130
Unrealized portfolio result, net	234	-
Securities income, net	300	378
Total Financial income, net	668	248

6. STAFF COSTS

The organization has no employee.

7. RELATED PARTIES

The balance of the current account with the ICRC is as follows:

(CHF Thousands)	2016	2015
Balance due to the International Committee of the Red Cross	58	585

8. SUBSEQUENT EVENT

The Foundation Board committed to pay contributions to the ICRC for a total of CHF 50 thousand in 2017.

CONDENSED FINANCIAL INFORMATION FOR THE SEVEN FUNDS MANAGED BY THE ICRC

<p>The investments of these seven funds are managed in two global portfolios by external asset managers in order to optimize returns, risk management and bank charges.</p> <p>The portfolios are held jointly by the seven funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.</p>	<p>The Augusta Fund (est. 1890) was established to commemorate the services rendered to the Red Cross by the German Empress Augusta. In 1969, it was decided that receipts from the Augusta Fund would be allocated to the Florence Nightingale Medal Fund.</p>	<p>The income of the Clare Benedict Fund (est. 1968) is used for assistance activities for the victims of armed conflicts, in accordance with Miss Benedict's wishes.</p>	<p>The purpose of the Maurice de Madre French Fund (est. 1974) is to assist first-aid workers, delegates and nurses, of international or national Red Cross or Red Crescent institutions, who have suffered injury and find themselves in straitened circumstances or in reduced health.</p>
<p>The income of the Omar El Mukhtar Fund (est. 1980) is made up of one or more donations by the authorities of Libya and is used to finance the ICRC's general assistance activities.</p>	<p>The income of the Florence Nightingale Medal Fund (est. 1907) is used to award a medal to honor Florence Nightingale. The medal may be awarded to Red Cross and Red Crescent nurses and voluntary aides for having distinguished themselves by their service to sick and wounded people in time of peace or war. The medal is awarded every two years.</p>	<p>The purpose of the Jean Pictet Fund (est. 1985) is to encourage and promote knowledge and dissemination of international humanitarian law, giving priority to co-financing the annual "Jean Pictet competition on IHL".</p>	<p>The initial capital of the Paul Reuter Fund (est. 1983) was donated by Professor Paul Reuter (the amount of his Balzan Prize). The purpose of the fund is to encourage and promote knowledge and dissemination of international humanitarian law. To that end, the fund awards a prize every two years.</p>

STATEMENTS OF INCOME

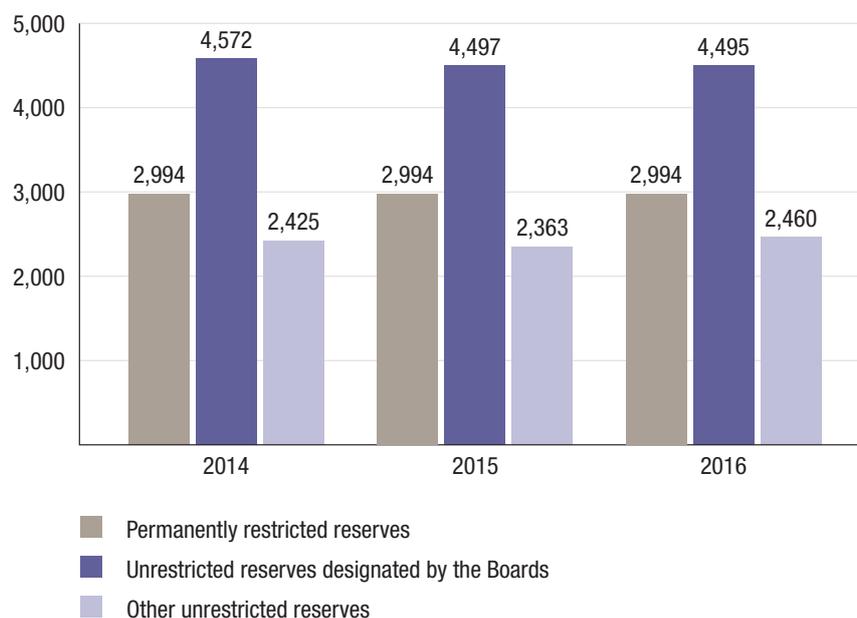
(CHF Thousands)	2016								2015 Total Seven funds
	Augusta Fund	Clare Benedict Fund	Maurice De Madre French Fund	Omar El Mukhtar Fund	Florence Nightingale Medal Fund	Jean Pictet Fund	Paul Reuter Fund	Total Seven funds	
Contributions	-	-	-	-	-	-	-	-	-
Purchase of goods and materials	-	-	-	-	-	-	-	-	-9
Financial assistance	-	-	-60	-	-	-20	-	-80	-121
Legal and external counsel	-2	-1	-1	-1	-1	-1	-1	-8	-7
Other expenses	-	-	-	-	-	-	-	-	-1
Operating expenses	-2	-1	-61	-1	-1	-21	-1	-88	-138
Net deficit of operating activities	-2	-1	-61	-1	-1	-21	-1	-88	-138
Financial income, net	2	26	60	12	5	11	6	122	126
Net surplus of non-operating activities	2	26	60	12	5	11	6	122	126
Surplus/(deficit) for the year before contributions to the ICRC	-	25	-1	11	4	-10	5	34	-12
Contributions to the ICRC	-	-25	-	-11	-	-	-	-36	-63
Surplus/(deficit) for the year	-	-	-1	-	4	-10	5	-2	-75

STATEMENTS OF CHANGES IN RESERVES

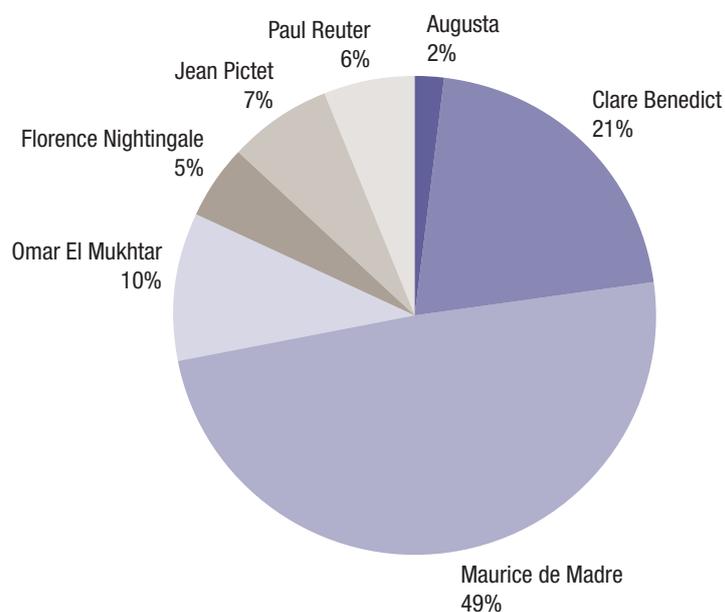
(CHF Thousands)	Augusta Fund	Clare Benedict Fund	Maurice De Madre French Fund	Omar El Mukhtar Fund	Florence Nightingale Medal Fund	Jean Pictet Fund	Paul Reuter Fund	Total Seven funds
Balance at 1 January 2016	144	2,156	4,726	1,001	544	644	639	9,854
Net surplus/(deficit) for the year	-	-	-1	-	4	-10	5	-2
Net allocation of unrealized portfolio result	2	20	47	10	6	4	8	97
Balance at 31 December 2016	146	2,176	4,772	1,011	554	638	652	9,949
Balance at 1 January 2015	145	2,186	4,796	1,015	552	661	636	9,991
Net surplus/(deficit) for the year	-	-17	-35	-9	-7	-11	4	-75
Net allocation of unrealized portfolio result	-1	-13	-35	-5	-1	-6	-1	-62
Balance at 31 December 2015	144	2,156	4,726	1,001	544	644	639	9,854

(CHF Thousands)

Breakdown of reserves by nature



Breakdown of investments by fund



STATEMENTS OF FINANCIAL POSITION

(CHF Thousands)	2016								2015 Total Seven funds
	Augusta Fund	Clare Benedict Fund	Maurice De Madre French Fund	Omar El Mukhtar Fund	Florence Nightingale Medal Fund	Jean Pictet Fund	Paul Reuter Fund	Total Seven funds	
Investments	148	2,177	4,988	1,012	520	659	653	10,157	10,061
Inventories	-	-	-	-	35	-	-	35	35
Current assets	148	2,177	4,988	1,012	555	659	653	10,192	10,096
Assets	148	2,177	4,988	1,012	555	659	653	10,192	10,096
Accounts payable and accrued expenses	2	1	216	1	1	21	1	243	241
Current liabilities	2	1	216	1	1	21	1	243	241
Liabilities	2	1	216	1	1	21	1	243	241
Permanently restricted reserves	100	1,633	-	761	-	500	-	2,994	2,994
Restricted reserves	100	1,633	-	761	-	500	-	2,994	2,994
Unrestricted reserves designated by the Boards	10	16	3,564	5	428	-22	494	4,495	4,497
Other unrestricted reserves	36	527	1,208	245	126	160	158	2,460	2,363
Unrestricted reserves	46	543	4,772	250	554	138	652	6,955	6,860
Reserves	146	2,176	4,772	1,011	554	638	652	9,949	9,854
Liabilities and reserves	148	2,177	4,988	1,012	555	659	653	10,192	10,096

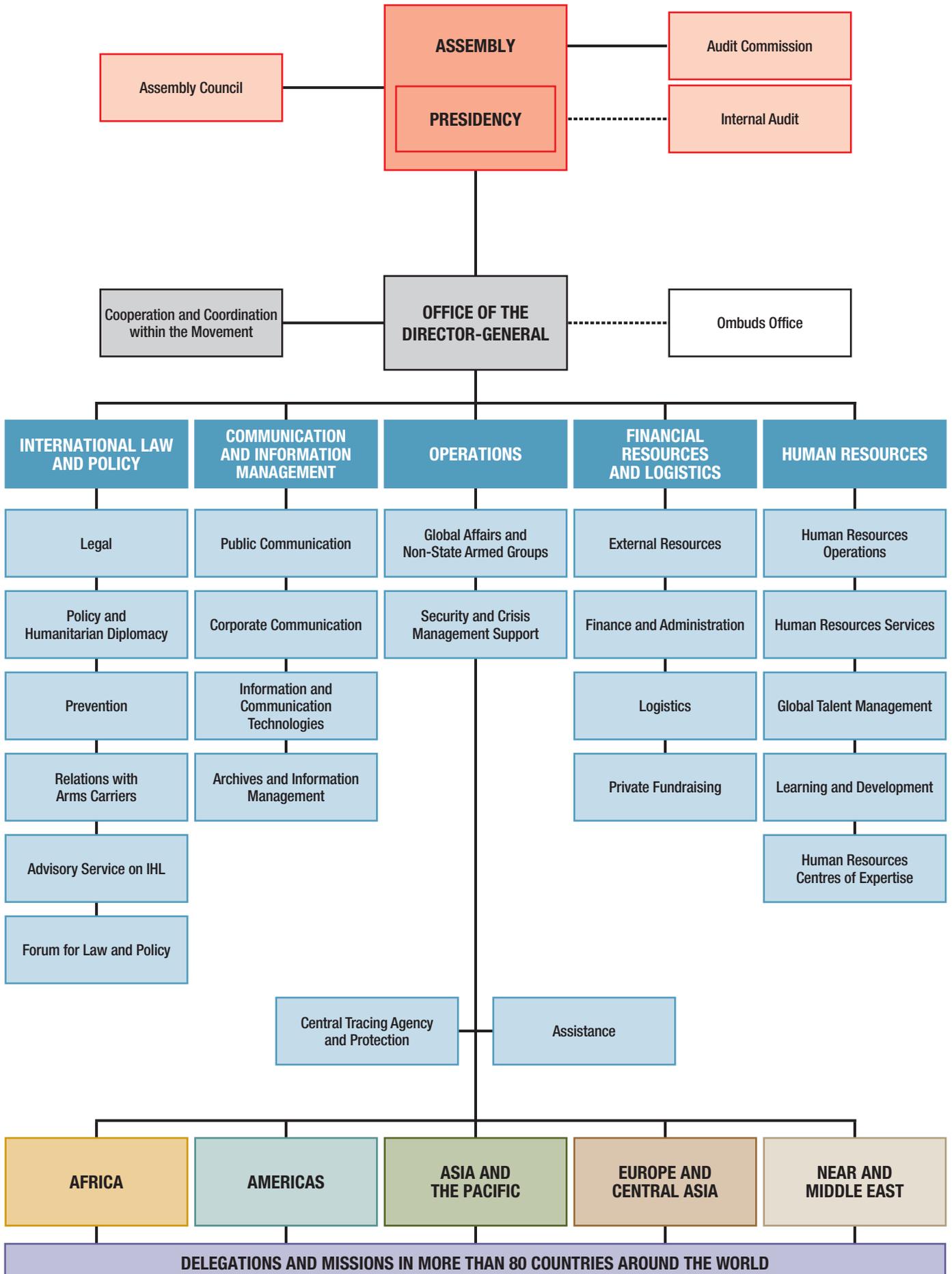
SUBSEQUENT EVENTS

The 32nd International Conference of the Red Cross and Red Crescent validated the dissolution of the Augusta Fund and the transfer of its capital to the Florence Nightingale Medal Fund in December 2015. The ICRC has been instructed to make the arrangements for this dissolution in 2016. The net assets of the Augusta Fund, as reported in their last financial statements at 31 December 2016, will be transferred to the Florence Nightingale Medal Fund in 2017.

The statutory financial statements of these seven funds are available upon request through the accounting department of the ICRC.

ANNEXES

ICRC ORGANIZATIONAL CHART



ICRC DECISION-MAKING STRUCTURES¹

ASSEMBLY

The Assembly is the supreme governing body of the ICRC and oversees all its activities. It defines general objectives and institutional strategy, adopts policy, approves the budget and accounts, and appoints the directors and the head of Internal Audit. Composed of between 15 and 25 co-opted Committee members of Swiss nationality, the Assembly is collegial in character. The Recruitment and Remuneration Commission, which is made up of members of the Assembly, handles matters relating to the Committee's composition and submits proposals to the Assembly for the co-optation of new members. The Assembly's president and vice-president are the president and vice-president of the ICRC. The Assembly convenes six times a year in ordinary session and can decide to hold an extraordinary session at any time.

Mr Peter Maurer, president, PhD in contemporary history from the University of Bern, former ambassador and permanent representative of Switzerland to the UN in New York (United States of America), former secretary of State for foreign affairs in Bern (Switzerland), ICRC president since 1 July 2012

Ms Christine Beerli, vice-president, lawyer, former director of the School of Engineering and Information Technology at Bern University of Applied Sciences, former member of the Swiss parliament, chairwoman of Swissmedic Agency Council, ICRC vice-president since 1 January 2008

Mr Mauro Arrigoni, PhD in mathematics from the University of Zurich, author of numerous scientific papers on mathematical models in biology, founder of the scientific journal *Il Volteriano*, dean of a high school in Mendrisio (Switzerland)

Mr Hugo Bänziger, PhD in banking history from the University of Bern, managing partner at the private bank Lombard Odier & Cie, former chief risk officer of Deutsche Bank, member of the European Union's High-level Expert Group on structural reforms in the banking sector, chairman of the Eurex Group, lecturer on finance at the Universities of Chicago and London

Mr François Bugnion, PhD in political science, independent consultant in the fields of IHL and humanitarian action, author of numerous books and articles, former ICRC delegate and director

Mr Jacques Chapuis, psychiatric nurse, anaesthesia and resuscitation specialist, vice-president of the international secretariat of nurses in the French-speaking world (SIDIIEF), director of La Source Institute and Faculty of Applied Health Sciences, former ICRC delegate

Mr Bernard G.R. Daniel, degree in law from the University of Geneva, former secretary-general and secretary to the board of directors of the Nestlé Group, member of the International Corporate Governance Network, former ICRC delegate

Mr Melchior de Muralt, PhD in political science from the University of Lausanne, partner in the asset management firm Pury Pictet Turretini & Cie, president of Cadmos Fund Management and Guilé Engagement Funds, vice-chairman of BlueOrchard Finance

Ms Paola Ghillani, pharmacist and businesswoman, former chief executive officer of the Max Havelaar Foundation, founder of Paola Ghillani & Friends Ltd, which promotes and implements sustainable development and ethics in business

Ms Maya Hertig Randall, PhD in law from the University of Fribourg and Master of Laws from Cambridge University, professor of constitutional law and co-director of the Certificate of Advanced Studies in Human Rights at the University of Geneva, member of the Swiss Federal Commission against Racism

Mr Alexis Keller, professor, PhD in political science from the University of Geneva, former fellow of the Carr Center for Human Rights Policy at Harvard University, former Swiss special representative for the Middle East peace process, professor at the Universities of Geneva and Paris (Sciences Po)

Mr Jürg Kesselring, physician, head of the Department of Neurorehabilitation at the Valens Rehabilitation Centre, professor of clinical neurology and neurorehabilitation at the Universities of Bern and Zurich, chairman of the Swiss Multiple Sclerosis Society and of the Swiss Brain Council, former ICRC delegate

Mr Thierry Lombard, private banker, former managing partner at Lombard Odier & Cie, chairman of the board of the Family Business Network International

Ms Doris Schopper, professor, PhD in public health from Harvard University, former president of Médecins Sans Frontières (MSF) Switzerland and of the MSF International Council, professor at the University of Geneva and director of the Centre for Education and Research in Humanitarian Action, chair of MSF's ethics review board

Mr Rolf Soiron, PhD from Harvard Business School, chairman of the boards of Holcim, Lonza and Nobel Biocare, former member of the Riehen Communal Council and of the State Council of the Canton of Basel-City, former chairman of the Council of Basel University

Ms Béatrice Speiser, PhD in law from the University of St Gallen, attended the Advanced Management Program at the University of Pennsylvania's Wharton School and the European Institute of Business Administration in France, founding president and executive director of Crescenda (a Swiss organization providing professional development opportunities for migrant women), independent lawyer and substitute judge at the Basel Civil Court

Mr Bruno Staffelbach, professor, PhD in business administration from the University of Zurich, professor at the Universities of Fribourg, Lucerne and Zurich, former Swiss army brigadier-general, former chairman of the Council of the University of Lucerne

Ms Heidi Tagliavini, studied philology in Geneva and Moscow, two honorary doctorates from the Universities of Basel and Bern, former Swiss ambassador having served mainly in conflict resolution (Georgia, 2008), peacekeeping (Georgia, 2002–2006) and electoral observation missions (Ukraine, 2009, Russian Federation, 2011, and Armenia, 2013)

1. As at 31 December 2016

Honorary members: Mr Jean Abt, Mr Peter Arbenz, Mr Jean-Philippe Assal, Mr Jean-François Aubert, Ms Christiane Augsburg, Mr Paolo Bernasconi, Mr Ernst Brugger, Ms Suzy Bruschweiler, Mr Jean de Courten, Mr Georges-André Cuendet, Mr Max Daetwyler, Mr Josef Feldmann, Mr Jacques Forster, Ms Renée Guisan, Mr Rodolphe de Haller, Mr Jakob Kellenberger, Mr Pierre Keller, Ms Liselotte Kraus-Gurny, Mr Pierre Languetin, Ms Claude Le Coultre, Mr Jacques Moreillon, Ms Gabrielle Nanchen, Mr Jakob Nüesch, Ms Anne Petitpierre, Ms Francesca Pometta, Mr Eric Roethlisberger, Mr Yves Sandoz, Mr Dietrich Schindler, Mr Cornelio Sommaruga, Mr Jenö Staehelin, M. Daniel Thürer, Mr Olivier Vodoz, Mr André von Moos

ASSEMBLY COUNCIL

The Assembly Council is a subsidiary body of the Assembly and comprises the president, the vice-president and three members elected by the Assembly. The Assembly Council oversees the ICRC's functioning, ensuring that institutional risks and finances are properly managed and monitoring the development of key institutional projects. It facilitates the Assembly's work by holding initial discussions of key topics and adopting budget extensions when needed. Its members are in regular contact with the members of the Directorate. The Assembly Council convenes on a monthly basis in ordinary session.

- ▶ **Mr Peter Maurer, president**
- ▶ **Ms Christine Beerli, vice-president**
- ▶ **Mr Rolf Soiron, member of the Committee**
- ▶ **Mr Bruno Staffelbach, member of the Committee**
- ▶ **Ms Heidi Tagliavini, member of the Committee**

PRESIDENCY

The Presidency is composed of the president and the vice-president. The president of the ICRC has primary responsibility for the organization's external relations. As president of the Assembly and of the Assembly Council, he ensures that the spheres of competence of these two bodies are safeguarded and leads their work. The president engages in ongoing dialogue with the Directorate on all activities conducted by the ICRC and can take appropriate measures in cases of extreme urgency.

OVERSIGHT MECHANISMS

Data Protection Independent Control Commission

The Data Protection Independent Control Commission is responsible for checking, independently of other ICRC bodies and the administration, that the ICRC's processing of personal data complies with its Rules on Personal Data Protection and other applicable regulations. It is also tasked with ruling on the rights of individuals when their cases or other data-protection cases are referred to it.

Audit Commission

The Audit Commission is composed of five members of the Assembly who are not members of the Assembly Council. It helps the Assembly oversee the work of the organization. It controls the implementation of Assembly decisions, ensures that ICRC activities are conducted efficiently, reviews the reports of the external and internal auditors, and monitors the implementation of audit recommendations. It meets six times a year.

Internal Audit

Internal Audit helps the ICRC to accomplish its objectives, using a systematic and disciplined approach to evaluate and improve

the effectiveness of risk management, control and governance processes. It reports its findings directly to the president and the Audit Commission, and issues recommendations to management. The head of Internal Audit is appointed by the Assembly.

External audit

The Assembly appoints the external auditors for the ICRC's financial statements. The external auditors report their audit opinion to the Assembly and prepare a management letter addressed to the Directorate. Since 2007, the external audit has been carried out by Ernst & Young.

DIRECTORATE

The Directorate is the executive body of the ICRC and is in charge of ensuring that the general objectives and institutional strategy established by the Assembly or the Assembly Council are fulfilled and implemented. The Directorate is also responsible for the smooth running of the ICRC and for the efficiency of its staff as a whole.

The director-general sets the administration's general priorities, directs the decision-making process and supervises implementation of the decisions taken. The director-general is accountable to the Presidency and the Assembly as regards the Directorate's objectives and activities, and the results achieved.

- ▶ **Mr Yves Daccord, director-general**
- ▶ **Ms Helen Alderson, director of financial resources and logistics**
- ▶ **Mr Dominik Stillhart, director of operations**
- ▶ **Ms Charlotte Lindsey-Curtet, director of communication and information management**
- ▶ **Ms Helen Durham, director of international law and policy**
- ▶ **Mr Gherardo Pontrandolfi, director of human resources**

ICRC STRATEGY 2015–2018

INTRODUCTION

The purpose of the ICRC's Institutional Strategy 2015–2018 is to inform and guide the work of the organization over the next four years. It was developed on the basis of consultations with major stakeholders in ICRC action, including National Red Cross and Red Crescent Societies and major donors, ICRC staff at headquarters and in the field, as well as various professional circles engaged in humanitarian action. The ICRC's supreme governing body, the Assembly, adopts the Strategy.

Building on an analysis of the operational and policy challenges facing the ICRC, the Strategy presents a selection of orientations and objectives for the period 2015–2018 designed to assist in the elaboration of ICRC programmes and activities over the coming years. It provides a framework to support ICRC decision-makers in setting operational and thematic priorities in addressing challenges, as they emerge. It further situates the ICRC's actions within the larger international humanitarian response to armed conflicts and other situations of violence, particularly in relation to the International Red Cross and Red Crescent Movement, United Nations agencies, and international non-governmental organizations (INGOs). The results of these actions and the relevance of these programmes to the ICRC's mission will be regularly monitored through concrete indicators and progress reports.

ICRC VISION FOR 2015–2018

The ICRC's overarching goal is to address the needs and vulnerabilities of people affected by armed conflicts and other situations of violence – in all their many dimensions – in line with the core principles of its action: humanity, neutrality, impartiality, and independence. At the centre of its action is the commitment to protect and assist victims, based on the applicable international legal frameworks and through a sustained dialogue with all the parties concerned.

In striving to reach this goal, the ICRC rises to the challenge and harnesses the opportunities of an increasingly complex operational and policy environment, finding ways to seek the acceptance and broad-based support of all stakeholders. The ICRC is committed to building its capacity to respond to increasing needs, to addressing evolving legal and policy challenges, and to continuously reviewing its performance in order to bolster the relevance of its action. Supported by recent innovations, it connects more effectively with the beneficiaries of its programmes, integrating them into the assessment of their needs and the formulation of a relevant response, including through the use of new information and communication technologies. It contributes to the design and coordination of international, regional, and national humanitarian responses, drawing from its specific operational and legal experience. Building on a growth strategy linked to greater needs and an expanding international response, the ICRC seeks cooperation with other components of the Movement, as well as the broader humanitarian community including the specialized UN agencies and INGOs, national and local organizations, government agencies and professional associations involved in responding to humanitarian crises. It aims to distinguish itself by the collaborative and innovative nature of its work at field level as well as within legal and policy circles.

ASSESSING THE OPERATING ENVIRONMENT OF THE ICRC

A changing global political environment

The ICRC has observed a definite shift, in recent years, in the dynamic of international relations. While humanitarian operations have expanded steadily over recent decades in parallel with an increasingly active debate on humanitarian policies and standards, these operations are taking place in a considerably more fluid multipolar world. On the one hand, there is a more diverse set of security and political agendas shaping current debates – especially among emerging powers – triggering exchanges on response strategies at the national and regional levels. In some contexts, these exchanges have called into question the prevalence of traditional principles and methods, such as the impartial and secular character of emergency aid or the distinction between humanitarian and development programming, in light of differentiated humanitarian values and practices.

On the other hand, national governments affected by armed conflict or other situations of violence are taking a more active role in designing humanitarian response strategies and coordinating relief efforts, questioning at times the relevance of independent humanitarian action. The growing role of national governments has had a definite impact on the structure and chain of command of international organizations, requiring increasing the autonomy of field representatives and an improved capacity to engage in policy and operational dialogue, particularly within regional humanitarian hubs. The regionalization of policy debates has, in turn, contributed to the emergence of regional humanitarian response models dealing, for example, with the impact of forced migration, gender-based violence, and the resilience of communities.

Attempts to maintain the integrity of internationally accepted procedures and to mitigate the effects of this ongoing decentralization have yielded limited results so far. Despite their best efforts to connect with local communities and maintain a sense of overall coherence, many international humanitarian organizations are perceived by national governments as foreign entities guided by international political and security agendas, often acting as a substitute or, in some cases, a catalyst, for greater security interventions by Western-led intergovernmental organizations. Emerging regional powers from the Global South remain guarded in their relationship with humanitarian actors and reluctant to participate in protection initiatives that put pressure on States and non-State actors to respect the rules of international humanitarian law (IHL), preferring less intrusive informal bilateral dialogue and common standard-setting approaches.

Consequently, the ICRC is confronted with increasingly divergent and dispersed views as to how humanitarian operations should be conducted and how to mobilize governments to respect and to ensure respect for IHL. Whereas some governments have explicitly questioned the core principles of international humanitarian action in times of crisis, others have been openly politicizing humanitarian operations and access to require more robust and direct interventions in the domestic affairs of particular States.

An increasingly complex operational environment

The ICRC is working in conflict environments that are increasingly fragmented and volatile, where unexpected emergencies unfold

alongside protracted and complex armed conflicts; where violence and instability are both causes and consequences of recurring conflict and suffering; and where natural disasters, environmental problems, urbanization, migration, and socio-economic crises exacerbate situations of chronic hardship. Non-State armed groups are no longer clearly defined entities with distinct political and security agendas similar to those in the late 20th century. Rather, they often operate in the vacuum left by increasingly fragile States, composed of varying combinations of formal and informal armed elements animated by a mixture of motives, including control over natural resources, conduct of criminal activities, and predatory intentions towards the local population. Most current conflicts are not conducted along delineated front lines either. They take place in a multitude of locations with a multitude of evolving actors and alliances, and without a clear end in sight, as the legal and institutional configurations needed to restore a minimum of stability and respect for law and order are often absent. Ensuring respect for IHL and other legal norms by all parties to a conflict – States and non-State armed groups alike – is a perennial challenge.

Further difficulties have arisen with the intensification and diversification of counter-terrorism efforts that amalgamate law enforcement activities and the conduct of hostilities, question the relevance of clearly established legal frameworks applicable to these situations, and project military power across sensitive political and security borders. While terrorism undermines the very roots of humanitarian principles, the fast-evolving weapons technology used in counter-terrorism operations, such as combat drones, poses new challenges to respecting IHL and international human rights law. Legal and administrative restrictions imposed on the delivery of humanitarian assistance in these contexts have already seriously impacted the ability of major agencies to respond to specific crises. This politicization of humanitarian programmes has also led, in certain contexts, to the militarization of essential public services such as health care and electricity and water networks – including the use of siege warfare tactics and direct attacks – depriving entire populations of the necessary means of survival in times of crisis.

As a result of these developments, many armed conflicts are becoming long-lasting affairs, because the parties and the international community are unable to address the root causes of the conflict, and humanitarian action is unable to mitigate the impact of hostilities on the population. The protracted character of these conflicts gives rise to long-term needs in terms of education, health care, food security, water, electricity, law and order, etc. The multiple origins of violence (conflict-related, criminal, inter-communal) and its long-term impact on public infrastructure and the economy have become significant sources of internal displacement and refugee flows, spilling over borders and further destabilizing neighbouring countries and regions. The collapse of health, water or educational systems in conflict environments reverberates across entire regions, as populations seek essential services abroad, overloading public and private infrastructure in neighbouring countries and causing regional and even at times global challenges. These movements also serve as channels for human trafficking, child labour, and other severe abuses, as criminal groups take advantage of the vulnerabilities of these populations that are in flux.

A widening international humanitarian response

Since the adoption of the United Nations General Assembly Resolution 46/182 in 1991, which established the UN Guiding

Principles for strengthening the coordination of emergency humanitarian assistance in the UN system, UN agencies, INGOs, and major donors have contributed to establishing a cogent international humanitarian response that has grown considerably over recent years. It currently accounts for between 80 and 90% of all international humanitarian assistance in armed conflict and natural disasters. This response is centred on the recognition of common standards of practice among humanitarian organizations, and on the need to ensure effective coordination of humanitarian operations, as exemplified by the Cluster Approach, the main outcome of the 2005 UN humanitarian reform. While contributing to exchanges on increased effectiveness of humanitarian operations, the ICRC has generally kept some distance between its sphere of operations and the UN-based response system so as to maintain its specific neutral and independent approach. This distance has allowed the ICRC to safeguard its autonomy in view of the perceived increasing politicization of some UN-led humanitarian operations and their integration into political and peacekeeping efforts. It has also facilitated the maintenance of the ICRC's distinct multidisciplinary approach to the needs of populations affected by armed conflict and other situations of violence from and alongside specialized UN agencies and INGOs, as well as its direct contacts with these populations and communities. Ultimately, it has allowed the ICRC to retain its focus on the essential needs of populations affected by armed conflicts and other situations of violence, distinct from the growing movement to address the demands of people under a more transformative "rights-based" agenda and from discussions associated with this effort.

Despite the ICRC's efforts to keep its distance from such debates, its access to populations affected is not immune to the overall politicization of humanitarian assistance. It is particularly vulnerable to the confusion arising from UN agencies and INGOs referring to the same principles of humanity, impartiality, and neutrality contained in both General Assembly Resolution 46/182 and the Fundamental Principles of the Movement. As the ICRC often works alongside these organizations, confronting the same operational challenges and cooperating substantially at the field level in building the resilience of communities affected, it is becoming increasingly difficult to demonstrate unambiguously the distinctly independent character of the ICRC within the larger humanitarian response. Such confusion may increase as UN-led response to conflict situations is foreseen as an area of priority concern in the post-2015 Millennium Development Goals. This evolution will parallel the growing tendency to integrate humanitarian objectives with political resolutions of the UN Security Council, the UN Human Rights Council's more assertive reviews of the implementation of IHL obligations by States in accordance with human rights concerns, and the provision of specific mandates to UN peacekeeping forces to use military force to protect civilians from attacks, hence taking an active part in armed hostilities as part of an overall international "humanitarian" response.

Finally, a critical factor impacting the ICRC's operations and perception in some contexts is the need for components of the Movement as a whole to work according to their distinct roles and in adherence with the Fundamental Principles. This is particularly important in times of armed conflict and other situations of violence. Contexts in which National Societies are directed by governments or used as implementing partners by UN agencies can present a major perception risk and thus impede the capacity to respond.

ADDRESSING THE CHALLENGES

A number of dilemmas and tensions arise as the ICRC considers ways to improve the impact of its operations on the vulnerabilities of populations affected by armed conflicts and other situations of violence. Identifying the main issues confronting the ICRC in the implementation of its mission is a first step towards developing the strategic orientations and objectives of the organization for the coming years.

Throughout its history, the ICRC has been at the centre of numerous processes aimed at developing, clarifying and interpreting IHL in order to address new and evolving protection, prevention and assistance challenges. In recent times, the trend appears to have accelerated owing to the emergence of new technology in the battlefield, the diversification of actors in conflict, and the spread of violence targeting civilians.

Not only does the ICRC lead a variety of initiatives to ensure that the law remains relevant, it also has to face rising difficulties in terms of compliance. Indeed, State and non-State actors alike flout basic rules of IHL with negative repercussions on the protection of civilians in armed conflicts and other situations of violence. How should the ICRC, in such circumstances, adapt and make use of IHL to ensure stronger protection? How far should the ICRC join other humanitarian actors in mobilizing attention to the violations of IHL in some of the most desperate situations? These questions embody the most difficult and recurring dilemmas encountered by the ICRC in its protection activities.

Paradoxically, these vexing issues arise in the context of the growing engagement of international humanitarian and human rights organizations in the protection of civilians. The protection of civilians has now become a priority goal of the UN system as well as many INGOs, increasingly blurring the distinct historic character of the ICRC's mission within the overall international response. Underpinning these developments, international human rights law is also becoming a major framework of reference in assessing the legality of the conduct of parties to armed conflict and other situations of violence, along with IHL. Human rights institutions, such as the Human Rights Council and its review and monitoring mechanisms as well as ad hoc bodies, are taking an increasingly important role in assessing compliance with the rules of IHL and international human rights law. This concurrence of approaches can be mutually reinforcing and result in better protection; conversely, the mixing of legal frameworks may create confusion or ambiguities when international human rights law and IHL take distinct perspectives, supporting differing actions by States or humanitarian organizations.

In this regard, the ICRC will continue to invest significant intellectual energy, diplomatic skills, operational capacities and resources to support the enhancement of respect for and implementation of IHL, international human rights law and other relevant norms, with a view to asserting the organization's distinctive pragmatic and experiential perspective on the protection of people and communities affected by armed conflicts and other situations of violence. Overall, the ICRC will focus its energies on affirming a critical role in the orientation of the international humanitarian response dealing with the protection of civilians. While doing so the ICRC will continue to promote and broaden quality exchanges amongst professionals on IHL, stimulating rigorous, evidence-based reflections and promoting nuanced and sophisticated perspectives on the development and implementation of IHL.

A growing challenge facing the ICRC remains its ability to work in close proximity with populations affected, and continuing to operate in line with the Fundamental Principles, where few other actors can. Proximity is a distinct feature of the organization that is necessary for understanding people's needs and influencing relevant actors and stakeholders. In many cases, this proximity facilitates harnessing the necessary security guarantees from local actors. It also involves a greater exposure to security risks that need to be mitigated. To maintain its presence and approach, the ICRC must mobilize the necessary human resources and skills to negotiate with all relevant stakeholders, particularly at field level. This requires the sharing of experience among senior negotiators and learning from institutional best practices. Also, proximity to victims, their community, and the ongoing humanitarian response will require definite efforts to devolve responsibility to the level closest to implementation and to simplify the operational planning and reporting processes of the ICRC.

A further challenge in this regard is to see how protection strategies can be integrated practically across the various aspects of ICRC operations: health care, food security, water, detention activities and family reunification, as well as outreach, public communication, fundraising and cooperation with National Societies. At the same time, new technology and regulatory developments will present both challenges and opportunities for the ICRC, including in terms of how it interacts with beneficiaries, gathers and shares information and protects data, as well as with regard to its ability to analyse 'big data' to strengthen its response to humanitarian needs. The overall impact of the ICRC's efforts to prioritize protection will depend on the extent to which experts and managers communicate with each other on protection matters and build synergies in their activities, in particular between prevention, assistance and protection programming.

Finally, the ICRC will remain focused on its core humanitarian objectives, i.e. addressing the protection and assistance needs of populations affected by violence, while building bridges with other specialized agencies that could enhance its impact on the longer term needs of populations affected – in terms of development, health, education, economic security, environmental preservation, etc. In doing so, the ICRC will consider ways of scaling up its operational capacities through new partnerships with National Societies, and pragmatic cooperation with specialized UN agencies, NGOs and the private sector, while preserving the integrity of the Fundamental Principles of its action.

The ICRC's relationship and cooperation with the other components of the Movement will remain paramount to its operational approaches, but with the understanding that National Societies are increasingly confronted with more assertive governments, increasing competition for funding from humanitarian agencies and NGOs, as well as shifting political environments at the national and international levels. The ICRC will need to engage in a pragmatic dialogue with all National Societies on how it can support these organizations in fulfilling their humanitarian mission and identify operational synergies while, at the same time, being ready to maintain some distance from those who opt to participate in integrated responses impacting on the protection needs of populations affected. In taking a more assertive coordination role within the Movement during armed conflict and other situations of violence and, as appropriate, in major emergencies, the ICRC will offer donors a more direct way of financing principled humanitarian assistance through the Movement.

The ICRC's humanitarian diplomacy has relied on interactions with States, international organizations and non-State actors to build a consensus on negotiating access to vulnerable groups and compliance

with IHL. These confidential and pragmatic interactions have been a distinctive asset of the ICRC that should continue to be nurtured in terms of engagement with actors of influence. Yet, the increasing fluidity and diversity of agendas in the international system explain in part the growing obstacles to effective humanitarian diplomacy. To address these obstacles, the ICRC will continue to develop its political understanding of the current global environment and connect with emerging actors and networks of influence, while maintaining an independent needs-based approach. It will invest in relationships with world religious and social leaders, approach business leaders and philanthropists, particularly in the Global South, and engage with global academic and policy hubs to mobilize their efforts in support of humanitarian action. It should maintain these efforts while preserving a strong focus on its overall protection mission.

In this regard, its capacity to work beyond national programmes and contacts is likely to acquire a strategic importance for the whole organization. The ICRC will need to strengthen the policy and planning capacity of its operations beyond national contexts to respond to the increasingly transnational impact of crisis situations, with the goal of participating and engaging more actively in professional and diplomatic exchanges on emerging challenges in major regional humanitarian hubs including Geneva, Amman, Nairobi, Bangkok, and New York. Such regional capacities of the ICRC's planning and coordination role should also allow exploring new partnerships with local, national, and regional organizations, particularly within the Movement.

At headquarters, the ICRC should expand its policy anchoring within Geneva's political, social and scientific networks to support its research and development initiatives, building on its historic roots in Geneva as well as among Geneva-based humanitarian agencies and policy centres.

Over the past decade, the ICRC has maintained a steady level of operational activity while most major humanitarian agencies and INGOs have significantly expanded their operational engagements, investing heavily in national partnerships. In view of the multiplicity of UN agencies and INGOs active in armed conflicts and other situations of violence, and the relative decrease in the ICRC's share of the international humanitarian response, the ICRC's reputation as a leading actor in humanitarian action has been facing some challenges. Overcoming such challenges will require a more ambitious footprint that builds on the ICRC's unique features as a distinct independent, impartial and neutral actor, its relevance in a host of very different contexts, and consistent excellence in the field of protection and assistance.

In this regard, the ICRC will continue to explore new avenues of humanitarian engagement to respond to existing needs in traditional armed conflicts, as well as multiple sources of violence in hazardous environments, such as violence against conflict migrants, urban violence, sexual violence and the humanitarian consequences of the collapse of health-care systems in times of crisis. To do so will require resources, strategic vision, and renewed operational engagement to learn from experience and take controlled risks in expanding the scope and outreach of operations. It is crucial in this regard that the ICRC consider ways to mobilize the required human, financial and operational resources it needs to expand its operations. This mobilization will entail an expansion of its own capacity to operate, as well as the crafting of new arrangements with other humanitarian actors. In particular, it will need to connect and cooperate more effectively

with local organizations so as to achieve maximum impact in addressing humanitarian needs.

By doing so, the ICRC will ensure a broader funding basis, while preserving the commitment of traditional donors. It will also enhance its personnel, financial, organizational, communication and information management capacities, as well as its technological capacities, with a view to becoming a larger, more global, more diverse and more connected ICRC. It will develop a definite growth strategy, aimed at increasing the relevance of its action in both qualitative and quantitative terms, especially as needs continue to grow.

Key to achieving all aspects of the ICRC's ambitions and priorities are the organization's 13,000 staff members. It is essential that the ICRC continue to capitalize on its rich and increasingly diverse human resources through improved people management policies and programmes, with the goal of strengthening and empowering a global workforce. It will invest proactively in the development of field competencies, support exchanges with professional circles inside and outside the organization, and seek to attract the best minds and most committed professionals.

To do so, it will need to offer career prospects that value individual aspirations and allow for lateral progression. It will enforce a strict policy of field and headquarter rotation as a means of exposing staff to the various and changing realities of operations in all their aspects. The ICRC will continue the devolution of responsibilities from its centre to the field, at the national level and in the regional humanitarian hubs, where a larger number of staff can develop their skills and bring their experience to bear on ICRC standards and methods. The ICRC must also continue to look to the future and further develop its information management capacity and systems, including better incorporation of the use of new technologies, to facilitate informed decision-making in order to adapt its humanitarian response to constantly changing situations.

DEFINING THE ICRC'S STRATEGIC ORIENTATIONS AND OBJECTIVES

In order to realize its vision in such a complex and dynamic environment, with such wide-ranging humanitarian needs, the ICRC needs to make bold, progressive choices in the face of some fundamental dilemmas. It must build on existing strengths and find new ways to overcome challenges and constraints to its mission. This section presents the strategic orientations of the organization to respond to the challenges identified above:

1. Strengthen the ICRC's capacity to protect through law, operations and policy
2. Enhance the ICRC's distinctive response to growing needs
3. Secure the widest possible support for ICRC action
4. Contribute to a more significant response by the Movement to large-scale emergencies
5. Adapt and strengthen organizational capacities to sustain growth and the continued relevance of ICRC action

This section details how these strategic orientations are translated into strategic objectives.

1. Strengthen the ICRC's capacity to protect through law, operations and policy

- Align the ICRC's initiatives and contributions in terms of IHL development, clarification and implementation with a focus on overcoming protection challenges.

- ▶ Strengthen and systematize protection dimensions in assistance and prevention activities, and build synergies around priority themes across the ICRC's programmes.
- ▶ Strengthen capabilities to use a range of legal frameworks and methods – including international human rights law and refugee law, along with IHL – in operational, legal and policy activities.
- ▶ Further develop methods and tools for engaging non-State armed groups, in particular relating to their compliance with IHL.
- ▶ Contribute to the development of IHL monitoring and compliance mechanisms.
- ▶ Enhance the ICRC's capacity to conduct evidence-based analysis on legal and policy challenges to reinforce its protection work, respecting state-of-the-art standards of professional scrutiny and research.
- ▶ Improve the ICRC's ability to inform policy debates on key humanitarian issues, such as the protection of civilians, in relevant international fora.
- ▶ Influence and ensure compliance with emerging data protection regulatory developments given their direct or potential impact on the ICRC's continued ability to fulfil its mandate and to carry out its humanitarian activities.

2. Enhance the ICRC's distinctive response to growing needs

- ▶ Enhance humanitarian access and proximity of the ICRC's operations through local partnerships and collaboration.
- ▶ Strengthen the ICRC's crisis management and security capacity.
- ▶ Increase the response to health needs, particularly surgical care for wounded persons, health care in detention and the rehabilitation of persons with disabilities.
- ▶ Consolidate and expand the ICRC's focus on preventing and responding to sexual violence by gaining a better understanding of the phenomenon, developing comprehensive, multidisciplinary responses, and sharing good practices and lessons learnt.
- ▶ Consolidate and reinforce the ICRC's approach to addressing the humanitarian needs of internally displaced persons, refugees, populations affected by urban violence and vulnerable migrants, in order to bridge identified protection and assistance gaps and position the organization's operational response across the various international agendas addressing such needs.
- ▶ Support development and analysis of the ICRC's negotiation experience as a policy tool to improve the ability of staff throughout the organization to negotiate and persuade at field and headquarters levels.
- ▶ Engage in a more structured and systematic way with beneficiaries, with a view to better involving them in the assessment of their needs and in the determination of adequate responses.

3. Secure the widest possible support for ICRC action

- ▶ Develop and strengthen the ICRC's humanitarian diplomacy to respond to an increasingly diverse, multifaceted and dynamic environment and organize the organization's external relations accordingly; consider evolving interests and concerns of emerging powers as well as regional and sub-regional organizations.
- ▶ Enhance the capacities of ICRC delegations to engage in humanitarian policy and diplomacy, in particular at national and regional levels.
- ▶ Strengthen and expand the ICRC's donor base by continued engagement with its traditional donors and greater engagement with emerging powers, private donors, global philanthropy and the corporate sector.
- ▶ Strengthen the ICRC's reputation, positioning and support

base, particularly in strategic contexts and with key actors of influence, including civil society actors and the general public, notably through social media.

- ▶ Improve synergies between resource-mobilization and public communication content and tools, notably through continued investment in digital fundraising.
- ▶ Identify and seize opportunities for building stronger relationships within the ICRC's political, social and scientific environment in Geneva.

4. Contribute to a more significant response by the Movement to large-scale emergencies

- ▶ Enhance joint planning between the ICRC, National Societies and the International Federation of Red Cross and Red Crescent Societies for humanitarian response.
- ▶ Provide support to National Societies in the fields of capacity building, security management, communication and fundraising to enhance the planning, coordination and management of humanitarian operations in accordance with Movement decisions.
- ▶ Strengthen partnerships with selected National Societies in line with the ICRC's mission.
- ▶ Engage with all the components of the Movement to establish a pragmatic dialogue and cooperation on Red Cross and Red Crescent issues, capitalizing on the ICRC's specific international mandate.

5. Adapt and strengthen organizational capacities to sustain growth and the continued relevance of ICRC action

- ▶ Review work streams within the ICRC in order to promote lean and efficient processes, strengthen responsible leadership and devolve planning, decision-making and reporting responsibilities to the level closest to implementation.
- ▶ Complete the implementation of the People Management Programme, with a view to strengthening and empowering a global workforce; develop leadership capabilities at all levels through the ICRC's Humanitarian Leadership and Management School.
- ▶ Improve collaboration and mobility throughout the organization and with partners by reinforcing the systems and tools for information management and exchange.
- ▶ Identify key domains for investment in new technologies to reinforce the ICRC's humanitarian response and communication capabilities.
- ▶ Develop the ICRC's ability to capitalize on available information in order to make appropriate and timely management decisions, and rationalize reporting requirements by refining how data is gathered, used and shared.
- ▶ Revamp the management and delivery of the organization's corporate services in order to enhance their efficiency and effectiveness.

The Strategy will be put into practice by ICRC staff members around the world, in accordance with clearly defined management priorities. Indicators will be developed to monitor results, and progress reports prepared at regular intervals.

THE ICRC AND ITS WORK WITH OTHER COMPONENTS OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

The Movement is made up of the National Societies, their International Federation and the ICRC. Although each of the Movement's components engages in different activities, they are all united by the same mission: to alleviate human suffering, protect life and health, and uphold human dignity, especially during armed conflicts and other emergencies. Moreover, they share the same Fundamental Principles: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

As the founding institution of the Movement, the ICRC has certain statutory roles and responsibilities towards the other components. In particular, it is responsible under the Statutes of the Movement for maintaining and disseminating the Fundamental Principles, recognizing newly established National Societies that meet the requisite conditions, and discharging the mandates entrusted to it by the International Conference. The ICRC is actively involved in the organization of the Council of Delegates and of the International Conference, which is a unique global forum bringing together the States Parties to the Geneva Conventions and the International Red Cross and Red Crescent Movement.

National Societies in their respective countries and the ICRC both have the mandate to assist those affected by armed conflict and other situations of violence. National Societies are the primary partners of the ICRC, particularly in the fields of medical and relief assistance and restoring family links. Efforts to strengthen partnerships between National Societies and the ICRC contribute to a more effective Movement, optimizing each component's ability to fulfil their common mission.

Complementing the efforts of the International Federation in the area of organizational development, the ICRC contributes to the strengthening of National Societies' capacities in the following fields:

- ▶ disseminating knowledge of IHL and promoting the Fundamental Principles
- ▶ taking measures to ensure the implementation of IHL
- ▶ preparing for activities in the event of armed conflict and other situations of violence, particularly the evacuation of the wounded, pre-hospital care and relief assistance
- ▶ restoring family links
- ▶ responding to weapon contamination, including risk reduction and victim assistance
- ▶ supporting the authorities in efforts to ensure the well-being of detained migrants

In addition, the ICRC helps National Societies build a strong legal and organizational basis for independent action, notably by:

- ▶ providing technical and legal assistance for the establishment and the recognition of new National Societies within the Movement
- ▶ together with the International Federation, helping revise and strengthen National Societies' statutory and legal base instruments
- ▶ together with the International Federation, supporting National Societies in their efforts to apply and adhere at all times to the Fundamental Principles and to the Movement's regulatory framework
- ▶ in line with the Safer Access Framework, advising National Societies on ways to foster acceptance for their work, increase their access to communities in need, and ensure their safety, especially in contexts affected by conflict and other situations of violence

Finally, the ICRC may act as the lead agency, or support the National Society of the affected country in its responsibility as the lead agency, in coordinating the international relief operations conducted by the Movement. These operations may be carried out in response to the direct consequences of armed conflicts and other situations of violence, or of situations of armed conflict that coincide with natural or technological disasters. The ICRC also coordinates activities to restore family links in all situations that require an international response.

The work of the ICRC is based on the 1949 Geneva Conventions, the 1977 Additional Protocols, Additional Protocol III, the Statutes of the International Red Cross and Red Crescent Movement, and the resolutions of the International Conferences of the Red Cross and Red Crescent. The ICRC's mission is to provide the victims of armed conflict with protection and assistance. To that end, the ICRC takes direct and immediate action in response to emergency situations, while at the same time promoting preventive measures, such as the dissemination and national implementation of IHL.

It was on the ICRC's initiative that States adopted the original Geneva Convention of 1864. Since then, the ICRC, with the support of the entire Movement, has put constant pressure on governments to adapt IHL to changing circumstances – in particular, to modern developments in the means and methods of warfare – so as to provide more effective protection and assistance for conflict victims.

Today, all States are bound by the 1949 Geneva Conventions, which, in times of armed conflict, protect wounded, sick and shipwrecked members of the armed forces, prisoners of war and civilians.

Over three-quarters of all States are currently party to the 1977 Additional Protocols. Additional Protocol I protects the victims of international armed conflicts, while Additional Protocol II protects the victims of non-international armed conflicts. These instruments have, in particular, codified the rules protecting the civilian population against the effects of hostilities.

The legal bases of any action undertaken by the ICRC may be summed up as follows:

- ▶ The 1949 Geneva Conventions and Additional Protocol I confer on the ICRC a specific mandate to act in the event of international armed conflict. In particular, the ICRC has the right to visit prisoners of war and civilian internees. The Conventions also give the ICRC a broad right of initiative.
- ▶ In situations of armed conflict that are not international in character, the ICRC enjoys a right of humanitarian initiative recognized by the international community and enshrined in Article 3 common to the 1949 Geneva Conventions.
- ▶ In the event of internal disturbances and tensions, and in any other situation that warrants humanitarian action, the ICRC also enjoys a right of initiative, which is affirmed and recognized in the Statutes of the International Red Cross and Red Crescent Movement. Thus, wherever IHL does not apply, the ICRC may offer its services to governments without that offer constituting interference in the internal affairs of the State concerned.

UNIVERSAL ACCEPTANCE OF THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

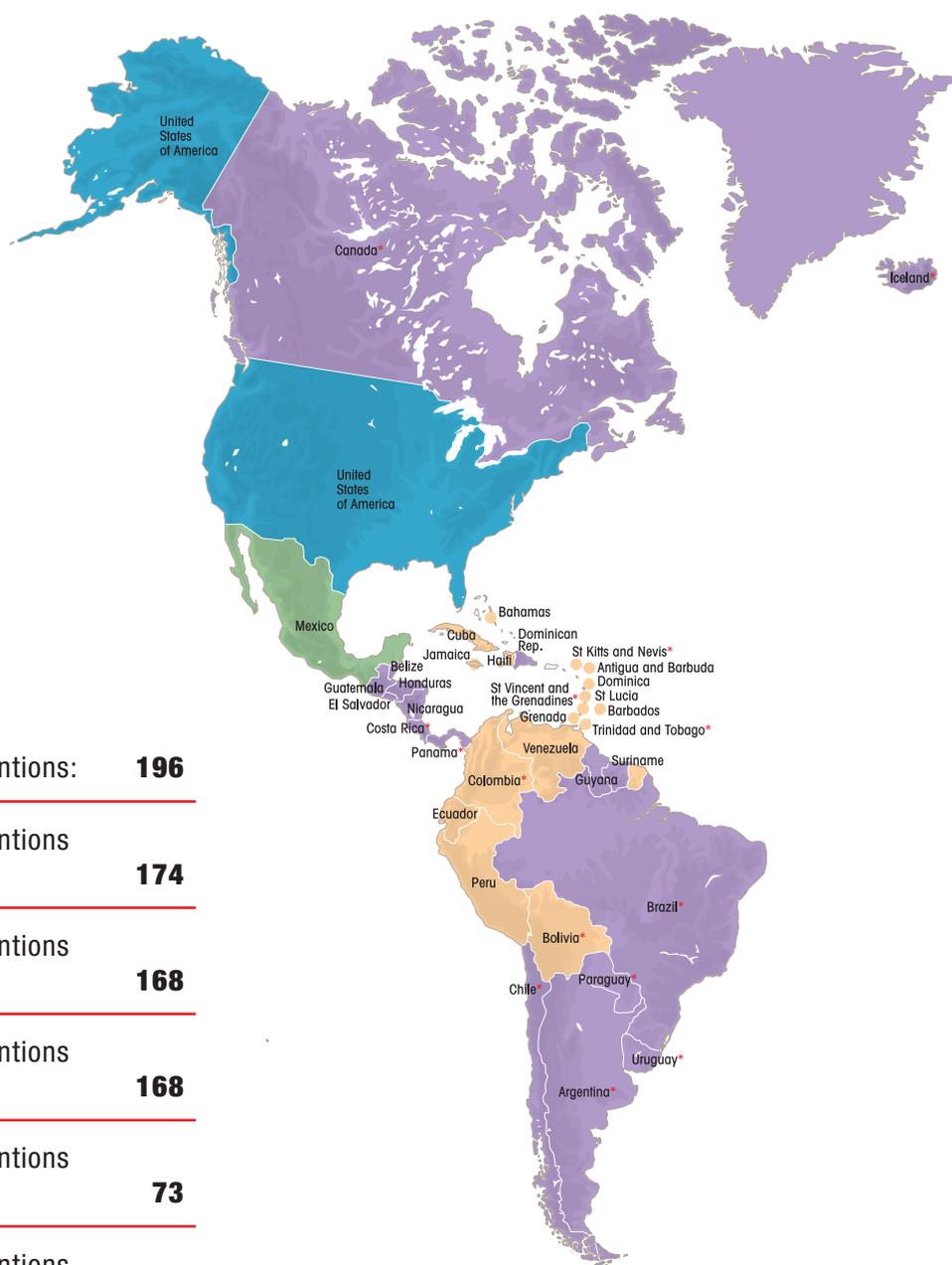
In 2016, Burkina Faso acceded to Additional Protocol III. A total of 196 States are party to the 1949 Geneva Conventions. The number of States party to Additional Protocols I, II and III is 174, 168 and 73 respectively.

By 2016, 76 States have made declarations under Article 90 of Additional Protocol I, which provides for the establishment of an International Fact-Finding Commission to enquire into allegations of serious violations of humanitarian law.

STATES PARTY TO THE GENEVA CONVENTIONS

This map shows which States were party to the 1949 Geneva Conventions and to their Additional Protocols, as at 31 December 2016. It also indicates which States had made the optional declaration under Article 90 of Additional Protocol I, recognizing the competence of the International Fact-Finding Commission.

N.B. The names of the countries given on this map may differ from their official names



States party to the 1949 Geneva Conventions: **196**

States party to the 1949 Geneva Conventions and to Additional Protocol I: **174**

States party to the 1949 Geneva Conventions and to Additional Protocol II: **168**

States party to the 1949 Geneva Conventions and to both 1977 Additional Protocols: **168**

States party to the 1949 Geneva Conventions and to Additional Protocol III: **73**

States party to the 1949 Geneva Conventions, to 1977 Additional Protocols and to Additional Protocol III: **69**

States having made the declaration under Article 90 of Additional Protocol I: **76**

AND THEIR ADDITIONAL PROTOCOLS

States party to the 1949 Geneva Conventions only

States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I and II

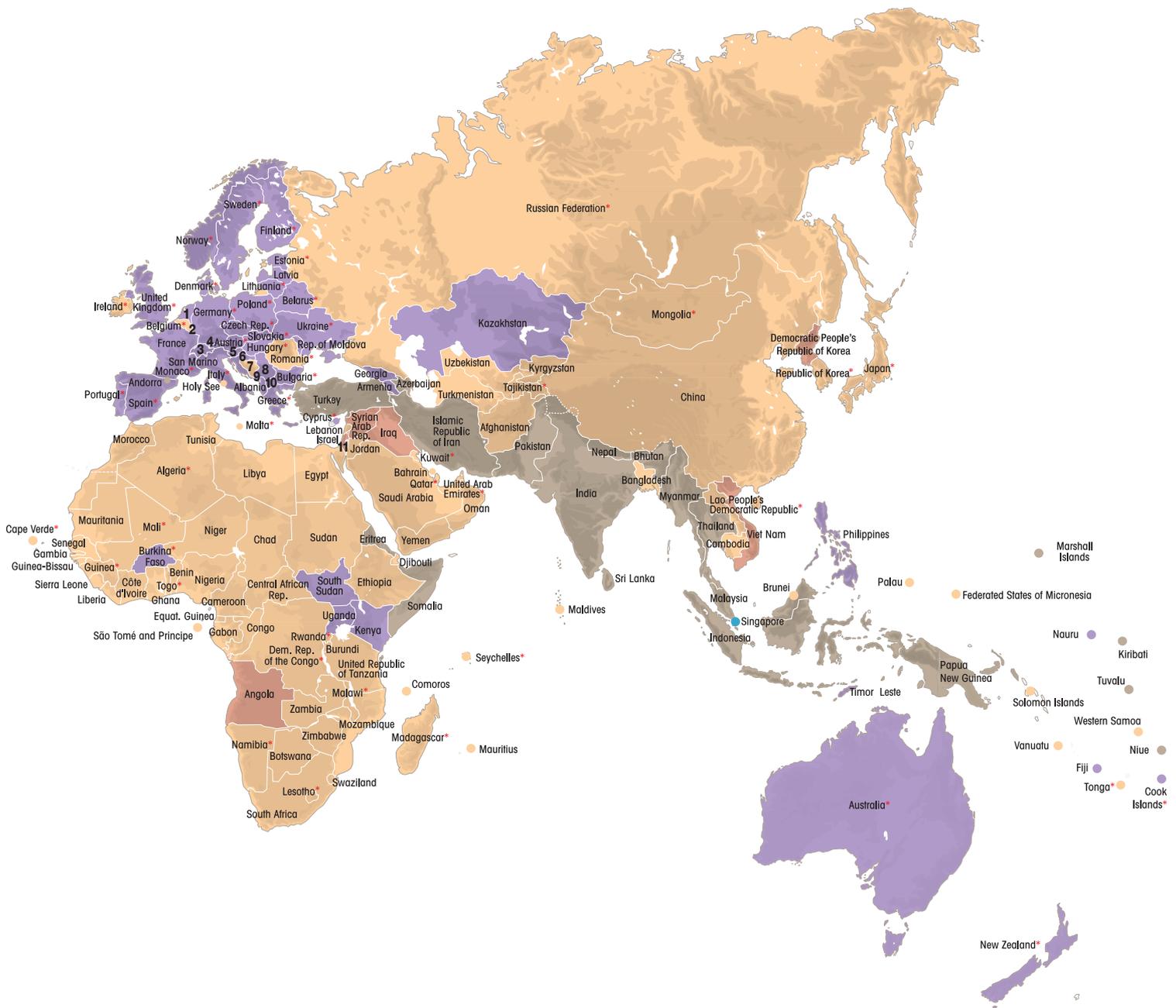
States having made the declaration under Article 90 of 1977 Additional Protocol I

States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I only

States party to the 1949 Geneva Conventions, to both 1977 Additional Protocols and to 2005 Additional Protocol III

States party to the 1949 Geneva Conventions and to 2005 Additional Protocol III only

States party to the 1949 Geneva Conventions, 1977 Additional Protocol I and 2005 Additional Protocol III



- | | | | | | |
|----------------|------------------|-------------|---------------------------|-------------------|---------------|
| 1 Netherlands* | 3 Switzerland* | 5 Slovenia* | 7 Bosnia and Herzegovina* | 9 Montenegro* | 11 Palestine* |
| 2 Luxembourg* | 4 Liechtenstein* | 6 Croatia* | 8 Serbia* | 10 FYR Macedonia* | |

ABBREVIATIONS

R/A/S =

Ratification: a treaty is generally open for signature for a certain time following the conference that has adopted it. However, a signature is not binding on a State unless it has been endorsed by ratification. The time limits having elapsed, the Conventions and the Protocols are no longer open for signature. The States that have not signed them may at any time accede or, in the appropriate circumstances, succeed to them.

Accession: instead of signing and then ratifying a treaty, a State may become party to it by the single act called accession.

Succession (declaration of): a newly independent State may declare that it will abide by a treaty which was applicable to it prior to its independence. A State may also declare that it will provisionally abide by such treaties during the time it deems necessary to examine their texts carefully and to decide on accession or succession to some or all of the said treaties (declaration of provisional application of the treaties). At present no State is bound by such a declaration.

R/D = **Reservation/Declaration:** unilateral statement, however phrased or named, made by a State when ratifying, acceding or succeeding to a treaty, whereby it purports to exclude or to modify the legal effect of certain provisions of the treaty in their application to that State (provided that such reservations are not incompatible with the object and purpose of the treaty).

D90 = **Declaration** provided for under article 90 of Protocol I (prior acceptance of the competence of the International Fact-Finding Commission).

DATES

The dates indicated are those on which the Swiss Federal Department of Foreign Affairs received the official instrument from the State that was ratifying, acceding to or succeeding to the Conventions or Protocols or accepting the competence of the Commission provided for under Article 90 of Protocol I. They thus represent neither the date on which ratification, accession, succession or acceptance of the Commission was decided upon by the State concerned nor that on which the corresponding instrument was sent.

N.B.: The dates given for succession to the Geneva Conventions by **Congo, Democratic Republic of the Congo, Jamaica, Madagascar, Mauritania, Niger, Nigeria, Rwanda, Senegal, and Sierra Leone** used to be those on which the corresponding instruments had been officially adopted. They have now been replaced by the dates on which the depositary received those instruments.

ENTRY INTO FORCE

Except as mentioned in footnotes at the end of the tables, for all States the entry into force of the Conventions and of the Protocols occurs six months after the date given in the present document; for States which have made a declaration of succession, entry into force takes place retroactively, on the day of their accession to independence. The 1949 Geneva Conventions entered into force on 21 October 1950. The 1977 Additional Protocols entered into force on 7 December 1978. The 2005 Additional Protocol III entered into force on 14 January 2007.

NAMES OF COUNTRIES

The names of countries given in the following list may differ from the official names of States.

UPDATE SINCE 31.12.2016

196 States are party to the four Geneva Conventions of 1949.

Ratifications, accessions or successions to Additional Protocol I: 0

Ratifications, accessions or successions to Additional Protocol II: 0

Ratifications, accessions or successions to Additional Protocol III: 1

► Burkina Faso 07.10.2016

TOTALS:

Number of States party to the 1949 Geneva Conventions: 196

Number of States party to Additional Protocol I: 174

Number of States having made the declaration under Article 90: 76

Number of States party to Additional Protocol II: 168

Number of States party to Additional Protocol III: 73

Number of States Members of the United Nations: 193

States party to the Geneva Conventions but not members of the United Nations: **Cook Islands, Holy See and Palestine.**

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

COUNTRY	GENEVA CONVENTIONS			PROTOCOL			PROTOCOL II			PROTOCOL III			
	R/A/S	R/D		R/A/S	R/D	D90	R/A/S	R/D		R/A/S	R/D		
Afghanistan	26.09.1956	R		10.11.2009	A		10.11.2009	A					
Albania	27.05.1957	R	X	16.07.1993	A		16.07.1993	A		06.02.2008	A		
Algeria	20.06.1960 03.07.1962	A		16.08.1989 16.08.1989	A	X	16.08.1989 16.08.1989	16.08.1989 16.08.1989	A				
Andorra	17.09.1993	A											
Angola	20.09.1984	A	X	20.09.1984	A	X							
Antigua and Barbuda	06.10.1986	S		06.10.1986	A		06.10.1986	A					
Argentina	18.09.1956	R		26.11.1986	A	X	11.10.1996	26.11.1986	A	X	16.03.2011	R	X
Armenia	07.06.1993	A		07.06.1993	A			07.06.1993	A		12.08.2011	A	
Australia	14.10.1958	R	X	21.06.1991	R	X	23.09.1992	21.06.1991	R		15.07.2009	R	
Austria	27.08.1953	R		13.08.1982	R	X	13.08.1982	13.08.1982	R	X	03.06.2009	R	
Azerbaijan	01.06.1993	A											
Bahamas	11.07.1975	S		10.04.1980	A			10.04.1980	A				
Bahrain	30.11.1971	A		30.10.1986	A			30.10.1986	A				
Bangladesh	04.04.1972	S	X	08.09.1980	A			08.09.1980	A				
Barbados	10.09.1968	S	X	19.02.1990	A			19.02.1990	A				
Belarus	03.08.1954	R		23.10.1989	R		23.10.1989	23.10.1989	R		31.03.2011	A	
Belgium	03.09.1952	R		20.05.1986	R	X	27.03.1987	20.05.1986	R		12.05.2015	R	
Belize	29.06.1984	A		29.06.1984	A			29.06.1984	A		03.04.2007	A	
Benin	14.12.1961	S		28.05.1986	A			28.05.1986	A				
Bhutan	10.01.1991	A											
Bolivia, Plurinational State of	10.12.1976	R		08.12.1983	A		10.08.1992	08.12.1983	A				
Bosnia and Herzegovina	31.12.1992	S		31.12.1992	S		31.12.1992	31.12.1992	S				
Botswana	29.03.1968	A		23.05.1979	A			23.05.1979	A				
Brazil	29.06.1957	R		05.05.1992	A		23.11.1993	05.05.1992	A		28.08.2009	R	
Brunei Darussalam	14.10.1991	A		14.10.1991	A			14.10.1991	A				
Bulgaria	22.07.1954	R		26.09.1989	R		09.05.1994	26.09.1989	R		13.09.2006	R	
Burkina Faso	07.11.1961	S		20.10.1987	R		24.05.2004	20.10.1987	R		07.10.2016		
Burundi	27.12.1971	S		10.06.1993	A			10.06.1993	A				
Cabo Verde	11.05.1984	A		16.03.1995	A		16.03.1995	16.03.1995	A				
Cambodia	08.12.1958	A		14.01.1998	A			14.01.1998	A				
Cameroon	16.09.1963	S		16.03.1984	A			16.03.1984	A				
Canada	14.05.1965	R		20.11.1990	R	X	20.11.1990	20.11.1990	R	X	26.11.2007	R	X
Central African Republic	01.08.1966	S		17.07.1984	A			17.07.1984	A				
Chad	05.08.1970	A		17.01.1997	A			17.01.1997	A				
Chile	12.10.1950	R		24.04.1991	R		24.04.1991	24.04.1991	R		06.07.2009	R	
China	28.12.1956	R	X	14.09.1983	A	X		14.09.1983	A	X			
Colombia	08.11.1961	R		01.09.1993	A		17.04.1996	14.08.1995	A				
Comoros	21.11.1985	A		21.11.1985	A			21.11.1985	A				
Congo	04.02.1967	S		10.11.1983	A			10.11.1983	A				
Congo, Democratic Republic of the	24.02.1961	S		03.06.1982	A		12.12.2002	12.12.2002	A				
Cook Islands	07.05.2002	S		07.05.2002	A		07.05.2002	07.05.2002	A		07.09.2011	A	
Costa Rica	15.10.1969	A		15.12.1983	A		09.12.1999	15.12.1983	A		30.06.2008	R	
Côte d'Ivoire	28.12.1961	S		20.09.1989	R			20.09.1989	R				
Croatia	11.05.1992	S		11.05.1992	S		11.05.1992	11.05.1992	S		13.06.2007	R	
Cuba	15.04.1954	R		25.11.1982	A			23.06.1999	A				
Cyprus	23.05.1962	A		01.06.1979	R		14.10.2002	18.03.1996	A		27.11.2007	R	
Czech Republic	05.02.1993	S		05.02.1993	S		02.05.1995	05.02.1993	S		23.05.2007	R	
Denmark	27.06.1951	R		17.06.1982	R	X	17.06.1982	17.06.1982	R		25.05.2007	R	
Djibouti	06.03.1978	S		08.04.1991	A			08.04.1991	A				
Dominica	28.09.1981	S		25.04.1996	A			25.04.1996	A				
Dominican Republic	22.01.1958	A		26.05.1994	A			26.05.1994	A		01.04.2009	R	
Ecuador	11.08.1954	R		10.04.1979	R			10.04.1979	R				
Egypt	10.11.1952	R		09.10.1992	R	X		09.10.1992	R	X			
El Salvador	17.06.1953	R		23.11.1978	R			23.11.1978	R		12.09.2007	R	
Equatorial Guinea	24.07.1986	A		24.07.1986	A			24.07.1986	A				
Eritrea	14.08.2000	A											
Estonia	18.01.1993	A		18.01.1993	A		20.02.2009	18.01.1993	A		28.02.2008	R	
Ethiopia	02.10.1969	R		08.04.1994	A			08.04.1994	A				
Fiji	09.08.1971	S		30.07.2008	A			30.07.2008	A		30.07.2008	A	
Finland	22.02.1955	R		07.08.1980	R	X	07.08.1980	07.08.1980	R		14.01.2009	R	

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

COUNTRY	GENEVA CONVENTIONS			PROTOCOL			PROTOCOL II			PROTOCOL III			
	R/A/S	R/D		R/A/S	R/D	D90	R/A/S	R/D		R/A/S	R/D		
France	28.06.1951	R		11.04.2001	A	X		24.02.1984	A	X	17.07.2009	R	
Gabon	26.02.1965	S		08.04.1980	A			08.04.1980	A				
Gambia	20.10.1966	S		12.01.1989	A			12.01.1989	A				
Georgia	14.09.1993	A		14.09.1993	A			14.09.1993	A		19.03.2007	R	
Germany	03.09.1954	A	X	14.02.1991	R	X	14.02.1991	14.02.1991	R	X	17.06.2009	R	
Ghana	02.08.1958	A		28.02.1978	R			28.02.1978	R				
Greece	05.06.1956	R		31.03.1989	R	X	04.02.1998	15.02.1993	A		26.10.2009	R	
Grenada	13.04.1981	S		23.09.1998	A			23.09.1998	A				
Guatemala	14.05.1952	R		19.10.1987	R			19.10.1987	R		14.03.2008	R	
Guinea	11.07.1984	A		11.07.1984	A		20.12.1993	11.07.1984	A				
Guinea-Bissau	21.02.1974	A	X	21.10.1986	A			21.10.1986	A				
Guyana	22.07.1968	S		18.01.1988	A			18.01.1988	A		21.09.2009	A	
Haiti	11.04.1957	A		20.12.2006	A			20.12.2006	A				
Holy See	22.02.1951	R		21.11.1985	R	X		21.11.1985	R	X			
Honduras	31.12.1965	A		16.02.1995	R			16.02.1995	R		08.12.2006	R	
Hungary	03.08.1954	R		12.04.1989	R		23.09.1991	12.04.1989	R		15.11.2006	R	
Iceland	10.08.1965	A		10.04.1987	R	X	10.04.1987	10.04.1987	R		04.08.2006	R	
India	09.11.1950	R											
Indonesia	30.09.1958	A											
Iran (Islamic Republic of)	20.02.1957	R	X										
Iraq	14.02.1956	A		01.04.2010	A								
Ireland	27.09.1962	R		19.05.1999	R	X	19.05.1999	19.05.1999	R	X			
Israel	06.07.1951	R	X								22.11.2007	R	X
Italy	17.12.1951	R		27.02.1986	R	X	27.02.1986	27.02.1986	R		29.01.2009	R	
Jamaica	20.07.1964	S		29.07.1986	A			29.07.1986	A				
Japan	21.04.1953	A		31.08.2004	A	X	31.08.2004	31.08.2004	A				
Jordan	29.05.1951	A		01.05.1979	R			01.05.1979	R				
Kazakhstan	05.05.1992	S		05.05.1992	S			05.05.1992	S		24.06.2009	A	
Kenya	20.09.1966	A		23.02.1999	A			23.02.1999	A		28.10.2013	R	
Kiribati	05.01.1989	S											
Korea, Democratic People's Republic of	27.08.1957	A	X	09.03.1988	A								
Korea, Republic of	16.08.1966	A	X	15.01.1982	R	X	16.04.2004	15.01.1982	R				
Kuwait	02.09.1967	A	X	17.01.1985	A		21.06.2013	17.01.1985	A				
Kyrgyzstan	18.09.1992	S		18.09.1992	S			18.09.1992	S				
Lao People's Democratic Republic	29.10.1956	A		18.11.1980	R		30.01.1998	18.11.1980	R				
Latvia	24.12.1991	A		24.12.1991	A			24.12.1991	A		02.04.2007	R	
Lebanon	10.04.1951	R		23.07.1997	A			23.07.1997	A				
Lesotho	20.05.1968	S		20.05.1994	A		13.08.2010	20.05.1994	A				
Liberia	29.03.1954	A		30.06.1988	A			30.06.1988	A				
Libya	22.05.1956	A		07.06.1978	A			07.06.1978	A				
Liechtenstein	21.09.1950	R		10.08.1989	R	X	10.08.1989	10.08.1989	R	X	24.08.2006	R	
Lithuania	03.10.1996	A		13.07.2000	A		13.07.2000	13.07.2000	A		28.11.2007	R	
Luxembourg	01.07.1953	R		29.08.1989	R		12.05.1993	29.08.1989	R		27.01.2015	R	
Macedonia, the Former Yugoslav Republic of	01.09.1993	S	X	01.09.1993	S	X	01.09.1993	01.09.1993	S		14.10.2008	R	
Madagascar	18.07.1963	S		08.05.1992	R		27.07.1993	08.05.1992	R				
Malawi	05.01.1968	A		07.10.1991	A		10.01.2014	07.10.1991	A				
Malaysia	24.08.1962	A											
Maldives	18.06.1991	A		03.09.1991	A			03.09.1991	A				
Mali	24.05.1965	A		08.02.1989	A		09.05.2003	08.02.1989	A				
Malta	22.08.1968	S		17.04.1989	A	X	17.04.1989	17.04.1989	A	X			
Marshall Islands	01.06.2004	A											
Mauritania	30.10.1962	S		14.03.1980	A			14.03.1980	A				
Mauritius	18.08.1970	S		22.03.1982	A	X		22.03.1982	A	X			
Mexico	29.10.1952	R		10.03.1983	A						07.07.2008	R	
Micronesia (Federated States of)	19.09.1995	A		19.09.1995	A			19.09.1995	A				
Moldova, Republic of	24.05.1993	A		24.05.1993	A			24.05.1993	A		19.08.2008	R	X
Monaco	05.07.1950	R		07.01.2000	A		26.10.2007	07.01.2000	A		12.03.2007	R	
Mongolia	20.12.1958	A		06.12.1995	R	X	06.12.1995	06.12.1995	R				
Montenegro	02.08.2006	A		02.08.2006	A		02.08.2006	02.08.2006	A				
Morocco	26.07.1956	A		03.06.2011	R			03.06.2011	R				
Mozambique	14.03.1983	A		14.03.1983	A			12.11.2002	A				
Myanmar	25.08.1992	A											

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

COUNTRY	GENEVA CONVENTIONS		PROTOCOL				PROTOCOL II		PROTOCOL III			
	R/A/S	R/D	R/A/S	R/D	D90	R/A/S	R/D	R/A/S	R/D			
Namibia	22.08.1991	S	17.06.1994	A	X	21.07.1994	17.06.1994	A	X			
Nauru	27.06.2006	A	27.06.2006	A			27.06.2006	A		04.12.2012	R	
Nepal	07.02.1964	A										
Netherlands	03.08.1954	R	26.06.1987	R	X	26.06.1987	26.06.1987	R	X	13.12.2006	R	X
New Zealand	02.05.1959	R	08.02.1988	R	X	08.02.1988	08.02.1988	R	X	23.10.2013	R	
Nicaragua	17.12.1953	R	19.07.1999	R			19.07.1999	R		02.04.2009	R	
Niger	21.04.1964	S	08.06.1979	R			08.06.1979	R				
Nigeria	20.06.1961	S	10.10.1988	A			10.10.1988	A				
Norway	03.08.1951	R	14.12.1981	R		14.12.1981	14.12.1981	R		13.06.2006	R	
Oman	31.01.1974	A	29.03.1984	A	X		29.03.1984	A	X			
Pakistan	12.06.1951	R	X									
Palau	25.06.1996	A	25.06.1996	A			25.06.1996	A				
Palestine	02.04.2014	A	02.04.2014	A			04.01.2015	A		04.01.2015	A	
Panama	10.02.1956	A	18.09.1995	R		26.10.1999	18.09.1995	R		30.04.2012	R	
Papua New Guinea	26.05.1976	S										
Paraguay	23.10.1961	R	30.11.1990	A		30.01.1998	30.11.1990	A		13.10.2008	R	
Peru	15.02.1956	R	14.07.1989	R			14.07.1989	R				
Philippines	06.10.1952	R	30.03.2012	R	X		11.12.1986	A		22.08.2006	R	
Poland	26.11.1954	R	23.10.1991	R		02.10.1992	23.10.1991	R		26.10.2009	R	
Portugal	14.03.1961	R	X	27.05.1992	R	X	01.07.1994	27.05.1992	R	X	22.04.2014	R
Qatar	15.10.1975	A	05.04.1988	A	X	24.09.1991	05.01.2005	A				
Romania	01.06.1954	R	21.06.1990	R		31.05.1995	21.06.1990	R		15.05.2015	R	
Russian Federation	10.05.1954	R	X	29.09.1989	R	X	29.09.1989	29.09.1989	R	X		
Rwanda	05.05.1964	S	19.11.1984	A		08.07.1993	19.11.1984	A				
Saint Kitts and Nevis	14.02.1986	S	14.02.1986	A		17.04.2014	14.02.1986	A				
Saint Lucia	18.09.1981	S	07.10.1982	A			07.10.1982	A				
Saint Vincent and the Grenadines	01.04.1981	A	08.04.1983	A		04.11.2013	08.04.1983	A				
Samoa	23.08.1984	S	23.08.1984	A			23.08.1984	A				
San Marino	29.08.1953	A	05.04.1994	R			05.04.1994	R		22.06.2007	R	
Sao Tome and Principe	21.05.1976	A	05.07.1996	A			05.07.1996	A				
Saudi Arabia	18.05.1963	A	21.08.1987	A	X		28.11.2001	A				
Senegal	18.05.1963	S	07.05.1985	R			07.05.1985	R				
Serbia	16.10.2001	S	16.10.2001	S		16.10.2001	16.10.2001	S		18.08.2010	R	
Seychelles	08.11.1984	A	08.11.1984	A		22.05.1992	08.11.1984	A				
Sierra Leone	10.06.1965	S	21.10.1986	A			21.10.1986	A				
Singapore	27.04.1973	A								07.07.2008	R	
Slovakia	02.04.1993	S	02.04.1993	S		13.03.1995	02.04.1993	S		30.05.2007	R	
Slovenia	26.03.1992	S	26.03.1992	S		26.03.1992	26.03.1992	S		10.03.2008	R	
Solomon Islands	06.07.1981	S	19.09.1988	A			19.09.1988	A				
Somalia	12.07.1962	A										
South Africa	31.03.1952	A	21.11.1995	A			21.11.1995	A				
South Sudan	25.01.2013	A	25.01.2013	A			25.01.2013	A		25.01.2013	A	
Spain	04.08.1952	R	21.04.1989	R	X	21.04.1989	21.04.1989	R		10.12.2010	R	
Sri Lanka	28.02.1959	R										
Sudan	23.09.1957	A	07.03.2006	A			13.07.2006	A				
Suriname	13.10.1976	S	X	16.12.1985	A		16.12.1985	A		25.06.2013	A	
Swaziland	28.06.1973	A	02.11.1995	A			02.11.1995	A				
Sweden	28.12.1953	R	31.08.1979	R	X	31.08.1979	31.08.1979	R		21.08.2014	R	
Switzerland	31.03.1950	R	17.02.1982	R		17.02.1982	17.02.1982	R		14.07.2006	R	
Syrian Arab Republic	02.11.1953	R	14.11.1983	A	X							
Tajikistan	13.01.1993	S	13.01.1993	S		10.09.1997	13.01.1993	S				
Tanzania, United Republic of	12.12.1962	S	15.02.1983	A			15.02.1983	A				
Thailand	29.12.1954	A										
Timor-Leste	08.05.2003	A	12.04.2005	A			12.04.2005	A		29.07.2011	R	
Togo	06.01.1962	S	21.06.1984	R		21.11.1991	21.06.1984	R				
Tonga	13.04.1978	S	20.01.2003	A		20.01.2003	20.01.2003	A				
Trinidad and Tobago	24.09.1963	A	20.07.2001	A		20.07.2001	20.07.2001	A				
Tunisia	04.05.1957	A	09.08.1979	R			09.08.1979	R				
Turkey	10.02.1954	R										X
Turkmenistan	10.04.1992	S	10.04.1992	S			10.04.1992	S				
Tuvalu	19.02.1981	S										
Uganda	18.05.1964	A	13.03.1991	A			13.03.1991	A		21.05.2008	A	

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

COUNTRY	GENEVA CONVENTIONS			PROTOCOL			PROTOCOL II			PROTOCOL III			
	R/A/S	R/D		R/A/S	R/D	D90	R/A/S	R/D		R/A/S	R/D		
Ukraine	03.08.1954	R		25.01.1990	R		25.01.1990	25.01.1990	R		19.01.2010	R	
United Arab Emirates	10.05.1972	A		09.03.1983	A	X	06.03.1992	09.03.1983	A	X			
United Kingdom of Great Britain and Northern	23.09.1957	R	X	28.01.1998	R	X	17.05.1999	28.01.1998	R	X	23.10.2009	R	X
United States of America	02.08.1955	R	X								08.03.2007	R	
Uruguay	05.03.1969	R	X	13.12.1985	A		17.07.1990	13.12.1985	A		19.10.2012	R	
Uzbekistan	08.10.1993	A		08.10.1993	A			08.10.1993	A				
Vanuatu	27.10.1982	A		28.02.1985	A			28.02.1985	A				
Venezuela, Bolivarian Republic of	13.02.1956	R		23.07.1998	A			23.07.1998	A				
Viet Nam	28.06.1957	A	X	19.10.1981	R								
Yemen	16.07.1970	A	X	17.04.1990	R			17.04.1990	R				
Zambia	19.10.1966	A		04.05.1995	A			04.05.1995	A				
Zimbabwe	07.03.1983	A		19.10.1992	A			19.10.1992	A				

NOTES

Djibouti

Djibouti's declaration of succession in respect of the First Geneva Convention was dated 26.01.1978.

France

On accession to Additional Protocol II, France made a communication concerning Additional Protocol I.

Ghana

Entry into force of Additional Protocols I and II on 07.12.1978.

Namibia

An instrument of accession to the Geneva Conventions and the 1977 Additional Protocols was deposited by the United Nations Council for Namibia on 18.10.1983. In an instrument deposited on 22.08.1991, Namibia declared its succession to the Geneva Conventions, which were previously applicable pursuant to South Africa's accession on 31.03.1952.

Niue

Pursuant to New Zealand law at the time of accession, and consistent with customary international law, the Geneva Conventions apply to Niue by virtue of New Zealand's accession, on 02.05.1959, to the four 1949 Geneva Conventions.

Philippines

The First Geneva Convention was ratified on 07.03.1951.

Republic of Korea

The Geneva Conventions entered into force on 23.09.1966, the Republic of Korea having invoked Art.62/61/141/157 common respectively to the First, Second, Third and Fourth Conventions (immediate effect).

Sri Lanka

Accession to the Fourth Geneva Convention on 23.02.1959 (Ceylon had signed only the First, Second, and Third Geneva Conventions).

Switzerland

Entry into force of the Geneva Conventions on 21.10.1950.

Trinidad and Tobago

Accession to the First Geneva Convention on 17.03.1963.

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



ICRC