

AFRICA

KEY RESULTS/CONSTRAINTS IN 2016

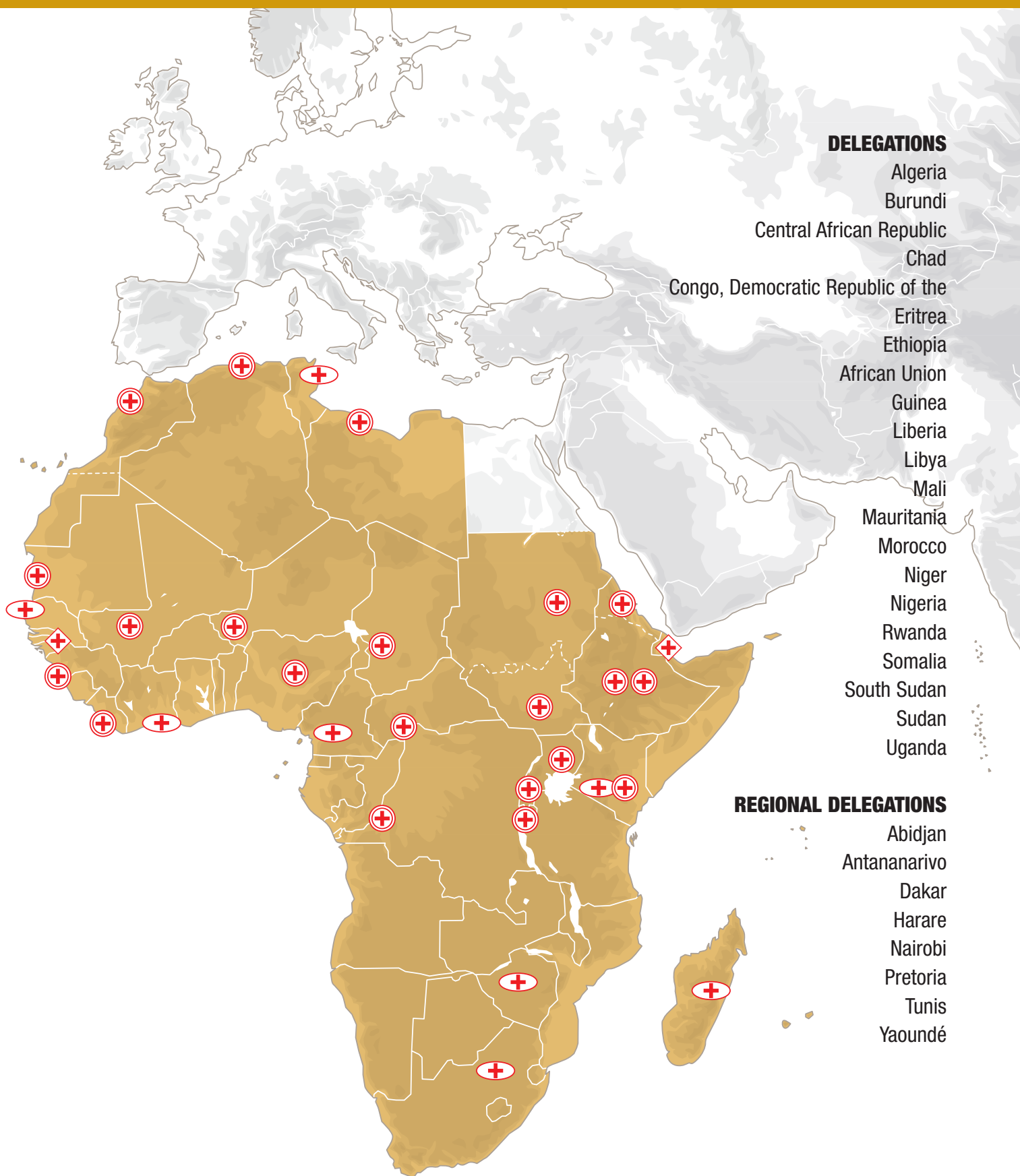
- Contact with parties to conflicts in the Lake Chad and Great Lakes regions, Libya, Mali, Somalia and South Sudan and cooperation with National Societies helped the ICRC reach beneficiaries accessible to few humanitarian actors.
- Following developments in certain countries – notably expanded access 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														
	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	Detainees visited	of whom women	of whom minors
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	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	
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	<i>of which provided data</i>	Wounded persons treated	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		
			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



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



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>	<i>69</i>
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.

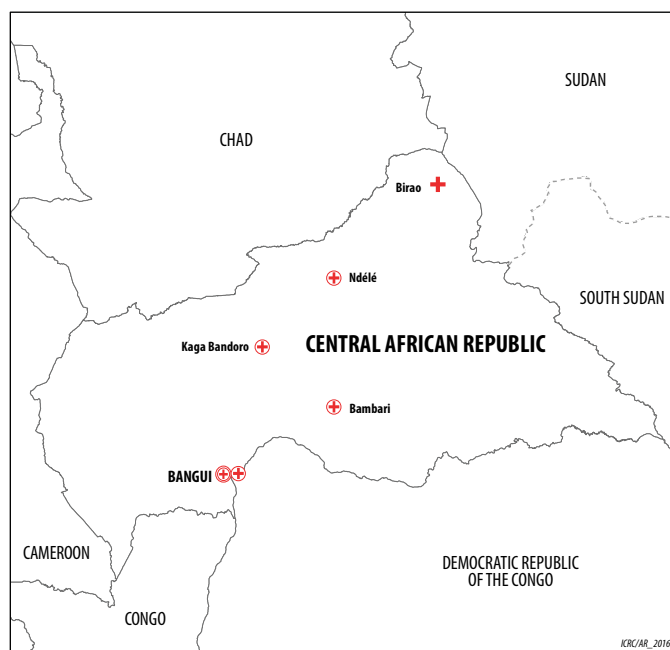
Regular meetings ensured coordination between Movement components in Burundi. They signed agreements to formalize their coordination mechanisms and capacity-building initiatives and to facilitate the joint implementation of security measures.

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
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PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)

Restoring family links	Total
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	Total
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	Total
RCMs collected	131
RCMs distributed	28
Phone calls made to families to inform them of the whereabouts of a detained relative	136

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)

Economic security (in some cases provided within a protection or cooperation programme)

		2016 Targets (up to)	Achieved
Food commodities	Beneficiaries	113,970	95,315
Essential household items	Beneficiaries	40,000	52,309
Productive inputs	Beneficiaries	90,500	91,810
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
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Health

Health centres supported	Structures	5	2
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WOUNDED AND SICK

Hospitals

Hospitals supported	Structures	2	2
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Water and habitat

Water and habitat activities	Number of beds		643
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Physical rehabilitation

Projects supported	Projects	1	1
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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

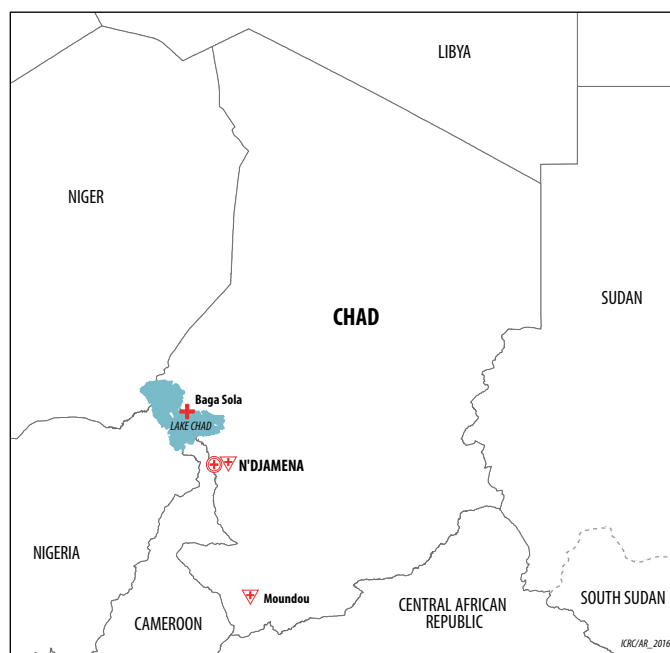
The Central African Red Cross Society continued to carry out its work, and develop its operational and managerial capacities, with material, financial and technical support from the ICRC. In particular, its staff members and volunteers learnt more about restoring family links, preparing for and responding 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		



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>	<i>53</i>
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	30,312
Essential household items	Beneficiaries 21,600	8,426
Productive inputs	Beneficiaries 48,000	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	2
Patients receiving services	Patients 400	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.nsl/0/C22344A334FA4D99C1258027002ADD7/\\$file/BEA_2016_LakeChad_347_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsl/0/C22344A334FA4D99C1258027002ADD7/$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.

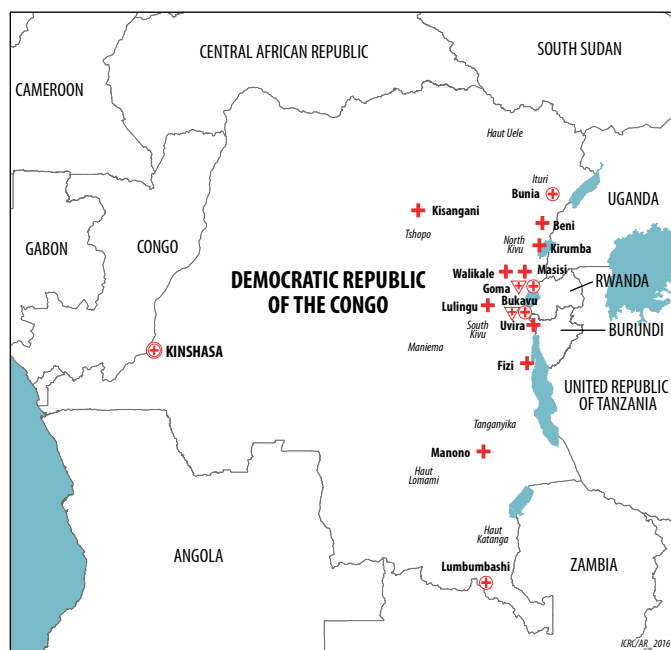
ICRC-trained volunteers, equipped with first-aid kits, tended to victims of road accidents and casualties of conflict and other violence. In northern Chad, the National Society continued its fumigation campaign against scorpions, which are a major problem in the region.

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
People for whom a tracing request was newly registered		181	31	45
<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
<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
Detainees visited and monitored individually		523	15	1
Detainees newly registered		353	15	1
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



ICRC delegation ICRC sub-delegation ICRC office/presence ICRC-supported physical rehabilitation project

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
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PROTECTION

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>	<i>343</i>

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

CIVILIANS (residents, IDPs, returnees, etc.)

Economic security (in some cases provided within a protection or cooperation programme)

		2016 Targets (up to)	Achieved
Food commodities	Beneficiaries	91,500	139,319
Essential household items	Beneficiaries	159,000	88,672
Productive inputs	Beneficiaries	108,000	140,421
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
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Health

Health centres supported	Structures	15	14
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WOUNDED AND SICK

Hospitals

Hospitals supported	Structures	7	22
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Water and habitat

Water and habitat activities	Number of beds		941
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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

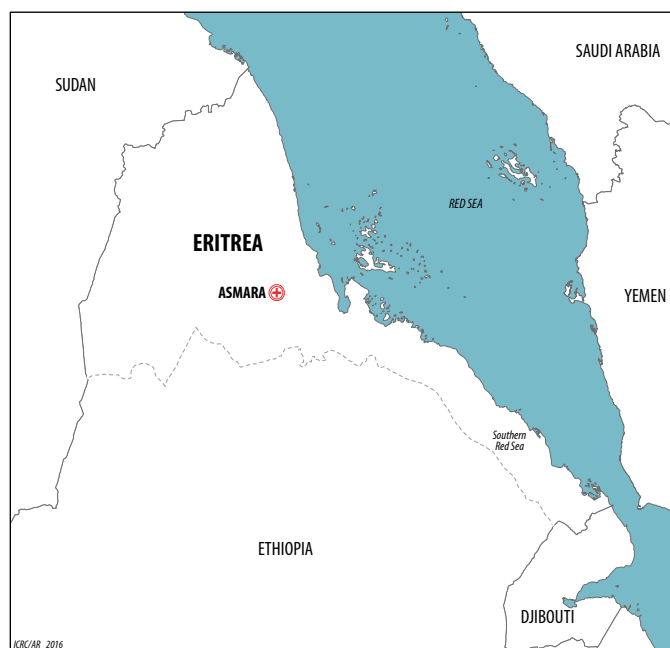
the ICRC – workshops, including one on disaster management, and material and technical assistance – which helped it reinforce its capacities in such areas as first aid, managing human remains and restoring family links (see *Civilians* and *Wounded and Sick*). ICRC financial support enabled the National 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



ICRC/AR_2016

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

- ▶ 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

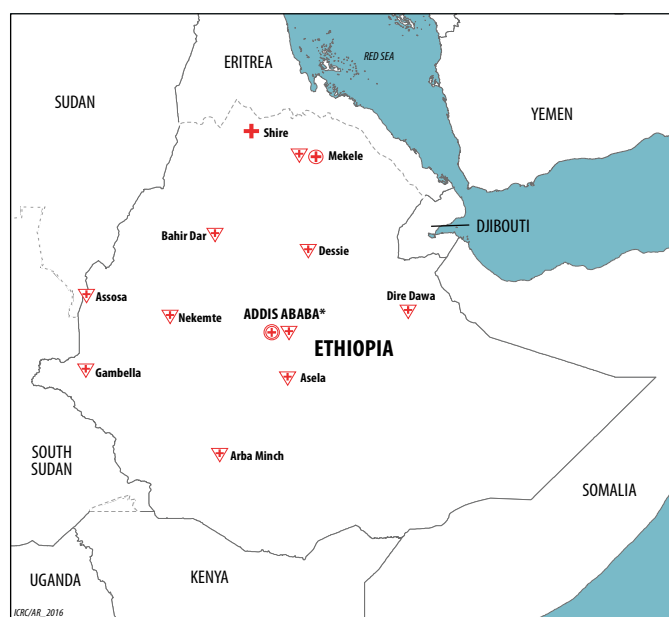
The “Red Cross Society of Eritrea” and the ICRC resumed cooperation under a one-year agreement signed in March 2016. The agreement focused on developing the former's capacities in restoring family links, responding to emergencies and broadening awareness of its activities; members and volunteers of the “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

*The ICRC delegation to African Union is also in Addis Ababa

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 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>	<i>2</i>
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



ICRC/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

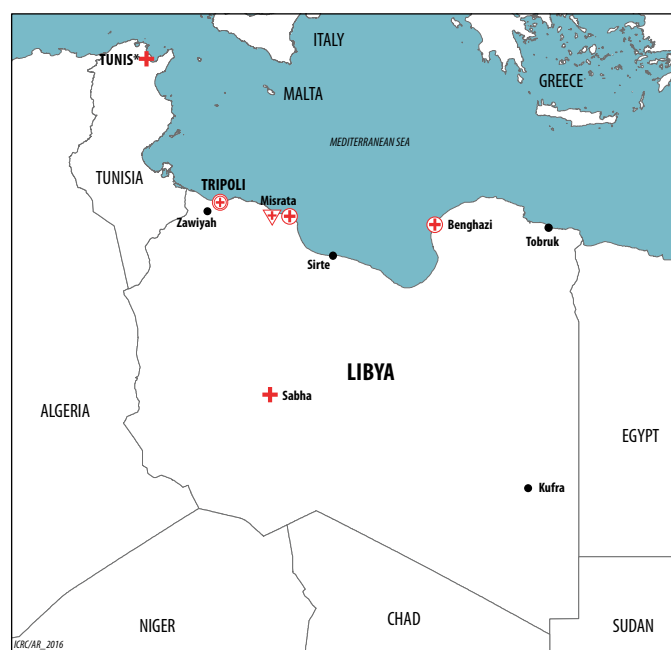
During meetings led by the International Federation, Movement components present in Liberia coordinated their response to allegations, made towards the end of 2015, that the Liberian Red Cross had mismanaged some of the Ebola funds. The matter was discussed with the authorities, and subsequently, the 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
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
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
 *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.

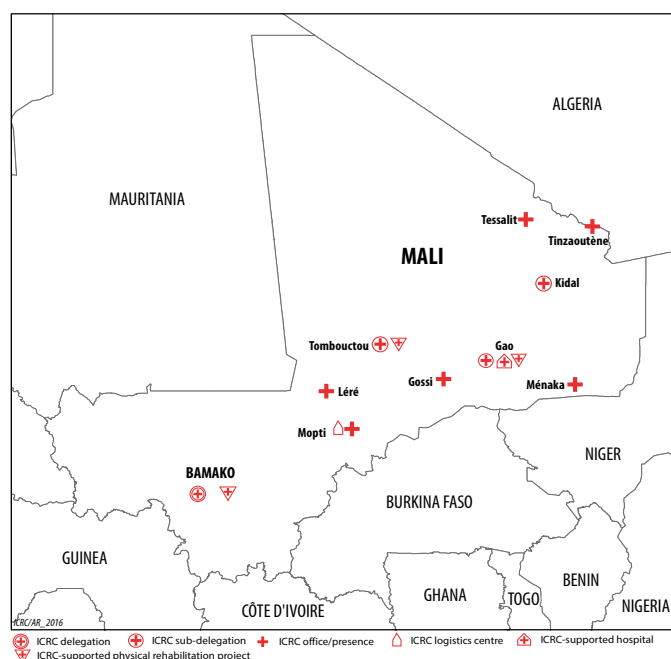
The National Society drew on ICRC expertise to enhance its organizational structure. It continued to revise its statutes, with a view to strengthening its legal base.

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
People for whom a tracing request was newly registered		50	12	2
<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
<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
Detainees visited and monitored individually		210	13	4
Detainees newly registered		210	13	4
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>	Structures	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
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PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)	Total
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

CIVILIANS (residents, IDPs, returnees, etc.)		2016 targets (up to)	Achieved
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
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Health

Health centres supported	Structures	12	10
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WOUNDED AND SICK

Hospitals

Hospitals supported	Structures	2	2
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Water and habitat

Water and habitat activities	Number of beds	206	170
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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



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.

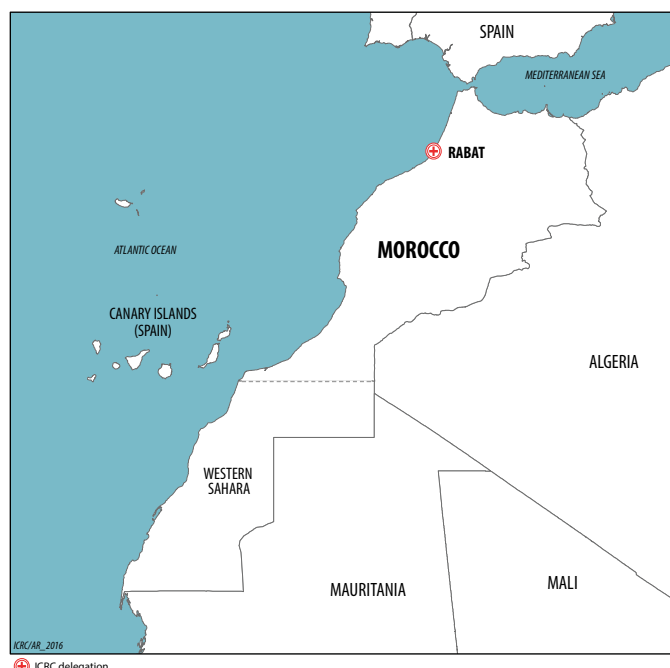
Volunteers gained valuable practical experience by participating in ICRC family-links activities for detainees and Malian refugees (see *Civilians* and *People deprived of their freedom*). At ICRC workshops, staff members and volunteers were trained to conduct economic-security activities.

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
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
<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
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



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.

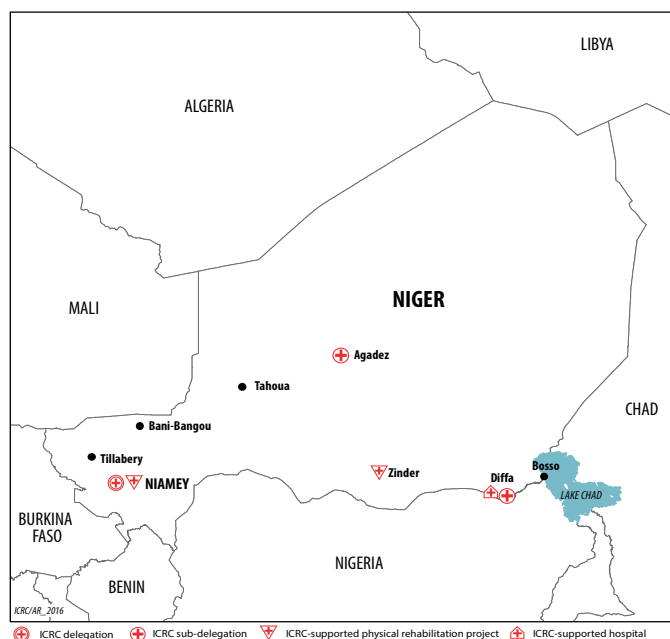
Law students tested their knowledge of IHL at a moot-court competition in Morocco organized by the national IHL committee, a partner university and the ICRC. The event also enabled the ICRC to develop its ties with academics in the country and to reconnect with scholars who had previously received ICRC 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
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PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)	Total
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>	<i>10</i>

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

CIVILIANS (residents, IDPs, returnees, etc.)		2016 targets (up to)	Achieved
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
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Health

Health centres supported	Structures	6	6
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WOUNDED AND SICK

Hospitals

Hospitals supported	Structures	1	1
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Water and habitat

Water and habitat activities	Number of beds	136	
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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.

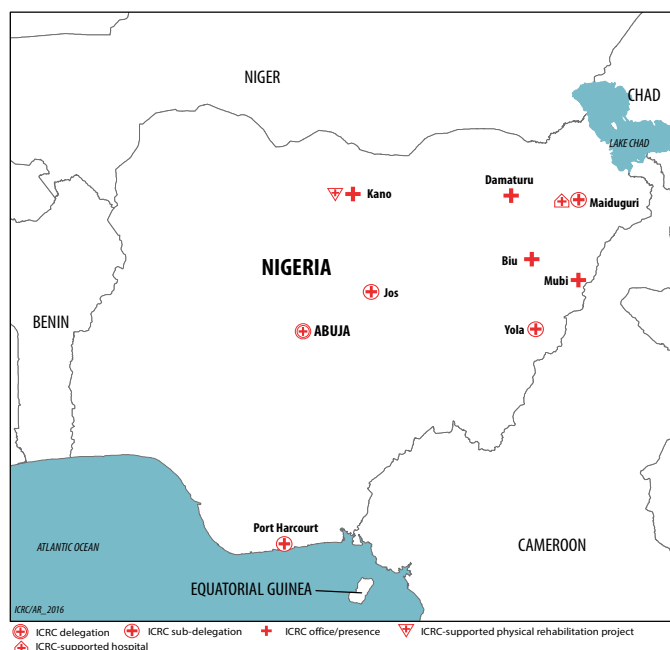
Movement components met regularly to coordinate their activities, including those carried out in Diffa in cooperation with the Luxembourg Red Cross. The French Red Cross – with ICRC financial support from June onwards – continued to provide free medical and psychosocial care to migrants passing through 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
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PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)

Restoring family links	Total
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>	<i>159</i>

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

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
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Health

Health centres supported	Structures	23	25
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WOUNDED AND SICK

Hospitals

Hospitals supported	Structures	1	35
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Water and habitat

Water and habitat activities	Number of beds	370	1,160
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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.

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>	47
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

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

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 round-tables – 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.

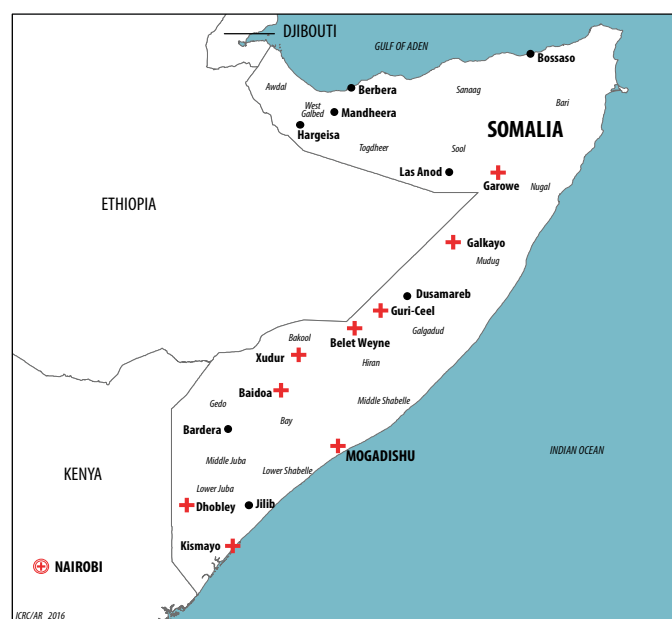
With ICRC support, volunteers representing 30 branches and six university chapters of the National Society developed their

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



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
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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-learned 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.

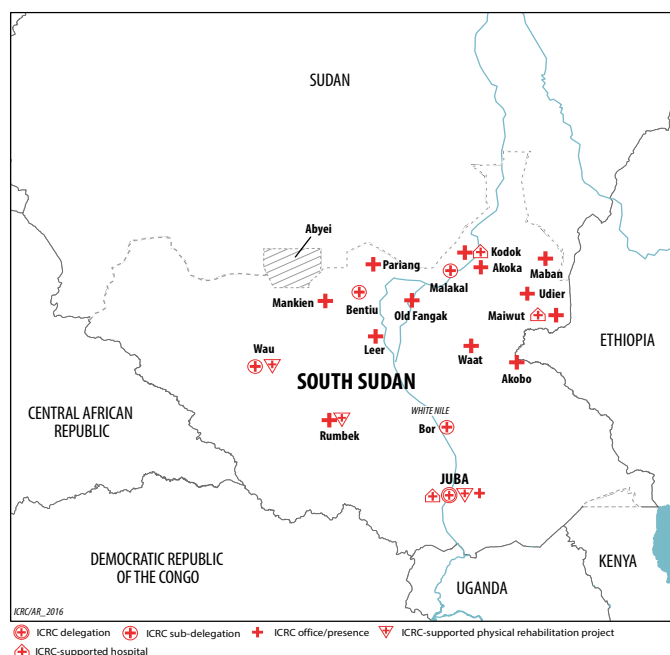
The National Society, the ICRC and other Movement partners continued to discuss such matters as ensuring a coherent Movement response to emergencies and operational partnerships, for example, to improve primary and secondary health care.

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
Of which: Overheads	7,345

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
of whom unaccompanied minors/separated children	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.

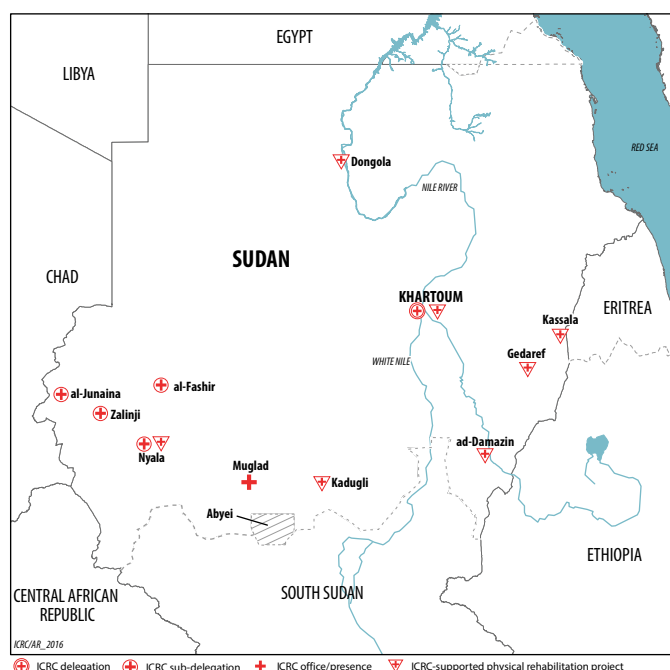
The National Society continued to draw on guidance from Movement partners in building its administrative capacities and strengthening its legal status. A regulation on the red cross emblem was signed into law by the authorities.

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
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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.

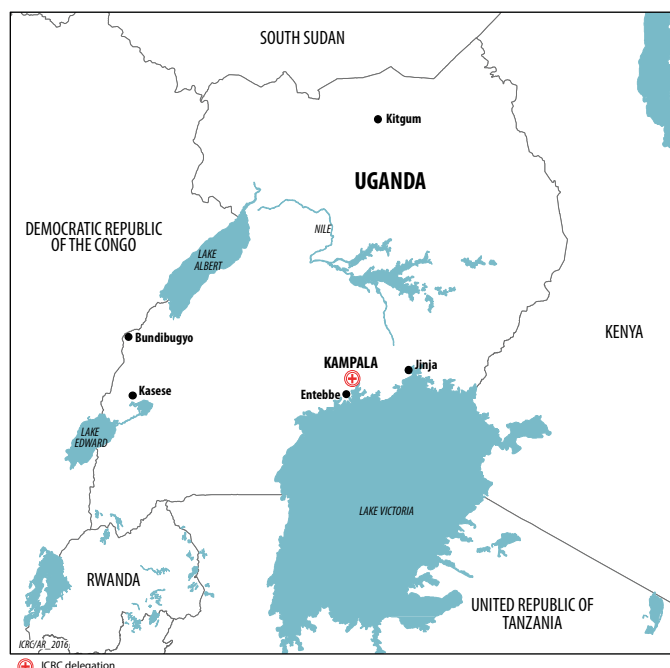
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected ¹		1,261	107		
RCMs distributed ¹		328	2		
Phone calls facilitated between family members		326			
Reunifications, transfers and repatriations					
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%
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>	<i>18</i>
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
People for whom a tracing request was newly registered		43	9	13
<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
<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
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



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
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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/*gendarmerie*/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
People for whom a tracing request was newly registered		16	4	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
<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
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>	<i>224</i>

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 *gendarmerie* 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 *gendarmerie* 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
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/AR_2016
 ICRC regional delegation ICRC sub-delegation ICRC mission ICRC-supported physical rehabilitation project

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

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

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
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
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		757	22	21
			Women	Girls
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



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>	<i>109</i>
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
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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>	<i>132</i>
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.

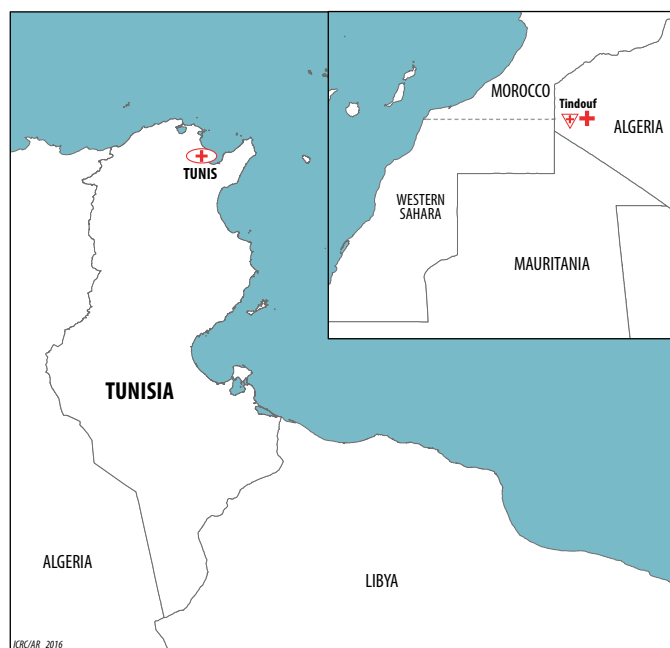
The ICRC continued to coordinate its activities with those of Movement partners and other humanitarian actors, to maximize impact and avoid duplication of effort.

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
People for whom a tracing request was newly registered		85	23	19
<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
<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
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



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.

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

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

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.

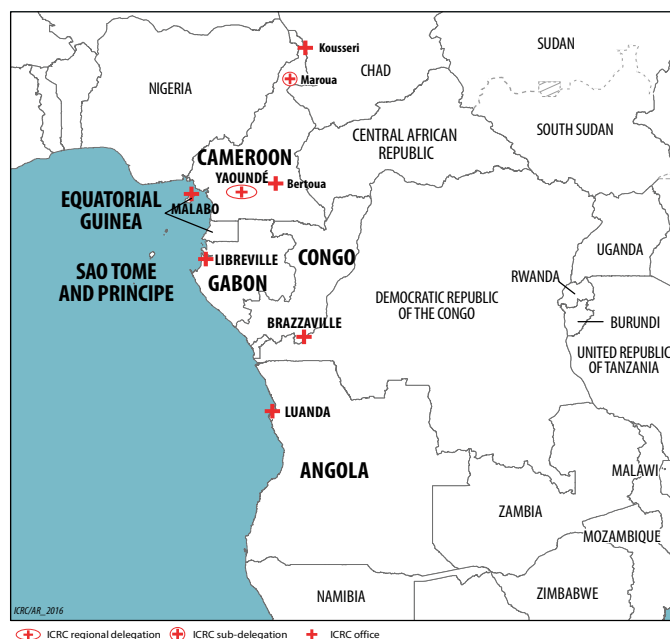
The Tunisian Red Crescent, with ICRC assistance, organized briefings for local authorities, particularly in areas affected by migration and violence, to help increase their understanding of its role and the Movement's activities.

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
People for whom a tracing request was newly registered		48	6	7
including people for whom tracing requests were registered by another delegation		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
including people for whom tracing requests were registered by another delegation		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
Detainees visited and monitored individually		372	40	3
Detainees newly registered		173	29	3
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
of which for victims of mines or explosive remnants of war		37	1	
New patients fitted with orthoses	Patients	31	8	3
Orthoses delivered	Units	82	26	13
of which for victims of mines or explosive remnants of war		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
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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 the 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 Kousséri 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		